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HYSTERECTOMY BY THE CLAMP OPERATION,

A SPECIAL METHOD FOR ITS PERFORMANCE (WITH CASES). (a)

By JOHN W. TAYLOR, F.R.C.S.,
Surgeon to the Birmingham and Midland Hospital for Women.

THE wire-clamp (or "serre-nœud") operation for hysterectomy appears to have lost much of its interest during recent years The operators of to-day are chiefly concerned with intra-peritoneal methods of stump-treatment or total extirpation of the uterus, and any recommendation of the older operation may perhaps be somewhat out of touch with the spirit of the present time. But every surgeon knows that occasionally—and often when the conditions are worst—the clamp operation is the only treatment available, and the best methods of its performance must therefore still be an object of practical interest.

It is true that all clamp operations are to a certain extent clumsy, and have hitherto been tentative in character, but there is this important difference between the clamp operation for ovariotomy and the one I am now discussing, that whereas the former gave way to a simpler, quicker, and safer method of treatment, it cannot be said, I think, that complete extirpation of the uterus and intra-peritoneal treatment of the stump are either simpler, quicker, or safer than the clamp operation for myoma.

But this depends very much on how the clamp operation is done. The secret of its success depends very largely on the perfect closure of the peritoneum round the stump, and a special way of effecting this I purpose now to consider.

In 1885 (June 6th), after watching several cases of hysterectomy by the clamp operation, I came to the conclusion that this might be both simplified and improved by some important alterations in the usual method of operating. In particular it appeared to me that the temporary rope clamp or elastic ligature was often unnecessarily used, and that a ready means of entirely shutting off the peritoneal cavity from the stump was altogether lost sight of or neglected. I saw that the peritoneal cavity could be absolutely isolated from the stump by *the inclusion of the parietal peritoneum within the wire of the clamp*, and, with this as its essential feature, I then drew upon paper a clamp operation for hysterectomy, which, when practicable, would, I believed, give better results than the methods in usual practice.

For some years I had no opportunity for testing this operation. I had watched many untoward results of hysterectomy for myoma, and had deliberately chosen the removal of the appendages or an expectant treatment (when the patient was nearing the menopause) as the only justifiable methods of treatment for myself. To this as time went on I added the occasional treatment by electrolysis. For a long time I found no real necessity for hysterectomy. Although every case of myoma on which I operated was regarded by me as a possible case for removal of the uterus, I found almost always that by taking pains, by a larger incision, by alteration of the position of the tumour from the vagina, by raising the appendages from below, or as in one case, by temporarily turning the whole tumour outside of the abdomen, the operation of removal of the appendages was to be satisfactorily completed. With the final result of this operation I have been, with but few exceptions, fully satisfied. In some of the cases the convalescence has been a protracted one, the operation being followed by a hæmatocele or local abscess on one or other of the local sites where the removal has been carried out, but only in one case (out of 50 operations) has the patient died.

During recent years, however, I have occasionally met with cases in which the treatment by removal of the appendages was either impracticable or manifestly inadequate—cases too in which no benefit was to be derived from expectant treatment, and in some of these cases (five in number) I have used the operation already roughly described. In each case the operation has been followed by a good and easy recovery, and I think the method I practise presents so many and such plain advantages that it is worthy of more extended use. The operation is done as follows :—

1. The abdomen is opened in the middle line, and the bulk of the tumour is disengaged from the peritoneal cavity and drawn outside the incision in the usual way. After attending to adhesions the position of the appendages, of the bladder, and of the rectum are specially investigated, and if necessary the uterine attachments of the broad ligaments are separated between double ligatures. Unless this is really necessary it is much better to leave the peritoneal covering of the uterus intact.

2. Then the transfixion pins are used, being passed through the peritoneum of the right side of incision, then through the base of the pedicle of the tumour, and finally through the peritoneum of the left side of incision. Two or three of these pins are used, according to the size of the stump. The ends rest upon the skin surface, but the pin does not transfix any part of the incision-edge except the peritoneum.

3. The wire clamp is now put on immediately below the pins (and therefore outside the peritoneum). As this is done the opposing edges of the peritoneum immediately above and below the stump are caught together by forceps and the points of these are included in the loop of wire. By this means it is usually easy to arrange that the parietal periosteum is caught up by the wire of the clamp all round the pedicle of the tumour. (When the latter rests just above the pubes and the parietal peritoneum has not been divided too low down, the peritoneum being slightly elastic, can be fitted round the pedicle without forming any lower angle, the only point then which requires special care is that formed by the opposing edges of the peritoneum just above the pedicle.) The clamp is now tightened, the whole of the wire being strictly extra-peritoneal, and compressing the pedicle of the tumour through a single layer of peritoneum throughout the whole of its course.

4. The tumour is cut off. The abdomen and pelvis are carefully cleaned by sponges from the open part of

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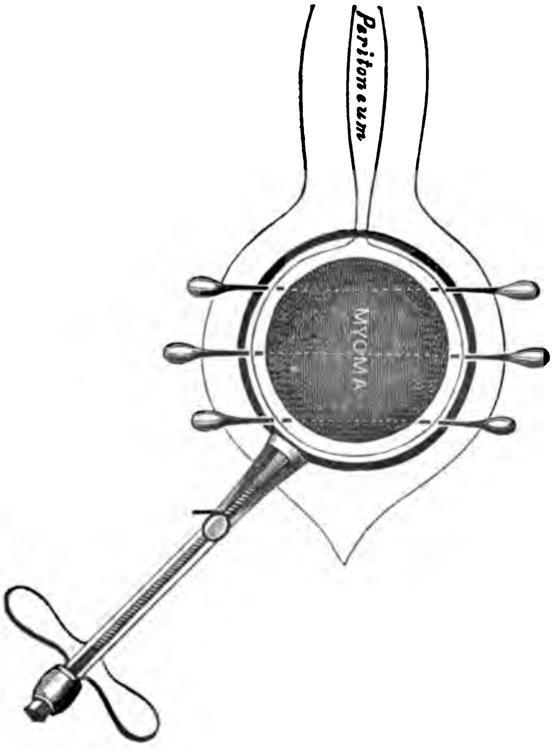
(a) Read before the British Gynæcological Society, Dec. 14th, 1893.

the incision above the stump, the incision is closed and the stump is trimmed and treated with solid perchloride of iron and iodoform.



Sketch of stump with pins and wire of "serre-nœud" in position (diagrammatic). Three pins are depicted in the illustration; two are usually quite sufficient.

Such is the plain description of a simple operation. If a pedicle has to be made by enucleation some kind of temporary compression is necessary before the pins can be passed. In this case I prefer the use of some elastic tubing, believing that this is less likely to injure the vitality of the pedicle than the rope clamp. Unless a temporary clamp is absolutely necessary for special manipulation of the tumour in order to form a pedicle, I much prefer to dispense with its use. It involves waste of time, and may be a source of special danger.

The following cases, given in rough outline, may be cited in illustration of my paper:—

Case 1.—E. S——, single, æt. 46, had suffered for four years from an abdominal tumour which for one year had been growing rapidly. Girth 38½ inches. *Operation*, July 13th, 1892.—Large myoma of uterus. Temporary elastic ligature applied and tumour removed (weight 19¼ lbs.). Two pins used and wire clamp applied immediately below these. The parietal peritoneum was sewn to the stump below the clamp. Clamp separated and removed on August 5th. Recovery and discharge on August 25th. (This was a transitional case in which the wire of the clamp was strictly extraperitoneal, but the parietal peritoneum was united to the pedicle by stitches. These were omitted in succeeding cases.)

Case 2.—E. D——, married, æt. 42, had suffered from a bleeding myoma for several years, and had been operated on by me (in 1890) for removal of the appendages, but only those of the right side could be found. The operation had but little or no effect in restraining hæmorrhage. Second operation, August 30th, 1892. Uterus drawn out of incision. Two pins used transfixing parietal peritoneum on each side as well as pedicle of tumour. Wire clamp applied immediately below these and tumour cut off. Clamp removed on September 10th. Patient discharged on September 27th. Good recovery.

Case 3.—W. E. M——, married, æt. 20. Tumour of abdomen for upwards of a year. Supposed at first to be due to pregnancy. On admission to hospital the case was diagnosed as one of multilocular ovarian cyst. *Operation*, October 29th, 1892.—Large multilocular cyst of left ovary with gelatinous contents which had to some extent escaped into the peritoneal cavity causing peritonitis. The cyst was largely intra-ligamentary, embedded in the pelvis and could not be separated from the uterus. It was enucleated as far as possible and the base of the cyst together with the right horn of the uterus removed by the wire-clamp. Two pins were used passing through the parietal peritoneum on each side as well as the uterus and the wire adjusted immediately below these. The clamp separated and came off on the 13th day. The patient was discharged on December 9th. This patient had some peritonitis on admission, and her general condition for some time after operation was decidedly serious, the pulse rate being especially high (between 120—140). There was no local trouble and the patient made in the end a good recovery.

Case 4.—E. L. L——, single, æt. 41. History of abdominal enlargement for some months. On Sunday May 28th, 1893, was seized with violent pains while out for a walk and had to be brought home in a cab. On examination with Dr. Dudley (May 31st), a prominent, tense, and exquisitely tender tumour was found, filling the abdomen. The tumour was obscurely fluctuant on palpation, the patient constipated and sick. A tentative diagnosis was made of ovarian tumour with twisted pedicle. *Operation*, June 2nd, 1893.—Abdomen found to contain a large fibro-cystic tumour of uterus, at one part inflamed apparently from thrombosis of large veins or venous sinuses near the surface of the tumour. Two pins were passed, transfixing the parietal peritoneum on both sides as well as the base of the tumour, and a wire clamp was adjusted below these. By means of catch forceps above and below, a perfect enclosure of peritoneum was secured and on tightening the clamp the pedicle was entirely ensheathed by the parietal peritoneum. The tumour was then removed (weight 7 lbs.). The clamp was removed on June 16th. The patient was discharged on July 2nd. Good recovery.

Case 5.—S. H., married, æt. 50. History of tumour of the uterus of some years' duration. This had latterly been rapidly increasing in size. On each side of a central tumour of more or less solid consistence was a cystic mass, that on the right side being abdominal, that on the left side pelvic and fixed. These were diagnosed as ovarian cystomata complicating myoma of the uterus, and it was hoped that they might be removed without disturbance of the latter.

Operation Sept. 4, 1893.—Main tumour found to be a soft œdematous myoma of the uterus (or fibro-cystic tumour), one of the nodules on the right side (mistaken for ovarian cystoma), being absolutely cystic. The left ovary was the seat of cystoma, and adherent in the pelvis below the tumour. The right ovary was atrophied. It was necessary to completely turn out the tumour from the abdomen in order to separate the adhesions and remove the ovaries. The removal was a difficult process, and took considerable time, and after this had been completed it was judged wiser to remove the myoma than to return it. The peritoneum of the lower part of the incision was fitted round the pedicle of the tumour (without forming any lower angle), and this with the enclosed pedicle transfixed by two pins. The upper opposing edges of peritoneum were held by forceps while the wire-clamp was adjusted below the pins. The tumour was cut off (weight 4½ lbs.), and after cleaning the peritoneum from the upper part of the incision the latter was closed.

Clamp removed on Sept. 28. Patient discharged to Convalescent Home on Oct. 7. Good recovery.

◆

THE OPERATIVE TREATMENT OF ENLARGED PROSTATE. (a)

By ARTHUR CHANCE, F.R.C.S.I., &c.,

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The frequency of obstructive prostatic enlargement, the harassing character of the disease, and the inadequate nature of its palliative treatment, will, I hope justify me in bringing the subject before you to-night. And that I may have a text to act as a base on which to build my remarks, I will read to you brief notes of a case in which I performed prostatectomy with a fair measure of success.

My patient was a worn-looking farm labourer, æt. 56. Save for an occasional cold, the result of exposure, he had had no serious illness, and prior to Sept. 1891 he had never suffered from any form of genito-urinary disorder. At that time he noticed a gradually increasing difficulty in making water. Micturition became more frequent, the stream was weaker and pain was felt over the pubes. Defæcation too was accomplished with much straining, and the motions were flattened.

In February, 1892, these symptoms culminated in an attack of complete retention, and for this condition he was first admitted to the "Mater."

On examining through the rectum the prostate was found to be very large; so much so that it was difficult to pass the finger into the bowel. The growth was of elastic hardness, resembling to the touch solid india-rubber.

After catheterism and other appropriate treatment had been adopted for some days, the power of voluntary micturition returned. But the act was still difficult, painful, and very frequent.

With the idea of reducing the hypertrophy I determined to try the effect of electrolysis. I therefore had a curved trocar made, insulated save for about half an inch at its point. After emptying the bowels, washing out the rectum with an antiseptic solution, and dilating the sphincter, I introduced the point of the trocar well into the prostatic mass. On account of the size and fixity of the growth this procedure was easy; but it was accompanied by free hæmorrhage. Connecting the trocar with the negative pole of a Leclanché battery, I completed the current by applying to the inner side of the thigh a large charcoal electrode connected with the positive pole. The current was then permitted to flow for about 15 minutes, when it was for a short time reversed.

This procedure was repeated six times at intervals of from seven to fourteen days.

At the conclusion of this treatment the patient could hold water for about an hour at a time. Pain and straining still continued.

I then lost sight of my patient for some months, when on the 13th December, 1892, he again appeared in a condition much worse than before. He was worn and haggard-looking. The straining had increased, although the stream was weaker, the pain was worse and the intervals between the acts of micturition were only of about ten minutes duration. To use his own graphic phrases "he hadn't time to warm the bed before he had to get out again," and his distress was so great "that he was praying for a man to come and shoot him." The residual urine was only about two ounces, although the patient thought his bladder nearly full. The water contained neither pus, albumen, nor sugar. Defæcation was still difficult.

On 24th January, 1893, I proceeded to perform suprapubic prostatectomy. The bladder was repeatedly washed out with warm boracic solution and was then as far as possible emptied through a catheter. Subsequently a quantity of about fourteen ounces of boracic solution was introduced by means of a syphon from a vessel held about four feet above the operating table. The penis was then ligatured. No rectal bag was used. As I laid my hand on the relaxed parietes I was surprised to find how thoroughly the bladder was brought into contact with the abdominal wall. An incision of about 2½ inches was made, and the bladder exposed. It was seized with a sharp hook, incised to the extent of about an inch and a half, and the edges of the incision were secured by ligatures passed through the bladder wall and held at their free ends by an assistant. The inner surface of the bladder seemed healthy. The prostate projected inwards as a large, hard mass, not unlike the cervix uteri. The bladder was considerably depressed below this ingrowth. The opening of the urethra could not be detected until a sound had been introduced. It was then found at the apex of the cone-shaped projection. I found it difficult to use a scissors effectively for removing the growth. Instead, I used a flushing scoop, connected with an irrigator filled with sterilised hot water. This apparatus I found most satisfactory. Guided by the sound I scooped out a funnel-shaped opening along the track of the urethra. The hæmorrhage was alarming, filling the bladder and being washed out in large clots by the strong stream of water. But it was stopped rather quickly by flushing with hot water. The prostatic tissue was tough and difficult to excavate. It was washed away in small pieces. I think, all told, I removed about half an ounce of the growth. I then passed my finger well into the prostatic urethra and found no obstruction.

The upper portion of the parietal incision was closely sutured, and the bladder stitched to the abdominal wall. No drainage tube was used.

Briefly, the man had not a bad symptom. He commenced to pass water through the urethra on the 20th day after operation and the wound was healed on the 42nd. I showed him at the June meeting of the Academy. He could then hold water for seven hours.

In August he was engaged building hayricks, and when thrusting up the hay from the ground he slightly strained the abdominal cicatrix. There was no hernia, merely a weak spot. I directed him to wear a suitable truss.

On December 2nd, that is more than 10 months after the operation, I again examined him. His health was much improved, and he had no pain or trouble of any kind. He could hold water easily for 10 or 11 hours, and he assured me that for months he had not found it necessary to micturate during the night. After a long night he found it difficult but not impossible to empty his bladder completely at the first effort. It was easier to partially empty it first and a few minutes later to complete the act. He passes a fair-sized stream of less than normal force, without straining. No evidence remained of a weak spot in the line of incision. Difficulty of defæcation still existed but was somewhat diminished.

Some points in this case merit comment. The large prostates which give rise to bladder trouble rarely project into the rectum. In this case, as I have mentioned, there was much straining at stool, and there was even some difficulty in introducing the finger. The large size of the prostate and the extent to which it was fixed in the pelvis forbade the use of a rectal bag during the operation. But, as I have said, a bag was not necessary.

(a) Read before the Surgical Section, Royal Academy of Medicine in Ireland December 8th, 1893.

The "uniform circular projection surrounding the internal orifice of the urethra" as McGill terms the condition found in my case is not an unusual form of prostatic enlargement. Its frequency has been overlooked from the fact that when at a post-mortem examination on such a case the urinary organs are removed from the body, the prostate losing the support of the surrounding tissues does not project into the bladder as it did during life.

The influence of this form of enlargement in causing partial retention of urine is ingeniously compared by McGill to the action of the mitral valve. In the heart when the ventricle contracts the valve is closed. When the bladder forcibly contracts the intravesical pressure squeezes the valve-like sides of the prostatic projection together so as to, more or less, completely close the urethra. When the violent effort to urinate ceases the greater part of the water gradually flows away.

It appears to me that the usual method of estimating the amount of residual urine is open to fallacy.

Does the passage of a catheter in a patient such as mine completely empty the bladder? The expulsive force of the bladder is usually impaired, but apart from this a considerable quantity of urine free from the eye of the catheter must collect round the projecting prostate. Indeed, the condition of the bladder resembles one of these "button-hole," "non-spilling" ink bottles, from which the ink cannot be completely emptied, no matter in what position the bottle may be placed.

Possibly this may be the explanation of the small amount of residual urine drawn off from my patient. Except on some such supposition as this I find it difficult to explain that with only about two ounces of residual urine (as usually estimated), and with no well marked inflammation, micturition could have been so persistently frequent.

I am inclined to attribute the good result following the use of electricity more to the free hæmorrhage than to any electrolitic action.

Three routes have been suggested for getting at the enlarged prostate—the suprapubic, the urethral, and the perineal. That the suprapubic is the most effective is too obvious a proposition to need defence. But without suture of the bladder, and this is impracticable in most cases, suprapubic prostatectomy is open to two disadvantages, inefficient drainage, and a yielding abdominal cicatrix. As regards the first, my opinion is, I know, at variance with that held by many surgeons. But it seems to me that, as the patient lies on his back, the bladder *overflows* rather than drains through the suprapubic wound. No doubt the abdominal viscera compress the bladder so as to minimise its capacity, but a channel must exist between the ureters and the abdominal opening, and this channel, running past the retropubic space, is constantly full of urine. Besides, the raw cavity of the prostate cannot but be unfavourably affected by the lodgment of irritating urine.

McGill held that suprapubic drainage was efficient but in the same paper, in which he formulates this view, he mentions three cases of suppuration in the retropubic space following suprapubic cystotomy.

It may be urged that by using a tube the danger of extravasation is minimised, but as Mr. Treves says:—"There is no object in introducing a tube into the bladder, and the various syphon drainage tubes are delusions and snares. . . . . No drainage tube will prevent the occasional escape of urine into the connective tissue around the incision."

That the suprapubic incision alone does not effectively drain the bladder was well demonstrated by a case I had some time since. My patient was a clergyman on whom I performed suprapubic lithotomy, removing four fairly large stones. It follows that the opening in the bladder was of considerable size. My patient had long been a diabetic, and the disease seemed rekindled by the operation, as for sometime afterwards he had intense thirst and passed large quantities of urine. Yet in spite of all this, for the first eight days every drop of urine came by the urethra.

Having regard to the possibility of a yielding cicatrix, I would deprecate the transverse division of any of the structures forming the abdominal wall. The upper end of the parietal wound should of course be carefully sutured. I cannot but think that the leaving open, for drainage purposes, of a part of the abdominal wound must occasionally result in insecure union.

In my case the exertion caused by lifting bundles of hay seemed to be the exciting cause of the yielding of the cicatrix. But the straining at stool was probably a contributing factor.

It seems to me that perineal drainage is the best way to avoid both the difficulties I have spoken of. It would give efficient drainage, and in this way would facilitate the early closure of the abdominal wound. The perineal opening would also permit of the free exploration of the prostatic urethra and the detection and removal of growths that might not be obvious to the finger introduced from within. In addition, the effect of a large tube in moulding the new prostatic path might be of distinct value.

I would advocate, therefore, the introduction through a median perineal incision of a large flanged drainage tube, such as is used in empyema, but with no side openings save near the inner end. The urine could be caught by a carbolised sponge as in perineal lithotomy. The use of a tube leading directly from the bladder to a vessel outside the bed is open to the objection that such a tube may be readily obstructed either by kinking or by pressure from without.

Of course a perineal section means some added risk, but I think the advantages to be gained outweigh this. The possible formation of a permanent fistula is another difficulty, but Wishard's operation might be relied upon to close this.

Passing to a broader question, has not the time come to advocate the earlier performance of prostatectomy? The obstruction is due to an organised hypertrophy which no palliative treatment will remove. It increases with time, and the symptoms it causes are distinctly progressive. Every day the bladder degenerates and the prospect of success after a radical operation diminishes. Inflammatory changes may occur despite all precautions. Complete retention with subsequent atony may result from but a little indiscretion. And at best is not catheter life a euphemistic name for a peculiarly irksome condition of slavery?

Excluding those whose condition forbids all operative procedure, are we in the remaining cases to adopt palliative measures until they break down, or are we to adopt prostatectomy at the earliest favourable moment after obstructive prostatic enlargement is with certainty diagnosed. It is to solve this question that I ask your aid.

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LAMINECTOMY IN CERTAIN CASES OF SPINAL INJURY, WITH NOTES OF A CASE. (*a*)

By THOS. MYLES, M.D., F.R.C.S.I.,

Surgeon to the Richmond Hospital; Member of Council and Professor of Pathology, Royal College of Surgeons; Member of Council, Surgical Section, Royal Academy of Medicine, Ireland.

The terrible consequences following fractures affecting the spinal column have from the earliest days of

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(*a*) Read before the Section of Surgery, Royal Academy of Medicine in Ireland, Dec. 8, 1893.

surgery stimulated surgeons to make an effort for the relief of these distressing injuries, but it cannot be said that these efforts hitherto have been very successful. So unsuccessful, indeed, in the past had been every attempt to offer surgical relief that until very recently the majority of surgeons, in utter despair of being able to confer any benefit upon their patients, have assumed a position of hopeless despondency and have resigned themselves to seeing their patients either die at once from the effects of these injuries or sink helplessly into a condition of paralysis.

The advances made in brain surgery during the last decade, and the works of Horsley and MacEwen, in connection with spinal tumours and constriction of the cord, have again aroused surgeons to the hope that at least in some cases of spinal injuries a justifiable attempt might be made to relieve a condition that, unrelieved, could only terminate in death or paralysis.

As this branch of surgery is as yet in its infancy, every contribution to the general information has an importance attached to it which is quite irrespective of the insignificance of the contributor, and it is on this ground alone I venture to bring before you tonight not only the notes of one case, but some general observations on a subject of such great interest.

My patient, J. D., æt. 65, a farm labourer, was admitted into the Richmond Hospital on March 25, 1892, suffering from well-marked paraplegia. The history was as follows:—

He had been standing on a donkey-cart loading up potatoes, when from some cause the donkey moved forwards, and he, losing his balance, fell backwards, striking the ground with the back of his head and neck, so that his chin was driven on to his chest with some violence. When his companions went to his assistance they found that he had lost all power in the lower limbs, and at once brought him to the hospital.

On admission he presented all the symptoms of severe shock and collapse; his extremities, however, were warm, his pulse slow and feeble, respirations shallow and hurried, pupils contracted, his mental condition rather dull, but he complained of pain in the neck, increased by movement. On more detailed examination we found that he had completely lost all power of voluntary movement in the lower limbs, his sphincter ani was relaxed, and his bowels had discharged their contents into his clothing; his bladder had lost its power of expulsion. Cutaneous sensibility, however, was present in both lower limbs, in the left lower limb all reflex action was lost, but on the right side he had well-marked ankle clonus and knee-jerk, and on putting the finger into the bowel a vigorous and sustained contraction of the sphincter followed. There was no priapism.

On the following day he was again examined carefully, and we found the following condition present: Motor paralysis of both lower limbs, a vivid red blush existed in both inner malleoli, where they had probably been in contact. Knee-jerk, ankle clonus, and plantar reflexes were now absent on both sides; the right leg and the whole of the right side of the body was anæsthetic as high as the nipple; above that sensibility still existed. Along the whole of the right arm, with the exception of the ulnar area, cutaneous sensibility could be demonstrated. On the left side the leg, the abdomen, and the lower part of the thorax were anæsthetic, but above the 8th dorsal nerve distribution sensation was present; the left arm, left shoulder, and left side of neck were normal as to sensation. He can pronate and supinate the right hand and can flex the right wrist, but cannot flex or extend the fingers.

On the left side, pronation and supination, flexion and extension of both wrists and fingers are lost; pupils are contracted but react to light slightly. Respiration is entirely diaphragmatic, and on every inspiration the lower ribs are powerfully drawn inwards, the intercostal space depressed and the thorax diminishes in all its diameters except the vertical. On expiration this condition is reversed, the thorax expands, the intercostal depression disappears, and the epigastric bulging subsides. He has now well-marked priapism. When asked to grasp anything in the right hand, he performs a curious evolution; by extending his wrist he makes the flexors tense and so grasps the object, much in the same way as a bird retains its hold on a branch of a tree when asleep.

Having carefully considered the case in consultation with my colleagues Mr. Thompson, and the Vice-President of the College, we determined to give the man whatever small chance an operation could afford.

Chloroform was administered, and an incision made from a little below the occiput to the seventh cervical vertebra, the muscles were cleared and the vertebral arches exposed, it was then found that several of them were shattered and their fragments pressing on the cord. The loose fragments were first removed and then the arches of the 4th, 5th, and 6th vertebræ were completely detached by cutting forceps and the dura exposed. As this seemed tense it was opened and the cord examined, no blood could be seen, and the cord seemed healthy so far as it was visible from the wound. As nothing further could be done, the wound was closed and the patient sent back to bed. For a few hours after the operation he seemed to have got some slight relief, but on the next day he began to sink, and died of dyspnœa on the 28th, three days after the accident.

On making a post-mortem examination we found that in addition to the fractures of the vertebral arches already alluded to, there was also present a fracture involving the body of the third cervical vertebra. The cord when examined from the front had the appearance of being slightly bruised, but was by no means in the shattered condition we would have anticipated from the severity of his symptoms. There was very little blood at the seat of fracture, and no displacement of fragments from the body of the vertebra.

I have given the details of this particular case at some length, because it is only by careful analysis of the symptoms that we can hope to separate cases that are absolutely hopeless from those that offer a prospect of relief by operation.

I think we may fairly lay it down as an axiom that in all cases where the cord is actually divided or seriously disorganised by crushing, operation is hopeless, and, on the other hand, those cases in which the cord is compressed only, and its structure not actually disorganised to any serious extent, may be operated on with a reasonable hope of improvement, if not of actual recovery. Obviously, therefore, the first problem offered to us is one of accuracy in diagnosis.

Can we distinguish between those cases in which the functions of the cord are merely in abeyance, from those in which they are utterly destroyed, and upon our power to supply the answer to this question depends the future of surgery in spinal injuries.

The functions of the spinal cord may for all clinical purposes be divided into three heads:—

1. Conduction and co-ordination of motor and vaso-motor impulses.
2. Conduction and co-ordination of sensory impressions.
3. Discharge of various reflex functions.

With reference to the first two of these, the transmission of motor impulses and sensory impressions, both clinical experience and experiments on animals prove that compression of the cord alone is quite capable of completely abolishing them, temporarily, at least.

A case which occurred in Jervis St. Hospital, under the care of my friend, Dr. Cranny, illustrates this. The patient had all the symptoms of severe spinal injury with loss of motion and sensation, but recovered completely after some days, when a partial dislocation in the cervical region was reduced by traction.

Clinical observations also show that a comparatively moderate amount of injury or pressure is sufficient to annihilate all motor functions in the cord, but that sensory phenomena occasionally persist, even in cases where the cord is seriously disorganised.

We are, I think, therefore, justified in inferring that the loss of motor power does not prove that the cord is injured beyond relief, provided that sensation still persists, but that if *complete* loss of sensation occur with complete loss of motor power below the injury, improvement from operative interference can hardly be hoped for.

The third function of the cord, that of manifesting reflex phenomena, is more intricate and more likely to be of guidance to the surgeon. The exact physiology of the reflex functions of the cord is at present in some doubt. Some years ago, when the physiologist divided the spinal cord in a frog, he found that that useful and interesting creature developed the most extraordinary reflex activity, with the details of which you are all familiar, and which I need not now burthen you.

Experiments on the larger animals seemed to confirm the information thus obtained, and straightway the physiologist and neuro-pathologist enunciated the theory "that reflex centres existed in the cord, that these centres were controlled by the brain or medulla under normal circumstances, and that when such control was removed by division of the cord, the centres became capable of developing unusual activity. "For many years this theory was taught by physiologists, biologists, and clinical teachers; duly absorbed by students, and Bastian's voice, the only one raised against it, on the ground that it was unsupported by clinical experience, became as "the voice of one crying in the wilderness."

Thorburn's clinical researches, however, in cases of spinal injury brought help to the solitary Bastian, and completely cut the ground from under the feet of the scientists by demonstrating conclusively *that all reflex functions were abolished below the injury whenever the spinal cord in man was completely divided.*

This was a staggering blow to the experimenters, but they soon developed new theories to meet the assault. Feeling unwilling to part with their cherished tradition, inherited from the original experiment in the frog, they have modified it somewhat, and now offer the choice of two theories to the anxious surgeon looking for light and guidance. According to the first of these theories, it is alleged that there are reflex centres in the spinal cord of man, but that they are easily disorganised, and that when the cord is injured above these delicate structures, they rapidly succumb.

This theory supplies nearly all that is required, and has the additional merit of making it easier for the physiologists at a further stage to deny the existence of any reflex centres in the cord at all.

The alternative theory to this attributes great importance to the cerebellum. It is asserted that the reflex centres exist in the cord, but that they are incapable of independent manifestations of energy, and that they are normally inhabited by impulses reaching them from the brain and stimulated by impulses reaching them from the cerebellum. That, therefore, when the fibres from the brain are injured, the reflexes will be exaggerated, and when those from the cerebellum are injured the reflexes will be diminished.

I mention these theories, not in the belief that they are of the least use from a clinical point of view, but because they are not only illustrative of the intellectual gymnastics which are so popular at the present day, but because they furnish us with a fair illustration of how much benefit the surgeon derives from the labours of the experimentalist in this particular branch of study.

Leaving theories aside, and coming to clinical facts, increasing experience has shown that all reflex phenomena below the injury disappear for ever, when the human cord is seriously crushed or actually divided, and on the other hand that the persistence of reflex irritability is sufficient to justify us in inferring that the cord is not hopelessly crushed or divided.

I might sum up this part of my paper by stating the following propositions:—

1. That when after spinal injury paralysis affects both motion and sensation, and is associated with loss of reflex irritability, the cord is hopelessly injured.

2. That when paralysis affects motion only and sensation and reflex phenomena are still present the cord is not injured beyond all hope of relief.

3. That the persistence of reflex phenomena is proof that continuity of the cord is not completely destroyed.

4. That all functions, motor, sensory, and reflex can be lost without the cord presenting to the naked eye very obvious signs of disorganisation.

Analysing these propositions we find that the only cases which hold out hopes to the surgeon are those in which motor paralysis is either incomplete, or if complete is associated with persistence of sensibility and of reflex activity.

In what cases, then, can such phenomena be found? Obviously only in those in which the cord is compressed and, mayhap, bruised or slightly torn.

Now the cord can be compressed in a great variety of ways in spinal injury, and it will be necessary to examine these at some length before we can get a clear comprehension of the conditions which justify, and those which fail to justify, operation. Excluding gunshot wounds and stabs, we find that the violence which fractures the vertebræ, or any part of them, may be inflicted in two ways, either by being directly applied to the back or sides, as in the case of a lad treated in Steevens's Hospital, who when falling from a high tree, struck a large branch near the ground causing fracture, with complete separation and dislocation at the tenth dorsal vertebra, or indirectly, as in the case of a young man who was killed by falling from a horse straight on his head.

When the violence is applied directly, and is so great as to cause actual displacement of the vertebral segments, it is obvious that the cord must be hopelessly crushed at the time of the injury, and that operation in such cases is not to be thought of.

When, however, the violence applied to the spine is not so severe as this, a part of the energy will be expended on the muscles and ligaments of the spine and the remainder, though sufficient to fracture the neural arches, and thus compress, bruise, or tear the cord, may at the same time be insufficient to produce complete disorganisation, and thus leave a condition offering some hope of relief by surgical interference.

On the other hand, when the spinal column is fractured as the result of violence, indirectly applied, as in the case of a man diving into shallow water, or falling from a height on his head, in nearly all such cases we find that the cord is seriously injured, and that, too, in a manner that offers but little hope of relief by surgery.

The reason of the hopelessness is easily understood when we analyse the mechanism of such injuries.

When the spine is broken by force applied in the direction of its long axis, such force tends to increase the normal curves in the spinal column, and thus to diminish its vertical height. When the curves are thus forcibly increased we find that two very opposite conditions are produced in the spine.

Along the concavity of the curve the bony tissues will be forcibly compressed, while along the convexity of the curve they will be in the condition engineers speak of, as "tension," or to put it in another way, the tissues in the concavity will tend to approximate those in the convexity to separate. The result of this is that any fragments of bone that may be separated will be forcibly impelled from the front when the pressure is positive, to the back when the pressure is negative, and thus become embedded in the cord. In this way the most terrible injury may be done to the cord without any external disfigurement being present to mark its occurrence.

Moreover, the effects of these injuries are not amenable to surgical relief for two reasons. First, because the cord is at once divided by the jagged fragments, propelled against it with such terrible force, and consequently the removal of the fragments will not restore the functions of the injured organ. Secondly, because the fragments are in the anterior aspect of the cord, and any operation for their removal must necessarily be a very extensive one, and involve very free handling of that delicate organ, so that on the whole I think it may be laid down as an axiom that when the spinal fracture is due to indirect violence causing forcible flexion of the spine, any operation is to be condemmed unless the paralytic phenomena are of a mild type.

I may now sum up by offering the following proposition for debate :—

1. That in certain cases of spinal fracture an operation may be attempted with reasonable hope of benefit.
2. That those cases are alone likely to be successfully treated by operation in which the cord is not completely crushed or divided.
3. That the existence of motor paralysis alone is not proof of hopeless injury to the cord.
4. That the persistence of sensation shows that the cord is not hopelessly injured, even though motor palsy be present.
5. That the complete permanent absence of all reflex phenomena is proof that the cord is hopelessly damaged.
6. That where the symptoms are caused by indirect violence applied to the spine, as a general rule operation is not to be thought of.
7. That where the symptoms are caused by direct violence the propriety of operating depends upon the severity of the injuries and accompanying symptoms.
8. That when the injury is caused by direct violence, if the reflexes persist, and if sensory impressions are still appreciated, an operation may be attempted with reasonable hopes of benefiting our patients.
9. That when the symptoms are due to pressure from extravasated blood, operation is to be advised.
10. That the terrible fate awaiting most patients suffering from severe spinal injury justifies even the most hazardous operations if any hope of benefit therefrom can be reasonably entertained.

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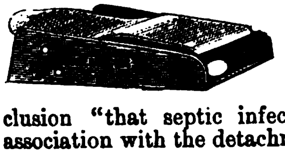
A FUNIS CLAMP.

By ALEXANDER DUKE, F.R.C.S.

The time-honoured plan of ligature and scorched rag as a dressing for the funic stump, I have often considered, could be improved upon, more especially as it is not at all free from risk.



Eröss, from a study of the temperature of 1,000 infants born in the Obstetric Clinic of Buda-Pesth, comes to the conclusion "that septic infection from the navel in association with the detachment of the umbilical cord is a frequent cause of fever, and an important element in the mortality of infants."

Waddington reports two cases (American Medical Association) of "tetanus neonatorum" which began to recover immediately after the application of thorough antisepsis to the granulating protrusion at the umbilicus, evidently caused by absorption from the sloughing cord before separation.

Baginsky declares himself in favour of dry dressing, cotton and iodoform. "Carbolic acid," he states, "is dangerous, for only a slight abrasion of navel is necessary to cause toxic symptoms, as the toxæmia is commonly fatal."

The illustration represents a simple form of clamp, which I consider will be found in use an improvement on the old system. When the infant has been washed, the stump of funis is threaded through the opening in the flat plate of clamp, which lies close to abdomen, while the spring is uplifted by pressure of finger or thumb; the spring is then released, and holds the cord firmly. Anything protruding beyond clamp is cut off with scissors, and the infant's binder and dress put on. The clamp need not be interfered with, dropping off in the usual time with its contents. The small portion of dead tissue it contains is removed, the clamp placed in boiling water, and when dry will be fit for use when next required.

The simplicity and cleanliness of the clamp should give it a preference over the old plan of dressing. The fact of having no dead or dying stump of funis in contact for several days with the infant's abdomen is also a considerable advantage, the scorched rag being anything but reliable in keeping the funis and abdomen from contact. The funis clamp was made for me by Messrs. Arnold and Sons, London, and will be found in practice reliable, cleanly, and efficient, and I hope will prove of much use to every obstetrician.

Cheltenham.

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Selected · Prescriptions and Therapeutic Notes.

1. **A Depilatory.**—

℞ Iodi pur. gr. xij ;
Olei terebinthinæ, ♏xx ;
Olei ricini, ʒss ;
Alcohol, ʒijss ;
Collodii, ℥j.

Sig. M. : Apply with a brush once daily for three or four days successively.

Upon the removal of the layer of collodion the hairs will be found also to come away.

2. **Traumatic Tetanus.**—Chloral, seven grains every hour, and four drops of freshly prepared fluid extract of calabar bean every two hours, in a boy of ten years, was followed by recovery after five weeks.—Radcliffe.

3. **Salicylic Acid Ointment in Acute Rheumatism.**—Dr. Bourget (*Medicinische Neuigkeiten*) has made a long series of experiments on the absorption of salicylic acid when employed in the form of a salve in acute articular rheumatism. He simply rubs the joints with the unguent and applies over it a flannel bandage. Out of a large number he has found the following formula the best :—

℞ Salicylic acid,
Lanoline,
Essence of turpentine, ana ʒijss ;
Lard, ℥ijss.
M. *N. Y. Med. Record.*—

4. **Diphtheria.**—Continuous inhalation of the vapour from a mixture of eucalyptus oil, carbolic acid, and turpentine.—Smith.

5.—**Epididymitis.**—For epididymitis, Professor Steer recommends a formula like the following :—

℞ Morph. sulph., gr. j ;
Chloral hydrat, ʒiss ;
Potas. bromid., ʒij ;
Syrup, fʒiv ;
Aquæ, f℥iiss.

Sig. M. : Tablespoonful every three hours, if necessary.—*Med. Fortnightly.*

6. Cancer of the Uterus.—*La Revue Medicale* gives the following formula for a deodoriser :—

℞ Acidi salicylici, gr. vj ;
Sodii salicylat, ʒiij ;
Tr. eucalypti, fʒvj ;
Aq. destill, q.s. ad ℥vj.

Sig. M. : Add three tablespoonfuls to a pint of water, and use as injection every three or four hours.—*Medical Bulletin.*

7. Oxalic Acid as an Emmenagogue.—Parlet strongly recommends oxalic acid for this purpose. He prescribes :—

℞ Acid oxalic, gr. xxx ;
Infusion of tea, f℥vj ;
Syrup of orange-peel, f℥ij.

Sig. M. : Tablespoonful every hour.

It is especially at the expected time of the appearance of the menses that this is indicated. Under these conditions it surpasses all the other emmenagogues of the most reputed.—*Philadelphia Medical Times.*

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Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF SURGERY.

MEETING HELD FRIDAY, DECEMBER 8TH.

The President, Dr. F. A. NIXON, in the Chair.

THE OPERATIVE TREATMENT OF ENLARGED PROSTATE.

MR. ARTHUR CHANCE read a paper on the operative treatment of enlarged prostate, which will be found in another column.

In the discussion that followed Mr. KENDAL FRANKS congratulated Mr. Chance on the success attending him in this case. He himself had seen this case in the Mater Hospital. He had the satisfaction of knowing from the patient himself that there was a great improvement in his condition. He thought that this operation was one of the many operations that marked the progress of surgery in the latter part of the nineteenth century. They had all met with a great many cases of prostate enlargement, and what a miserable class of cases they were! They knew that after catheter life had been established the patient's life was frequently simply unendurable. They accepted with great pleasure the recommendation of Sir H. Thompson for relieving this miserable condition a few years ago. This method of draining the bladder by the perinæum he had tried in several cases, and he saw that it was certainly a most valuable procedure for giving physiological rest to the bladder, and with relief of all symptoms for a time. But in this operation they had a much more valuable method of dealing with it, because they not only gave physiological rest but they also removed the cause of the disease.

Mr. MYLES thought that this admirable paper presented a subject of the greatest importance and the greatest difficulty. His own experience was that the diagnosis of these cases was not at all simple. He instanced a case sent from the country as one of prostate enlargement. The patient had all the ordinary symptoms, as difficulty of micturition, and on examination per rectum the prostate was found enlarged. All the ordinary catheters got stuck at the bladder, but a short-beaked staff entered. The patient subsequently died, and his bladder was found to be absolutely normal; so that he thought it was a very difficult matter to know what cases of prostate enlargement were cases for operation. Another point of great importance in these cases was the fact that the tenure of life in these patients was extremely limited. He instanced the patient already referred to, who, three hours after the instrument was passed, got a severe rigor, which was repeated, and he died at ten o'clock that night. On examination, all the organs were healthy save the kidneys, which were in a state of hydronephrosis. He said, therefore, that if a man with an enlarged prostate should die after examining the bladder, how much more likely was he to die if he submitted to operation.

Mr. CHANCE, in reply to Mr. Franks, said with regard to the closing of the bladder, that the probability of failure would be very much diminished if perinæal drainage were employed, because there would then be no strain on the bladder. With regard to the time of the operation, when there was obstructive prostatic enlargement, he did not see the use of wasting time, but would deal with it at once. He admitted with Mr. Myles that the difficulty of diagnosis was great, but he always adopted the precaution of first reducing any inflammation by mild measures, and he thought that after that the age and symptoms, &c., would lead them to a right conclusion.

LAMINECTOMY IN SPINAL INJURIES.

Mr. T. MYLES read notes of a case, which we publish *in extenso*, in which a man who had been admitted to the Richmond Hospital for paraplegia, the result of a fall from a cart on the back of his head, had been operated on by him.

Referring to this case, Dr. F. A. NIXON said that through the courtesy of Mr. Myles he had an opportunity of seeing the case. The operation was performed with great manipulative skill, and the cord on exposure seemed to him to be intact and surrounded by its normal coverings. The difficulty, of course, in such cases as this, was to make out accurately to what extent the spine had been injured by the original accident. Apart from that, the great severity of the operation, which required deep incisions, and the removal of the laminæ in cases of spinal injuries, does not seem to favour surgical interference.

Dr. DOYLE mentioned the case of a child, five and a half years old, whom he operated on. She came into hospital suffering from paralysis, increased tendon reflexes, rigid muscles and cystitis. After removing portions of the vertebræ, which were exhibited at the Section last year, there was a temporary improvement for a few days. As this did not continue, he suspected abscess formation causing compression of the cord. He had no difficulty in letting out the abscess, but experienced a great amount in keeping it open, and the child died six weeks after from cystitis and renal trouble.

Mr. KENDAL FRANKS said that laminectomy was an operation not likely to appeal to their experience, because they were not often called upon to operate in cases of spinal fracture. Mr. Myles was to be congratulated on attempting the operation, and he thought from the history of the case he was perfectly justified in performing it. The most contentious portion of his paper was the physiological one, but it was scarcely the subject for discussion in a surgical meeting. He did not agree with Mr. Myles in his agnosticism regarding the physiology of the spinal cord. He thought his disbelief in the physiology of the reflex centres unusually heretical. With regard to the surgical aspect of the question, he thought Mr. Myles acted very properly in removing the long portions pressing in upon the spinal cord, but he did not tell them what the appearances were before he opened the investing sheath. The point of surgical importance was why he opened it? In cases of laminectomy for spinal disease the dura mater should not be opened unless absolutely necessary. That had been laid down by Mr. Victor Horsley. He (Mr. Franks) had done laminectomy for spinal diseases, and he thought it a very valuable operation in suitable cases. He asked Mr. Myles what reasons he had for opening the sheath. He had no doubt that if the theca was found to be bulging from pressure under it, Mr. Myles was perfectly right in opening it; but if the pressure were due alone to fragments of bone pressing on the outside of the sheath, that was a different matter. In conclusion, he said the paper although heretical, was of great importance and interest.

Dr. J. BARTON inquired as to the condition of the cord on making a *post-mortem*.

Mr. Myles, in reply to Mr. Barton, said that no microscopic examination had been made owing to the specimen having been mislaid. The cord had the appearance of being slightly bruised and flattened, but its continuity did not appear to be disturbed. He joined issue with Mr. Franks that the discussion of the physiology of reflex acts at a surgical meeting was inappropriate. He thought that anything which contributes to the accuracy of diagnosis was part of the surgeon's armament. If the frog in his gyrations gave them certain information, they should not be above receiving it. They should not accept any haphazard experiments without comparing them with their own clinical results. As far as his own experience went, all independent reflex action of the spinal cord existed only in the imagination of the physiologist. Then as to the appearance of the spinal cord, he was only familiar with its appearance in the cadaver. However, the dura mater seemed both to his colleagues and himself, and to Dr. Nixon, more prominent than it ought to be, and when pressed upon it gave a sense of fluctuation ; and as the phenomena outside was insufficient to account for the paralysis, it was resolved to puncture lest there might be any possible compression from blood, &c. He had hoped the physiologists would be present, as he thought they might enlighten them regarding the process of evolution which the physiology of the spinal cord was undergoing at present.

The Section then adjourned.

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BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held December 14th.

The President, Mr. Bowreman Jessett, F.R.C.S., in the Chair.

The President referred in sympathetic terms to the loss the Society and profession had sustained by the death of Dr. Edis, and a proposal that a letter of sympathy should be sent to Mrs. Edis was silently agreed to. He also read a letter of thanks received from Lady Clark in reply to the vote and letter of sympathy by the Society.

SPECIMENS.

Dr. Purcell showed the body, neck, and remains of the os of a uterus, brought away by means of perchloride of zinc. The patient, æt. 44, the mother of eight children, had suffered from pain and hæmorrhage for some time : no loss of flesh. On examination a hard nodular mass was found in the cervix, and implicating the broad ligament. Hysterectomy being excluded the cervix was dredged, dried, and plugged with cotton wool, soaked in chloride of zinc. A cap of india-rubber was placed over the plugs and secured by two transverse silk sutures. On the 13th day the body of the uterus came away. No pain. Patient made a good recovery with command over bladder and rectum, and normal temperature.

Pathologist's Report, by Mr. Plummer.—The specimen consists of almost the entire uterus, with orifices of Fallopian tubes and os uteri. It measures 3¼ inches from fundus to extremity of cervix, and 1¾ inches wide at lower, and 2¼ inches at upper, part. Its weight is 3¼ oz. A piece taken out of the posterior wall and examined microscopically shows healthy uterine tissue with masses of sarcoma cells invading it, with some hæmorrhage. In that particular part the line of the slough seems to have gone through healthy tissue, and thus to have got clear of the disease.

Dr. Napier asked as to the exact condition of the specimen – whether the uterine tumour only was removed, or the uterine peritoneum with it. He suggested that the specimen should be referred to the Pathological Committee.

Dr. Heywood Smith asked how the chloride of zinc applied to the cervix alone could affect the whole corpus uteri.

Dr. Routh asked what became of the portion of vaginal tissue affected, and if Dr. Purcell could explain how so large a quantity of tissue came away.

Mr. Jessett said that since the three cases he had reported to the Society he had seen one in which there was carcinoma of cervix. The patient did not object to treatment by caustics but would not submit to supra-vaginal amputation. The patient made a good recovery. It was found that the body of the uterus was left intact, the internal os being closed. He had had much thought as to how to prevent the caustic from affecting the vagina, and had at last hit on the expedient of placing over the tampons an india-rubber cap such as is used to cover over the top of a pipe.

Dr. Purcell, in reply, gave an account of the method of preparing the chloride of lime tampons. There was no peritoneum on the specimen. He could not account for the size of the portion that came away, for the slough did not extend deeper than one inch, as could be seen from the specimen, and the cotton wool with the caustic did not occupy more than three-quarters of a square inch.

Dr. Heywood Smith suggested that the extent of the separated portion might be accounted for by the presence of the india-rubber cap, which, instead of allowing the caustic to escape from the cervix confined it in the cavity and allowed it to affect the body.

Mr. Taylor (Birmingham) showed three specimens :—(1) A cyst of the Fallopian tube, presumably a hydronephros, with a twisted pedicle. After the birth of her first child the patient had suffered from retroversion with sterility for 9 years; and Mr. Taylor then performed Alexander's operation. She became pregnant, and was confined this year. Shortly after she had abdominal pain and a large tumour was found, which was removed by abdominal section. There were only two previous cases recorded of twisting of the pedicle of a hydronephros. (2) Hæmatosalpinx. The patient, æt. 33, single. The vagina was absent. She had a tumour on the right side, in the pelvis, causing pain, which was worse every month. Abdominal section showed that the left appendages, with the left half of the uterus, were absent. The distended right tube was removed. There had been no further trouble nor any distension of the half-uterus ; he thought this seemed to confirm the view that the tubes play a part in menstruation. (3) A double hæmatosalpinx in a case in which there was also an uterine myoma. On one side there was a small nodule pressing the uterine end of the tube of that side.

Dr. Napier said that he understood that before operation there was no uterine distension ; this being so, he did not think that its absence after operation had any special significance. He had recently seen a case at the Chelsea Hospital for Woman, under the care of Dr. Fenton, in which there there was no vagina. After several attempts had been made to form a vagina, the abdomen was opened and a well-marked hæmato-metra was found. The appendages were removed. He would suggest that as Mr. Taylor's specimen was rare and valuable, it should be referred to the Pathological Committee to report upon.

Dr. Bantock said that tubal menstruation occurred abnormally, but not, he thought, normally ; otherwise the tubes would more often be found distended. He agreed with Dr. Napier that the fact that there was no uterine distension after operation was of little weight; as removal of the ovaries would have the same result.

Mr. Taylor briefly replied.

The President showed two cases of carcinoma of the uterus. (1) With this case there was found associated a large cyst of the broad ligament ; the uterus with appendages and cyst complete was removed by vaginal hysterectomy. (2) This was a case of carcinoma of the body at an early stage. Both patients were progressing favourably.

Dr. Purcell congratulated the President on his good results. When a patient, after vaginal hysterectomy, had passed the 4th day, there was very little danger to be apprehended, as long as no important organs had been injured.

Dr. Heywood Smith called attention to a recent article on hysterectomy in the *American Journal of Obstetrics*, in which the writer advised the use of catgut for sutures. He asked if Mr. Jessett had any experience of catgut, and if so, what was his opinion of it?

Dr. Bantock said that catgut was ordinarily absorbed in 12 days ; chromicised gut and silk remained unabsorbed for weeks or months and sometimes gave rise to trouble.

Mr. Jessett, in reply, said that he had found silk the most reliable material, and if the flaps of peritoneum were brought down, the whole of the sutures would come away in a bunch at the end of a fortnight. Of course, if buried, they would not come away; but in that case, they became encysted, as was the case with the pedicle ligature in ovariotomy.

Mr. **Taylor** then read his paper on

HYSTERECTOMY BY THE CLAMP OPERATION,

A Special Method for its Performance, with Cases. This paper, with illustration, will be found in another column.

In the discussion which followed,

Dr. **Bantock** said he was much interested in Mr. Taylor's paper, but the method he advocated seemed to him not free from objections. The important point at which to secure the peritoneum was just above the uterus. His own plan was to seize the two edges of the peritoneum at this point and secure them with sutures. In passing the parietal sutures it was important to avoid picking up the peritoneum. He thought that if Mr. Taylor tried the suture method he would like it, especially because when the abdominal wall were thick it was very difficult to catch up the peritoneum in the way described. Further, with the clamp method there must be some sloughing of the peritoneal edges.

Dr. **Purcell** said there were only comparatively few cases in which the pedicle of a myoma was long enough to allow the stump to be drawn up, and Mr. Taylor had been fortunate in seeing so many. On the accurate apposition of the peritoneal flaps depended the rendering of the operation extra-peritoneal.

Dr. **Christopher Martin** said he had seen several of Mr. Taylor's cases and had assisted at one; he had been struck with the simplicity of the method, and its good results. He thought it better than Dr. Bantock's plan, because in the latter, the security of the peritoneum depended on a single stitch. But Mr. Taylor's procedure would no doubt be difficult in dealing with a very large myoma.

Mr. **Taylor**, in reply, said that the importance of closing the peritoneum was shown by the great care that had been bestowed on this point. He was glad to know of Dr. Bantock's method, but agreed with Dr. Martin's criticism of it. The advantages of his method were:—(1) It was easy and therefore quick. (2) Recovery was rapid. (3) Even a large pedicle could be easily secured. (4) The danger of sepsis in connection with the clamp was minimised and even averted altogether.

LARYNGOLOGICAL SOCIETY OF LONDON.

Meeting held Thursday, Dec. 13th.

Felix Semon, M.D., F.R.C.P., Vice-President, in the Chair.

PERICHONDRITIS.

The following case was exhibited by Mr. **Anthony Bowlby**. R. Z—, æt. 50, a coachman. Disease began with sore throat eight months ago. Lost voice three months ago. Pain in swallowing for several months. Has had slight winter cough for some years, and he has got worse since the throat became affected. Abscess formed over cricoid cartilage three months ago, and burst. History of syphilis twenty-five years ago. At present there is enlargement and thickening of soft tissues over larynx. Enlarged glands in submental and submaxillary regions. Much pus in and about larynx. Epiglottis swollen and ulcerated. Soft red granulating mass on left side of larynx in subglottic region. General swelling of laryngeal mucous membrane with ulceration in parts.

Dr. Scanes Spicer and Dr. Dundas Grant thought that the case was probably tubercular.

SYPHILITIC STENOSIS OF THE LARYNX.

Dr. **Felix Semon** exhibited the following cases.

Case 1.—Mrs. G.—, æt. about 55. Date of primary affection very many years ago. Throat troubles began more than twelve years ago. In 1883 tracheotomy on account of steadily increasing dyspnœa; has worn tube ever since. The arytænoid cartilages were for many years greatly thickened and almost immobile, the glottis reduced to a very small triangle, formed by the internal aspects of the arytænoids and the posterior wall of the larynx, whilst in its anterior three-fourths the vocal cords were seen to lie close to one another. The voice was quite aphonic all these years. Quite recently, *i.e.*, within the last three weeks, without any apparent cause a surprising improvement had taken place in every respect. The glottis had become much larger, the swelling of the arytænoid cartilages had much diminished, and their mobility improved; the previously aphonic voice had regained tone, and there was now a fair prospect that the tube could be ultimately dispensed with.

Case 2.—W. M—, æt. 37, contracted syphilis in 1884. In 1891 tracheotomy had to be performed. On Feb. 10th, 1893, Mr. Stabb performed thyrotomy, excised large quantities of cicatricial tissue, including the right vocal cord and ventricular band, and removed a large piece of the necrosed cricoid cartilage. Quick recovery and remarkable return of voice, but still considerable narrowness of glottis.

Case 3.—T. R. C—, æt. 32, a medical man. Nov. 25th, 1893, patient received a kick against the left half of the larynx whilst playing football. Immediate aphonia, but no pain and no dyspnœa. When seen at 7 p.m. there was enormous œdema of the whole left half of larynx except the epiglottis. Voice quite aphonic, considerable pain on swallowing, no dyspnœa. Expectoration of slightly blood-stained mucus just beginning. No crepitation to be detected. Four leeches to the left half of larynx. Leiter's coil with iced water round neck, sucking of ice. Temperature never went beyond 99° on second day after accident. Next day left half of larynx changed into brilliantly red, tense tumour, the left half of the epiglottis and left pyriform sinus were also enormously swollen and congested. Antiphlogistic treatment continued. Nov. 30th.—Circumference of swelling about the same as on 26th, but colour markedly purple. Still complete aphonia; no dyspnœa. Slight pricking sensations in left half of throat; Leiter's coil continued. Potass. iod. gr. x, ter die. Dec. 4th.—Colour of swelling now very dark blue. Circumference slightly smaller. Sounds can be produced with effort. Left cord in part seen, intensely congested and motionless in middle line. Iodide continued, but coil left off. Dec. 12th.—Steady convalescence. No subjective inconvenience.

STENOSIS OF FAUCES, THE RESULTS OF ULCERATION.

Dr. **Scanes Spicer** brought forward the case of E. M—, æt. 31, a servant. In 1884 patient had a rash and sore throat, followed by hair falling out. Had had throat troubles ever since. In August, 1893, there was ulceration and marked constriction of fauces. Under iodide the ulceration rapidly improved, the stenosis and dysphagia increasing. When seen in the Throat Department at St. Mary's Hospital on Jan. 18th, 1893, the isthmus faucium was so narrowed by adhesions of the anterior faucial pillars to the tongue that the channel would only admit an ordinary lead pencil; it was made out also that the soft palate was perforated, the uvula almost gone,—the soft palate adherent to the posterior pharyngeal wall. There was no existing ulceration to be seen; no difficulty of breathing or marked voice alteration but extreme dysphagia. Shortly aftewards the cicatricial tissue spontaneously and rapidly ulcerated and a good isthmus was reproduced, allowing comfortable swallowing. The patient had remained thus for nine months, but had reappeared on Nov. 28th, complaining that the dysphagia was increasing again; and on examination it was seen that there was much narrowing, the faucial walls being also ulcerated.

OCCLUSION OF POSTERIOR NARIS.

The following case was exhibited by Dr. **Dundas Grant**. —H. M—, æt. 27, had complained of deafness in the right ear three years ago. She had then complete obstruction of the right nostril, which was full of thick mucus. On rhinoscopic examination the right choana was seen to be completely closed by what looked like a uniform cicatrix. It was in all probability congenital. Dr. Grant perforated it by means of a bistoury and inserted an indiarubber tube, which was left *in situ* for three days. Unfortunately this woke up the dormant ear-mischief and she had perforative inflammation, which had, however, left no trace on the drum-membrane. The opening in the choana soon closed on the removal of the tube, and the operation had to be repeated. She soon got accustomed to the introduction, retention and removal of one of Dr. Grant's vulcanite nasal tubes, and the perforation still remained. She had at times worn the tubes as long as a fortnight. She now wore it at night.

CALCULUS OF SOFT PALATE.

Dr. **CHARLES A. PARKER** showed a drawing of the soft palate before removal of the calculus, and the stone itself. W. R—, æt. 29, was first seen on Oct. 17th. When first seen patient complained of great soreness of the throat, especially on swallowing; sharp pain shooting to right ear, and some deafness on the same side. On looking into the mouth, the right side of the soft palate was seen to be very swollen and inflamed, and was bulging forward into the cavity of the mouth, and felt to the touch excessively hard and solid. Just to the right of the base of the uvula was what looked exactly like a dirty sloughing ulcer, extending backwards a considerable way. The right side of the post-nasal space was entirely blocked, and the swelling was pressing against the Eustachian tube. There were some enlarged glands on the right side of the neck. On further examination the apparent ulcer was found to be the free surface of a calculus, the rest being embedded in the substance of the soft palate, lying apparently in a cul-de-sac between the muscular layers. On Oct. 21st, the stone was removed, which, when dry, weighed 54 grains. The case was interesting chiefly from the position of the calculus. Formations of equal size had been reported as occurring in the crypts of the tonsil, but Dr. Parker was not aware of one in this position being on record.

Dr. **SEMON** remarked upon the rarity of such a calculus, of which he had never before seen or heard of an example. He was inclined to support the theory that it had been originally started by some injury to the soft palate, possibly during operation.

Dr. **BALL** suggested that the calculus might originally have been formed in the tonsillar crypt, and might have worked its way along the submucous tissue of the soft palate.

Mr. **LAKE** mentioned the occasional presence of adventitious masses of adenoid tissue in the soft palate, within which it was possible that the concretion might have begun.

Dr. **WILLIAM HILL** asked whether the stone was removed anywhere near the epitonsillar fossa, which was sometimes very large and a potential crypt. If that were not so, he made the suggestion that the calculus had formed around the residuum of an extra-tonsillar abscess, and asked whether there had been any history of quinsy.

Dr. **PARKER**, in reply, pointed out that the stone was nearer to the uvula than the tonsil, and could hardly have worked its way so far inwards. For the same reason it appeared to be unconnected with the epitonsillar fossa. There had been no history of quinsy.

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France.

[FROM OUR OWN CORRESPONDENT.

PARIS, Dec. 21st.

TRACTIONS ON THE TONGUE.

AT the last meeting of the Académie de Médecine M. Laborde reported five new cases of recalling to life by his method of drawing on the tongue, they all related to infants. He was asked by M. Lancereaux to explain under what circumstances his method succeeded, for although he admitted that the operation could be efficacious in cases of asphyxia due to a brusque arrest of the respiration, but that he was not so sure that it would be successful in cases of apparent death due to arrest of the heart's action. M. Laborde replied that the "tongue process" succeeds in every case of asphyxia following primary or secondary arrest of the respiration. In every case of apparent death there exists a latent period, during which the excitability of the bulb persists. His method of recalling to life tended to awaken this excitability, and it was that fact which made it superior to every other method generally used, such as flagellation, insufflation, artificial respiration, &c. M. Lancereaux said that he admitted that the operation described by his learned friend could render good service, but he had employed more than once with success another treatment—that of injections of morphia. In a case of convulsions in a child where death was apparent he injected successively a solution of morphine until he arrived at the total amount of one-fifth of a grain, and the respiration became natural, and the child fell into a calm sleep. He supposed that the morphia had abolished the reflex action, which by acting on the bulb, had determined the arrest in respiration. M. Pinard thought that other treatment than that of traction on the tongue had also frequently succeeded. He was unfortunate enough to have failed three times in the three cases he employed the method of his learned colleague. In one case a quarter of an hour had elapsed between the birth and the treatment. The discussion was closed by M. Laborde saying that he was surprised at the misfortune of M. Pinard, as he had operated with success in one case when the child had lain apparently dead one hour and a quarter. In any case, up to the present 64 cases of recall to life by traction on the tongue have been reported, and that was a fact, in his opinion, worthy of being taken into consideration.

INTERMITTENT HYDRONEPHROSIS.

At the meeting of the Société de Chirurgie M. Routier continued the discussion on the treatment of Hydronephrosis. He said that he observed a case of bilateral hydronephrosis in a woman, who several years previously had suffered from what was considered at the time as renal colic, and who was treated sometime afterwards for cystitis by injections of nitrate of silver and washing out of the bladder by a solution of boric acid. Still later, the patient suffered considerably in the region of the right kidney, and symptoms of cystitis recurring in intensity, it was decided on creating a vesico-vaginal fistula, all other treatment having proved abortive. The operation gave no ease to the patient however, or very little. Last year it was remarked that the urine ceased at intervals, to be followed by an abundant flow. The state of the woman demanded active interference when M. Routier was called in. He found on examination that both kidneys were enlarged, and when pressed upon urine flowed through the fistula. Up to that time the urine was clear and limpid, but a few days afterwards it became purulent, and suppurative hydronephrosis was diagnosed. Nephrotomy was performed, giving issue to a quart of pus derived from four abscesses in the left kidney. The patient was greatly relieved, and a month subsequently the vesico-vaginal fistula was closed. The urine continued to flow with more or less intermission for some time.

TREATMENT OF THE LAST STAGE OF CARDIAC AFFECTIONS.

M. Créquy spoke on the above subject, and said that when the œdema became abundant and hard, giving a sort of elephantiasis aspect to the limbs, diuretics and digitalis were of no avail. In such cases tapping by needles or small scarifications was recommended, but he would prefer incising the tissues with the thermo-cautery at a white heat, which in his hands assured a regular and prolonged flow of the serosity.

M. Paul said he was in the habit of making large incisions with the thermo-cautery in such cases, but remarked that they should be always made at the superior and anterior surface of the leg, as if made on the posterior part cicatrisation becomes very difficult if not impossible. The operation was very simple, and but little painful, and had the advantage of not exposing the patient to infection, erysipelas for instance, as has been witnessed after scarification.

Mal de Pott.

M. Courtin related the case of a young man suffering from Pott's disease with a large abscess in the inguinal region. The abscess was aspirated and a quart of pus removed, and large injections of an antiseptic solution made to wash out the cavity. Then a solution of camphorated napthol (napthol b. 1, camphor 2, proof spirit 3) to the amount of ten ounces was introduced, only a third of which was allowed to return. A fortnight subsequently the abscess was tapped again and a similar injection made, and so on every fortnight for six weeks, when all secretion ceased, and the man made a good recovery.

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Germany.

[From our own Correspondent.]

Berlin, Dec. 29th.

The Health of Berlin and the Influence of Hygienic Works.

At the meeting of the Medical Society of the 6th inst. Hr. Th. Weyl gave an address on this subject. He first drew attention to the rapid increase in population that had taken place during the last forty to fifty years. At the commencement of the century Berlin only numbered 120,000 to 130,000 inhabitants. About 1835 its population had increase to 200,000, in the year 1861 it was 547,000, in 1867 700,000, in 1873 900,000, in 1877, 1,000,000 was reached. These figures possess a special interest for the reason that the city possesses data as to the number of deaths corresponding to the number of inhabitants from a certain year downwards. On the basis of the medical statistics introduced by Virchow, not only the gross mortality can be determined, but also the mortality at every period of life, and also the mortality from each separate disease, and these numbers furnish an answer to important hygienic questions.

The total mortality of the city has diminished, the water supply has had, however, scarcely any influence in bringing about this desirable result, but the drainage, on the other hand, has had a most important influence. The mortality of all ages has diminished, but the diminution has been the most marked for the lowest ages.

Of 1,000 living there died in Berlin in the census years :—

Age.	1871.	1875.	1880.	1885.	1890.
0—1	589·95	481·12	444·17	321·44	321·09
—5	188·89	174·30	139·24	117·42	107·26
5—10	12·82	13 97	12·15	9·22	6·93
10—15	4·57	4·35	3·90	3·22	2·64
15—20	7·73	5·59	5·01	3·98	3·53
20—25	9·98	7·91	6·63	5·41	4·86
25—30	12·42	9·23	8·72	7·45	6·32
30—35	17·72	11·49	10·79	10·84	7·79
35—40	20·29	13·91	12·19	12·19	10·50
40—45	26·37	15·16	14·46	13·95	12·27
45—50	26·06	19 49	16·42	16·06	14·79
50—55	38·46	23·49	21·33	19·67	18·37
55—60	44·86	27·57	27·14	26·62	25·08

The deaths from tetanus and from dysentery show a marked falling off, as regards the latter especially. This may be due in part to a greater accuracy in diagnosis, but must in considerable measure be due to increased cleanliness.

The table with regard to tuberculosis including scrofula is as follows :—

Age.	1871.	1875.	1880.	1885.	1800.
0—5	3·6	2 6	2·3	2·4	2·2
5—10	0·7	0.6	0·7	0·5	0·4
10—15	0·6	0·5	0·5	0·6	0·5
15—20	2·5	1·8	2·0	1·7	1·4
20—25	3·2	2·8	2 8	2·8	2·3
25—30	4·0	4·0	4·3	4·1	3·3
30—35	5·8	4·8	5·4	5·4	3·8
35—40	6·2	5·4	5 1	5·6	4·8
40—45	7·5	5·4	5·3	5·3	4·5
45—50	6·1	5·7	4·8	5·3	4·1
50—55	8·8	5·3	4·8	4·3	4·2
55—60	9·4	4·4	6·1	5·3	4·2

The diseases included in the above table as comprising the group tuberculosis are scrofula, meningitis, pulmonary, laryngeal, and tracheal phthisis, hæmoptysis, intestinal and mesenteric phthisis. The mortality from phthisis is said not to have diminished since the discovery of the tubercle bacillus. It will be observed that the most remarkable diminution in mortality from phthisis is in infancy, and this is attributed to greater care in the milk supply, and to the avoidance of milk from cows affected with grapes. That tuberculosis is less fatal at all ages now is explained in part by greater cleanliness, and in part to the care taken to prevent the infection being communicated to others.

Another important and interesting table is that relating to carcinoma in women.

Deaths from carcinoma in women per 1,000 at the different ages :—

Age.	1871.	1875.	1880.	1885.	1 90.
30—35	0·26	0·19	0·30	0·33	0·31
35—40	0·57	0·61	0·72	1·0	0·70
40—45	0·75	1·17	1·77	1·52	1·72
45—50	1·08	2·21	2·37	2·35	2·08
50—55	2·19	2·50	2·81	2·83	2·75
55—60	2·24	2·43	3·84	3·49	4·90
60—	3·03	3·63	4·73	4·22	5·14

This table shows a marked increase in the mortality from carcinoma, and no explanation for it is offered, except that it is possible that through greater care and knowledge it is now diagnosed in cases in which some other disease would formerly have been entered as the fatal one.

A particular interesting table, as regards both water and drainage, and also in regard to its ravages almost everywhere, is that relating to typhoid fever. The mortality per 1,000 of population for the census years at different ages will be seen on next page.

The mortality from typhoid fever in Berlin for all classes was, 1854 to 1860, *pro mille* 38·8 ; 1861-70, 30·29 ; 1871-80, 23-05 ; 1881-91, 7·13.

The diminution in the death-rate from this disease is remarkable and cannot be due to accident. A chart shown by the speaker showed that from the date of the commencement of drainage operations in 1876 the lowering

Age.	1871.	1875.	1880.	1885.	1890.
0—5	1·7	0·8	0·2	0·09	0·04
5—10	0·7	0·6	0·3	0·1	0·03
10—15	0·5	0·5	0·3	0·1	0·09
15—20	0·8	1·6	0·5	0·2	0·16
20—25	0·7	1·3	0·7	0·2	0·14
25—30	0·7	0·7	0·4	0·1	0·09
30—35	0·8	0·7	0·5	0·2	0·09
35—40	0·8	0·6	0·4	0·1	0·09
40—45	0·8	0·5	0·4	0·1	0·05
45—50	1·0	0·4	0·3	0·09	0·08
50—55	0·8	0·7	0·1	0·1	0·08
55—60	0·7	0·8	0·3	0·05	0·07

of the mortality from typhoid fever has been constant, so much is this the case that one is almost tempted to regard the mortality from this disease as a standard of the efficiency of the system of drainage. In comparing these figures with those of other cities, however, it is found that there has been a general diminution in the mortality from typhoid fever in all the cities of Germany, and a diminution that does not correspond in all cases to the introduction of a new and improved system of drainage, but in a large number it does correspord with important hygienic changes, and this is particularly the case in Danzig, Munich, Hamburg, and Frankfort a/M.

The author then attempted by comparing the dates of the carrying out of sewage operations in different parts of the city to show its influence on the mortality of the respective areas. The statistics are not complete, but they are sufficiently so to demonstrate that the mortality in any area fell generally after the introduction of a system of drainage into such area.

In radial system (No. 1) the mortality per 1,000 was 40, 45, and after the introduction of the system 34, 27, 23. In regard to the objection that density of population had some influence on the death-rate, inquiry showed that radial system (No. 1) had the densest population in Berlin, but its mortality had declined notwithstanding.

At the close of his paper Hr. Weyl pleads for the establishment of school medical officers, whose duty shall be not only to superintend the hygienic arrangements of the school, but also to interest themselves in a variety of other ways, to which I hope to refer in my next.

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Austria.

[FROM OUR OWN CORRESPONDENT]

Vienna, Dec. 29th, 1893

Cholera Bacilli.

Prof. Paltauf drew attention to the demonstration of Kowalsky's discovery of vibrions which he has announced is the assumed cause of cholera. In 1884 Prof. Escherich describes similar vibrions which he considers had no connection with cholera. Prof. Weichselbaum confirmed this opinion, and said that others besides Escherich, as Kirchner, Fürbringer, Lazarus, &c., found them in the bowel of both nostras and Asiatic; sometimes they were found individually, at others in swarms, but they could not be cultivated. He had found such spirilli himself but would not venture to say they had any importance in cholera Asiatica.

Polypi in Cancer.

Prof. Weichselbaum showed part of a bowel taken from a woman, æt. 30, who had had died in Prof. Weinlechner's department. The morbid process seemed to be a diffuse crop of polypi in the large and small bowel, while three carcinomatous growths were found in the large intestine. He remarked that polypi frequently occur in the large bowel after dysentery. The specimen showed every variety, from a small pin-head to the size of a nut. The microscopic appearance revealed the same texture as found in the Lieberkühn crypts. The three carcinomatous growths were situated one above the cæcum, another in the transverse colon, and a third in the rectum. The one in the transverse colon had produced a fatal stenosis. The histological constitution of these growths was adenous. The one in the cæcum he considered was the first information, being larger and more extensive, involving the right lobe of the liver, to which it was adherent. The other two being younger, were either produced by metastasis or infection. He considered all the three to be derived from polypi, because they contained the same structure found in the alveoli, and around the margin of the carcinomatous ulcers polypi could be seen closely adherent.

Prof. Weinlechner next gave the clinical history of the patient as a young woman who had come under his care in whom he discovered a hard tumour in the ileo-cæcal region with two small polypi in the rectum. The stricture at this part was distended by irrigation, which set up peritonitis, and subsequently formed an abscess over Poupart's ligament that again disappeared. Severe phenomena of bowel stenosis caused laparotomy to be performed when several bands of adhesions were found around the several strictures where the carcinoma of the transverse colon was removed, but she died within ten hours afterwards. He considers the great danger is in the examination of these carcinoma. He described other two cases where attempts to relieve the strictures proved fatal.

Decomposition in the Alimentary Canal.

Dr. Singer has recently been experimenting in Prof. Kaposi's clinic and Ludwig's chemical laboratory with the hope of discovering the physiological connection between a catarrh of the bowel with decomposition and skin eruptions, such as acute and chronic urticaria, acne vulgaris, and pruritus senilis, which seem to have a causal nexus, as these are all found to disappear with a reduction of decomposition in the bowel, while they are greatly aggravated by increase of the decomposition. A drug that would act as an alimentary disinfectant will prove a potent healing agent in skin disease. Urticaria is an old example of alimentary disturbance which is always found in proportion to the decomposition or the quantitative increase of sulphuric ether or the elimination of indican in the urine. Singer has obtained excellent results in skin affections by the use of gelatine capsules of menthol (0·6—1·0 gramme *pro die*) without any external application. Feeding, therefore, is an important factor in dermatological treatment.

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The Operating Theatres.

ST. THOMAS'S HOSPITAL.

Suprapubic Lithotomy.—Mr. **Mackellar** performed suprapubic lithotomy on a boy, æt. 4, who for the last ten months had complained of pain on micturition; for this he had been circumcised three months ago, but without relief; the little patient was often doubled up with pain, which was referred to the penis, and the bowels acted simultaneously with micturition. By sounding and by rectal examination a stone was discovered in the bladder, the calculus was freely movable. The operator made an incision about two inches long, and the bladder when reached was hooked up and opened by an incision just sufficient to admit the finger; the calculus was then removed by means of the finger; it proved to be a flat stone about one inch in diameter and ½ an inch in thickness with rounded edges. The cut edges of the bladder were then sutured to the deeper part of the abdominal incision and a drain inserted. A rectal bag was used during the operation, and before its commencement the bladder was injected with an antiseptic solution. Mr. MacKellar remarked that he sutured the bladder to the abdominal wall in this case because the walls of the viscus were very much thickened, the bladder itself dropping back and having had to be hooked up, and there was a certain amount of deep hæmorrhage.

Suprapubic Lithotomy.—The same surgeon operated on another case of vesical calculus occurring in a boy, æt. 4, who had been ailing for the last four months, having suffered during that time from severe pain on micturition, the motions being loose, and the urine having been stained with bright blood about every other day. The child was sounded under chloroform, and a stone, apparently small, made out. A rectal bag having been introduced into the rectum, and about two ounces of an antiseptic lotion injected into the bladder, an incision about two inches long was made, and the viscus having been reached, it was incised just sufficiently to admit the finger, by means of which a small calculus was removed. The edges of the bladder wound were then brought together by three sutures, these being passed through the muscular coat only of the viscus. The external wound was next washed with perchloride, and the edges sutured. Mr. Mackellar called attention to the bladder wound having been closed by sutures on this occasion, and not, as in the former case, sewn to the edges of the external incision. He had, he said, employed this method in the second case because the coats of the bladder seemed healthy; the viscus itself was not drawn back, and the bleeding from it was trifling.

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Prosecution under the Contagious Diseases (Animals) Act.

Glanders.—Messrs. M'Namara and Company, contractors for the horsing of the Government Mails, of Hill Street, Finsbury, were summoned under the Contagious Diseases (Animals) Act for not giving notice within a reasonable time of a case of glanders occurring on their premises. The contention for the prosecution was that, although notice was given it was not sufficiently early, as the condition of the animal showed the disease to be of at least a week's standing. Mr. Rose imposed a fine of 40s. and 10s. costs.

A "Bone Circulating Library."

A novel application of the Library system is in use at the College of Physicians and Surgeons in New York. There is a department called the "Bone Circulating Library." The shelves and cases of the "Library" contain hundreds of human bones of all sizes and forms. The bones, which are numbered and labelled, are in order on the shelves and in the cases, an attendant being always on hand to act in the same capacity as a librarian. It is his duty to keep track of the bones lent, to enter them upon books, and to see that they are returned uninjured. During the day scores of students flock in and out of this department, carrying packages of strange appearance in their hands or sticking out of their pockets. The packages are made up of human bones, which they are returning or taking from this "Bone Circulating Library."

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 3, 1894.

MEDICAL EXPERT WITNESSES.

The recent murder trial in Edinburgh again raises the question, How long will it be before medical expert evidence, given as it is at present, is abolished? Each trial, such as the one just concluded, exhibits the profession to the public in a most unenviable light. Some of these witnesses are no doubt perfectly sincere in their convictions, but it is a most extraordinary thing that the retaining fee, on whichever side it may be, has such a great part in settling what form these convictions are to take. There is little doubt, however, that to many of the witnesses themselves the necessity of regarding the case from the point of view of their side is repugnant, although they have the assurance to conceal it, for were they once known to be thoroughly honest and to state their opinions regardless of consequences, their employment in forensic cases would cease as a matter of course. What we would like to see is the formation of a medical board attached to the court, which could consider the evidence from its medical standpoint, and report to the judge and jury its opinion on the medical aspects of the case and the reasons for this opinion. The report, if need be, might be both a majority and a minority one. The board could be formed of experts the most capable of giving an opinion on the case in question, the expenses to be defrayed in the same manner as the other expenses of the court, regardless of the verdict, Both sides would then be equally represented without the possibility of the unfortunate bias of fees stepping in. Such a board would be especially useful in those troublesome railway cases in which the patient's physician says that his client is much injured and will never perfectly recover, while the railway company's expert swears that there is little the matter with him and that he will get well in a week or two. We are here reminded of a case in which the discomfiture of a medical expert was complete. He had given his evidence with his usual assurance—he was an old hand at it—and had taken a very one-sided view of the case, also as usual. The opposing counsel managed to get an admission from him that he had not tried to see the matter in any other light, and that the one suggested by the opposing side was quite as possible as the view he had at first taken up. The counsel suggested that he might explain his former attitude. The expert replied, "Well, Sir, I admit you have got me in a corner." "I will leave you in that corner, doctor," said the counsel as he sat down, thus rendering the expert's evidence of no value whatsoever. In the Ardlamont trial the judge hardly alluded at all to the medical evidence in his summing-up, which leads to the natural inference that he attached no importance to it; and inasmuch as several surgeons of eminence were engaged on both sides, this disregard of evidence was presumably intentional. What, for instance, could have been more unfortunate than the extreme diversity of opinion which was shown to exist between the medical witnesses for the Crown and those for the defence. It must be admitted that the medical expert for the defence did not defend his thesis at all creditably in his cross-examination. The case itself was and is still a mystery, and we regret to add in all honesty that it was rendered more so by the expert evidence adduced.

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MENTAL DISEASE, FORENSIC MEDICINE, AND HYGIENE AS COMPULSORY SUBJECTS OF EDUCATION.

AN esteemed correspondent, commenting upon our recent objurgation on this subject, says: "It is absurd to think that, as the law at present stands, any new-fledged doctor, who probably never saw a lunatic in his life before, can, by a stroke of his pen, deprive that person of his liberty for seven days in England, or for four or three, as the case may be, in Scotland." Strange as it may appear, we are in complete agreement with our correspondent. What, however, is the remedy? Will an attendance of three months at a course of instruction at a lunatic asylum, or at a course of lectures by a lunacy specialist, make the practitioner materially more competent to remit a patient to incarceration? Not at all. Lunacy is a speciality so unexplored and difficult of exploration that three months of such study can render no real knowledge of it to the student, and the practitioner who has paid his money and spent his time in such lunacy study as the Medical Council prescribes will be scarcely the least bit more competent to pronounce upon the diagnosis and prognosis of the malady. Speaking generally on this question, we cannot hesitate to express the opinion that the *rôle* of the general medical practitioner in Lunacy Certification, in Forensic Medical investigations, and in Hygiene, is misconceived by the existing law. The busy practitioner can never hope to give, in any of these matters, an expert opinion upon which the law should act, though he is certainly capable of giving information and opinion as to facts and antecedent conditions which are indispensable to the correct understanding of the case. Therefore the *rôle* of the practitioner should, in any case of doubt, be strictly limited to supplying this necessary assistance to the expert, and the expert psychologist, medical jurist, or hygeist should be called to his assistance to corroborate his opinion whenever any such doubt exists. There are many instances in which a patient is so obviously mad that certification is more or less a matter of form, others in which the cause of death is so manifest that expert post-mortem examinations are quite unnecessary, and others in which the hygienic conditions are so blatant that skilled tests and expert evidence would be wasted. In every case in which the conditions are in doubt the testimony of the practitioner will always be needed, but we are confident that the time is coming when the law will no longer incarcerate a lunatic, or pronounce a responsible verdict as to cause of death, or direct extensive sanitary changes, except upon the opinion of an expert. We beg, moreover, to observe that it is not the function of the General Medical Council to educate experts either in Lunacy, Forensic Medicine, or Hygiene. The Council is charged by the Medical Act to ensure that the qualification held by any registered person is such as "to secure the possession by the persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of the profession." Subjects not essential for the "efficient practice of the profession" are therefore entirely outside their function, however useful they may be as subjects of mental gymnastics or as ornamental qualifications. If the Council considers it desirable to encourage specialities by registering special diplomas in Dentistry, Public Health, or Lunacy, it will, we think, do well to extend the area of its functions in this regard, but it is altogether wrong for it to attempt to impose education in these specialities upon general practitioners, and we are strongly of opinion that, if the matter were contested before the Privy Council or the Courts of Law, it would be decided that, in so doing, the General Medical Council was exceeding its authority.

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THE DEATH-RATE OF ILLEGITIMATE CHILDREN.

NOTWITHSTANDING the intellectual and moral advances of modern civilisation, of which England as a nation may justly be proud, yet there are many defective spots over which the veneer is of the thinnest. To take an instance, it is notorious that the death-rate of children, especially in the great cities, is disproportionately great as compared with that of adults. This excessive mortality is, no doubt, in part directly due to the disadvantages attendant on the struggle for existence when carried on amid the sordid surroundings of our densely populated industrial centres. It is further accounted for, to some extent, by the utter ignorance displayed by mothers generally as to the proper feeding of children. As a consequence, infants are fed upon starchy and farinaceous foodstuffs which they are unable to digest, and which act as so much irritant foreign matter in their alimentary canals. Indeed, chronic starvation might be justly entered as the cause of death in very many instances where the certificate is now filled up with some such general term as marasmus, tabes, or rachitis. Another important contributory cause of infant mortality is the indiscriminate use of teething powders, soothing syrups, and the rest of the patent and quack medicines sold for the express purpose of treating children. It may be said, without exaggeration, that the two classes, proprietors of patent foods and of patent medicines, destroy by their united agency a vast number of children annually, not to mention those of the survivors who struggle through childhood to an adult stage of chronic ill-health. Another factor of less importance is the neglect on the part of parents or guardians to obtain proper medical advice and treatment. Failure in that respect, however, can hardly spring from anything but the most inhuman depravity, now that medical advice is to be freely obtained from the network of hospitals, dispensaries, and other charitable medical institutions which pervade the whole country. Then there may be criminal neglect in the care of their offspring on the part of vicious or cruel parents, and many of them have happily been brought to book by Mr. Waugh and his Society for the Prevention of Cruelty to Children. Indeed, the Society in question has drawn public attention to the wrongs of children with results of a most practical kind, not only as regards the administration and interpretation of existing law, but also as an *in terrorem* warning to all evil-doers of the same kidney. Another great service rendered to the community by this same body has been the exposure of the wretched system of life insurance of children amongst the poor. It is now some years since Mr. Waugh exposed the horrors of baby-farming, where filth, starvation, and neglect were the indirect but certain means of securing the insurance money. Bad as all these things are, we have by no means come to the end of the list. For instance, there is the question of death certificates, and the facility with which they may be obtained. Nothing is more common than for a medical man to be called in once to a dying child in order that a death certificate may be subsequently obtained from him. The only apparent remedy would be for all medical practitioners to unite and determine not to sign a certificate under such circumstances. Even then it is in the power of the coroner to refuse an inquest and himself grant the necessary certificate, a course to which he is urged by the necessity of keeping down expenses. Such, then, in brief outline, are the chief causes of the excessive death-rate among children generally; but when we come to consider the more particular mortality amongst illegitimate children, we are confronted with the startling and suggestive fact that it is double that of legitimate offspring. On further inquiry into their circumstances it is at once evident that the maternal care will in many cases be necessarily denied to the infant, who will be handed over to strangers. Moreover, the majority of cases of illegitimacy occur amongst the poor, who are unable to contribute a proper sum to the maintenance of the children. Then, as regards the still-born infants, there is no doubt that illegitimacy with its attendant burdens and reproach acts as a powerful incentive to criminal practices. The question of death certificates assumes a doubly important place with regard to the burial of still-born children. At present they are often buried without any certificate at all, or on the strength of a document signed by an ignorant midwife, who may possibly not have been even present at the birth. Indeed, the columns of the Medical Press and Circular have reported from time to time many cases which would more than warrant a searching inquiry into the ways of undertakers, nurses, midwives, and cemetery authorities in the disposal of the bodies of the still-born. Dr. Tatham, late Medical Officer of Health for Manchester, has made some concise statements bearing on this part of the question. In his evidence before the House of Commons Committee on death certification, he made the remarkable assertion that 45 per cent. of still-born infants are annually interred in Manchester without proper notification. So careful an authority is hardly likely to have published these figures without careful consideration; still, the peculiar difficulties attending an investigation of the subject of still-born burials makes us the more anxious to know on what grounds these statistics have been compiled. From whatever standpoint, however, we survey this important question of excessive infant mortality, legitimate and illegitimate, we shall find it impossible to avoid the conclusion that some drastic reform is needed in our present loose system of granting death certificates. It would be unreasonable to hope for any great improvement—any lessening in this nineteenth-century massacre of infants, until it is rendered a penal offence to bury an infant without a medical certificate, which must, moreover, be limited and safeguarded in several important particulars.

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Notes on Current Topics.

The Growth of the Shilling Dispensary in Dublin.

A few weeks since we noticed the starting by a new practitioner in a suburb of Dublin, through the agency of a number of female busybodies, of a pseudo-philanthropic dispensary of the "provident" type. The fact of itself is scarcely worthy of notice, inasmuch as speculative doctors and aggressive elderly ladies usually gravitate together, and it does not very much matter what method of operations the co-operation adopts. But from insignificant beginnings results worthy of notice sometimes arise, and the extension of this evil obliges us to speak. Another medical shop has been started in a tenement house close to the Courts of Law, under the name of the "Dublin Medical Mission," where doctoring and piosity are served out together, and we are told that enterprising practitioners have started others in Gloster Street and in Lombard Street. We learn with regret that the number of these sham philanthropic dispensaries is about to be increased by the opening of one more by two Fellows of the Irish College of Surgeons, who have, we suppose, been driven to adopt this most objectionable method of getting business by the touting of the suburban practitioner to whom we have referred. The agents of this latter gentlemen have been busy, as we are informed, circulating prospectuses and personally canvassing patients, even in the families of medical men in his district, and the speculators in the new venture excuse themselves by the plea that to live they must adopt the same tactics. We cannot have any sympathy with this view. A small and early candidate for practice may, if suffering the pinch of hunger, be excused for adopting any means to get a livelihood. As far as we know, all the proprietors of these shilling dispensaries in Dublin are quite above monetary pressure such as might justify their proceedings. Moreover, humble Licentiates and beginners may be excused where Fellows of the College, hospital surgeons, and seniors must be condemned. We warn all speculators in this line of practice that it may involve them in very serious trouble. The General Medical Council has been engaged at its last two meetings in considering whether a connection with these so-called Medical Aid Associations shall be adjudged to be "infamous conduct in a professional respect," and it is quite possible that Colleges may be moved to take action to prevent their Fellows and Licentiates degrading them by the resort to such methods of practice. The suggestion that these shilling dispensaries are in any sense charitable or philanthropic institutions, or the more nauseous pretence that they are for the promotion of religion, may be dismissed without observation. They are nothing more or less than trading medical establishments got up and maintained for the benefit of the doctors who run them.

Fatalities from Alcoholic Excess.

Among the most foolhardy and supremely absurd so-called feats which are attempted by some persons who have nothing better to do, must be included the swallowing, for a wager, of large quantities of alcohol. One such case was recorded last week. A man entered a public-house in Sheffield and undertoook to drink twelve glasses of beer within an hour if anyone would pay for them. A person, who must at the time have been fairly alcoholic himself, actually intimated his willingness to provide the beer, and the "feat" was begun. The beer was brought in a glass at a time, and was, as might be supposed, unhesitatingly consumed. Nine consecutive glasses had thus been emptied of their contents in about half-an-hour, when the proceedings came to a sudden termination. The man became profoundly comatose, and after he had been returned in a cab to his home a medical man was sent for. Before, however, the arrival of the latter, death had taken place. Another fatal case from alcoholic poisoning occurred on Boxing Day, at Birmingham, and in this instance a grocer's assistant suddenly swallowed a pint of rum which had been ordered for the mutual enjoyment of a party of convivial friends. Lastly, a child was poisoned last week with some whisky which it had inadvertently drunk, and despite every effort which was made to avert a fatal result, death nevertheless took place. The deep coma which is associated with the excessive ingestion of alcohol leaves the medical man but little chance of saving life, even when he is summoned to the case soon after the toxic effects have become declared.

Lord Coleridge and Anti-Vivisection.

The Lord Chief Justice of England, it must be confessed, does not do himself credit in the part which he plays in the anti-vivisection movement. His last act has been to write to the Secretary of the Society for Promoting Christian Knowledge, intimating his determination to refuse to pay any more subscriptions to that body. He explains that he has "learned from what seems unquestionable authority that those who administer the affairs of the Society have finally decided to take up their position among those favouring the practice of vivisection and advocating its horrors" (*sic*). Upon these grounds, therefore, Lord Coleridge observes that he feels that it is his duty to withdraw his subscription. Is the dark spirit of the Middle Ages still upon us? Most persons, we imagine, would be inclined to think so after reading the facts to which attention is here drawn. But further comment upon this case would be superfluous. Suffice it, therefore, to say that we heartily congratulate the Society for Promoting Christian Knowledge for refusing to be dictated to by a clique of faddists, and for maintaining their right to issue literature in which, in this particular instance, in their opinion, neither morality has been assailed nor evil doctrines promulgated.

Sickness among Medical Men.

The Medical Sickness, Annuity, and Life Assurance Society, which can fairly claim to be one of the most successful Benefit societies which has ever been founded, contains from time to time in its monthly reports some interesting facts regarding the prevalence of sickness among medical men. At the December meeting of the Committee, for instance, the report shows that a very heavy list of sick claims was presented, owing to the prevalence of the epidemic of influenza, which seems to have fallen with exceptional severity upon medical men. Again, during November last, it is curious to note that the sickness claims of the Society exceeded those in November, 1892, by *seventy per cent.*, and the Committee anticipates that during the present winter the amount of sick benefit received by the members of the society will exceed that paid in any previous winter since the foundation of the Society in 1884! Further, it is interesting to observe that a marked feature of the winter claims is the number arising from accidents in riding and driving. These, for the most part, happen to country practitioners, who are specially exposed to risks of this description in the short dark days of winter. Apart from the great utility of this Society to medical men, one of its most excellent features is that the total management expenses are under five per cent. of the premium income. The customary rate among insurance societies varies from fifteen to thirty per cent.

Poor-law Attendance in Islington.

An incident which is reported from the Islington Workhouse should draw the attention of the Local Government Board to the management of that institution. When the labour-master went round the wards at seven in the morning, one of the aged inmates was apparently sleeping, and was allowed to remain undisturbed. An hour later, however, when an aged female pauper went in to clean the ward, she found the old man was dead, and had been so for some time. The Islington coroner remarked that there should be a night attendant in the old men's dormitory, a recommendation which was also urged by the jury. In these enlightening times it goes without saying that the supervision of the aged and infirm should be systematically carried out by a sufficient staff of able-bodied attendants. Judging from the cases that come to light from time to time, it is not unlikely that a careful investigation into the management of Poor-law institutions in Great Britain would reveal a great number of similar instances of scandalously inadequate attendance.

The Forthcoming International Medical Congress.

We are requested to announce that the Committee has opened in Rome a special office to provide lodgings for Congress members at hotels and private houses. Members can apply also in the same connection to Messrs. Thos. Cook and Son, Piazza Martiri, Rome, who have been requested by the Executive Committee to satisfy such applications when made in time. Excursions will be arranged in Rome under the guidance of Professor Forbes, member of various learned societies. Congress members intending to see Naples and Sicily can travel from Rome to Naples at a 50 per cent. reduction on the usual railway fares, and can join the excursions which will be arranged by the Naples Agency of Messrs. Thos. Cook and Son. This Agency will arrange an undetermined number of excursions to Pompeii, Vesuvius, Capri, Sorrento, Castellamare, and iae, and three to Sicily with the following itinerary: Naples, Messina, Catania, Faormina, Girgenti, Siracusa, Palermo, and Naples. Among the papers to be read at the Congress is one by Professor A. Jacobi, New York, the title of which will be "Non Nocere." The annual meeting of the German Chirurgical Society has been postponed to enable the German surgeons to attend the Congress.

Admissions to Lunatic Asylums.

We reported recently certain law proceedings in Dublin in which the Resident Medical Superintendent of the Richmond Lunatic Asylum was made one of several defendants to a suit for damages for the illegal incarceration of a person supposed to be insane. The Resident Medical Superintendent and the medical attendant on the patient were very properly relieved from all liability, as it was admitted they acted with perfect *bona fides*. We note, however, a statement in the newspapers in connection with that case that the Resident Superintendent "recommended that no person should be admitted to the Asylum unless certified as dangerous," and which recommendation the Board is stated to have approved. We confess that we do not understand this statement, and we conclude that the reporter has made an error. Neither the Resident Medical Superintendent nor the Board of Governors, nor the Inspector, nor the Lord Lieutenant himself, have any authority to limit admission to a county asylum to any particular class of lunatics. The innocent, harmless insane, as well as epileptics, and all other sorts of persons suffering from mental diseases, have an undeniable right to admission if duly and formally certified.

Freshness of Antiseptic Media.

Professor Vignon, of the Lyons Faculty of Science, calls attention to the fact that much of the efficiency of antiseptics is lost by keeping. He has found that lint and cotton-wool impregnated with bichloride of mercury lose their antiseptic power by reason of the combination of organic substances from the air with the salts of mercury, and that solutions of bichloride also deteriorate by keeping. The loss in the latter case after eight days' keeping was 43 per cent.

The Irresponsible Sale of Poisons.

The facts related at an inquest held at Hampstead the other day forcibly illustrated the loose way in which the sale of poisons is regulated in this country. It appears that a housemaid in that locality suddenly made the startling announcement, "I have taken sixpennyworth of poison." She was taken to a hospital and developed symptoms of strychnia poisoning, from the results of which she quickly died. Before her death the unfortunate girl stated that she had obtained the poison at an oilshop, where she asked for "something to kill mice with." Had this poison been obtained from a chemist, he would have rendered himself liable to a heavy penalty. Every sensible man will agree with the jury in their remark that it is full time restrictions should be placed on the sale of poisons in oilshops. This is one of many public health matters that urgently call for attention at the hands of the Legislature.

Hydrophobia in London.

A verdict of death from hydrophobia was returned by a coroner's jury last week in St. John's Wood. The deceased, wife of a local grocer, was attacked by a strange cat, which bit her left hand and scratched her left leg. After an interval of some weeks the wounds appeared to be healing, when the unfortunate woman was attacked with severe pains in the left hand and down the left side, followed by foaming at the mouth and other symptoms of hydrophobia. Fortunately such cases as the foregoing are extremely rare, as hydrophobia does not appear to be very prevalent among cats. The muzzling order, notwithstanding its unpopularity among dog-owners, has practically abolished this terrible disease from protected districts.

Serious Charge against a Parish Doctor.

An inquest was held last week at Bethnal Green upon the body of a child of five. It seems that the parents obtained an order for medical attendance from the relieving officer, and called in the parochial medical officer, who, it was stated by the mother and father, was drunk, and rolled about the room when he visited the house. The child became convulsed, and died soon after taking some medicine sent by the medical officer in question. The latter stoutly denied that he was drunk, and states that the mixture consisted of iron and ammonia. The inquiry has been adjourned in order that an analysis may be made of the stomach and of the remaining portion of the medicine.

"The Grand Old Man" of Medicine.

The "Grand Old Man" of Medicine seems to be Dr. Oliver Wendell Holmes. The College Club of Boston recently gave a reception in his honour, and about 500 persons were presented to him. He received them as he sat "in a laurel-decorated chair under a bower of palms." During the course of the proceedings Dr. Holmes recited "The Last Leaf," "Dorothy Q.," and "The Chambered Nautilus," all of which must have been intently listened to. Truly we have no one in this country, of similar standing belonging to the profession, who could perform such a feat. Fancy Sir Spencer Wells, for example, reciting "The Dream of Eugene Aram" at the *conversazione* of the Medical Society!

An Unusual Sequela in Pleurisy.

A most unusual result of an attack of pleurisy was recorded in a paper read at a recent meeting of the Lyons Medical Society by Lépine. The notes of the case were as follows:—The patient, a man, æt. 59, had taken part in all the wars of the Second Empire; then from 1870 to 1892 he was a cook on board mail steamboats. Despite, however, his active life, he had always enjoyed fairly good health. He had never suffered from any malarial attack, nor from yellow fever, cholera, nor dysentery, neither had he had syphilis or lead poisoning. The only illnesses from which he had suffered were four attacks of acute rheumatism: the third of these attacks was complicated with left pleurisy, the fourth with endo- and pericarditis. After recovery from the latter illness examination of the left side of his chest showed that there was marked flattening, the exact measurement being four centimetres and a half less on the left side than on the right. All the muscles of the shoulder were atrophied, the deltoid more so than any other. Without being manifestly atrophied, the whole of the limb showed great weakness, as was indicated by the dynometer, the power being less than half that displayed by the right arm. In addition to these symptoms there was general anæsthesia, together with the loss of heat-sensation over the left chest and the corresponding shoulder and arm. Pain was absent everywhere, and it was not possible to produce any painful sensation in the affected areas; the reflexes were normal. The author drew attention to the extreme rarity of such a case, although two cases somewhat similar had come under his notice in 1873. The most difficult feature in the history of a case of this kind was the precise pathological condition upon which the symptoms depended.

Unqualified Medical Missionaries.

"Dr. Harford Battersby, formerly a medical missionary in the British Dependencies along the river Niger, has become the principal of a new medical school in London." This is the opening paragraph of a leading article headed "The David Livingstone Medical College in London," which appeared in a recent issue of an American contemporary. The announcement is quite news to us. So far we have been unaware of this enterprise of which our contemporary speaks so favourably. But there can be no question that in more ways than one quasi-colleges established for the medical training of missionaries would be calculated to do more harm than good. The smattering of knowledge which a missionary trained under such auspices would be likely to get would make him a dangerous exponent of medical science even among the poor natives among whom he had cast his lot. A duly qualified, competent medical man or woman should be attached to each mission station, or, failing this, the medical treatment of the natives should not be undertaken. It is well known that the practice of modern medicine and surgery has a marked influence in advancing the cause of civilisation among the pristine inhabitants of the countries in which missionaries labour. If, then, a missionary has neither the time nor the funds to qualify himself for medical practice in the ordinary way, it is only expedient that he should not attempt to assume the responsibilities of a medical man.

We notice but one recipient in the profession of New Year honours in the official list, that of Surgeon-Major Ernest Harold Fenn, who is gazetted a Companion of the Indian Empire.

The Death of Dr. Guttmann.

ONE of the victims of the prevailing epidemic at Berlin, last week, was Dr. Guttmann, the well-known editor of the *Deutsche Medicinische Wochenschrift*. In fulfilling the calling of a medical journalist he obtained a wide reputation, and his death has undeniably created a loss in the profession which will not be so easily filled up. The immediate cause of death was cardiac syncope occurring in the course of a severe attack of influenza of ten days' duration.

The Post of Medical Officer of Health for Manchester.

THE post of Medical Officer of Health for Manchester, recently vacated by Dr. Tatham, is still unfilled, and nothing will be definitely decided about the matter until after the meeting of the Manchester City Council next week. Meanwhile a Committee of the Council has drawn up a special report respecting the duties and emoluments of the appointment, and it is recommended that the salary should be £850 per annum. There appears to be, however, a feeling in some quarters that this latter recommendation will be subjected to a good deal of criticism in the Council, on the grounds that the sum offered is excessive. In the true spirit of economy, also, an alderman has suggested that the offices of Medical Officer of Health and City Analyst should be amalgamated, with a view to the saving of expense. It may be hoped that no cheese-paring policy will be allowed to influence the settlement of the details in connection with this important appointment. The Medical Officership of Health for Manchester is one of the most responsible in the Kingdom, and the Manchester City Council would be committing a serious error of judgment were they to do anything at the present juncture which would have the effect of diverting well-tried and thoroughly competent candidates from competing for the post.

Another Isolation Hospital Difficulty.

THE inhabitants of Kingston are the latest to be up in arms against the proposal to establish a hospital for infectious diseases in their midst. The name of the proposed site is Fern Hill, which is situated about half a mile from the barracks at Kingston. Apparently the Corporation of Richmond is answerable for the opposition which has been excited. An agreement was recently arrived at by this body to the effect that an isolation hospital was required for the district, and the fact was at the same time pointed out that there was no available site for the erection of such an institution within the borough boundaries. While, however, inquiries were being made in respect to a suitable locality for the hospital, an undertaking was given by the Corporation not to invade either the districts of Petersham or Mortlake. This, then, is the grievance of which the inhabitants of Kingston complain. They protest that they have never been consulted in the matter, and still, despite the fact, and irrespective of other available sites, a hospital for infectious diseases is proposed to be erected in their midst. The Local Government Board has been appealed to with the view to setting aside the pledges given by the Richmond Corporation to the district authorities of Petersham and Mortlake. It is held that these pledges cannot be advanced as reasons for one district going outside its own area for the purpose of planting "objectionable things" upon that of its neighbours. It remains to be seen, however, what action the Local Government Board will take in the matter. Meanwhile, it seems hardly fair to the Kingston residents that their district should have been fixed upon, while the two other districts above mentioned have been allowed, so to speak, to go free. Obviously the settlement of this question should entirely depend upon the site which is admitted to be the most suitable for the purpose, quite irrespective of the district.

A REUTER'S telegram from Calcutta reports that Surgeon-Captain Pearce has been called upon to show cause why a further charge should not be made into a charge of culpable homicide. It will be remembered that this officer was lately tried and acquitted of a charge of having shot a native without provocation. It is announced that the forthcoming investigation will be open to the public.

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Scotland.

[FROM OUR OWN CORRESPONDENTS.]

THE PAST YEAR IN EDINBURGH.—Last year has been uneventful with regard to medical doings. The most notable thing which occurred was the commencement by the University of the new rules adopted by the Commissioners with regard to the enrolling of students and taking of fees. At the beginning of the year grave doubts were expressed whether the number of students was not falling seriously owing to the adoption of the five years' curriculum. This winter, however, in the University, at any rate, the numbers are much the same as formerly, the figures being as follows:—Total, 1,278: of these 243 are in the first year of study, 220 in the second, 233 in the third, 271 in the fourth, and 311 in the fifth year. The large number in the last year is due to the fact that all chronics are charitably placed in it. The hospitals in Edinburgh continued to enlarge their respective spheres of usefulness. The Infirmary opened its gates to lady students and provided accommodation for them. A general appeal to the public for the purpose of raising funds for an extensive enlargement of the Hospital was postponed owing to the widespread loss caused by the failure of the Australian Banks. The close of the year finds the Infirmary Board face to face with the question, Should the acting staff be directly represented on it? The College of Surgeons has elected two of the surgical staff to the vacancies on the Board. In the ordinary course of events they will take their seats this week. It is understood that there is a strong feeling of opposition to their doing so. The new Sick Children's Hospital is gradually assuming shape and form on the opposite side of the Meadows to which it formerly stood. The new East House at Morningside Asylum is nearing completion. During the year several epidemics occurred.

At the beginning of the year measles was extraordinarily prevalent, while small-pox broke out in Leith in spring and again during the winter, and influenza made its annual appearance in late autumn in a severe form. The only medical conference held in the city was that of Public Health in July last.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

LARYNGOLOGISTS AT THE PATHOLOGICAL SOCIETY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In offering you my cordial thanks for the able and unbiassed statement of the case as between Dr. Semon and myself, which appears in the current number of the Medical Press and Circular, I ask you to evince still further your well known love of fair play by according me yet a small space in your columns.

I pass over by mere reference the facts that:—

(1) It was not "a year or two" but two years and seven months, and after issue of three volumes of Transactions, that elapsed since Dr. Semon first exhibited at the Pathological Society this "anomalous tumour," for which the word "colourless" can hardly be considered a synonym.

(2) The circumstance that the substitution by me of the word "occasional" for "frequent" degeneration of benign into malignant growths was not made for the first time the other night, but may be found since 1887 in all the later editions of my book, and that an even less uncompromising position is taken in my essay in the Anglo-American work to which Dr. Semon took exception.

You, Sir, rightly contend that "malignancy remains more a clinical than a pathological phenomenon," and herein lies the crux of the case. In May, 1891, neither "the situation of the tumour" nor the "occurrence of spontaneous hæmorrhage" afforded Dr. Semon any "evidence of malignancy," but when the fatal result occurred and the case was decided to be without doubt malignant from the first, these symptoms coupled with two others not previously noted, namely, dysphagia and alcoholism, were emphasised as signs which should have been all along interpreted as of evil omen. Why were they not?

In what degree then have I not treated Dr. Semon with fairness, save that I accepted without question the accuracy of his diagnosis as a clinician and that of Mr. Shattock as an histologist? for the second opinion which I am accused of suppressing that the growth was malignant from the first, is inconsistent with his statement in his first report that neither clinically nor pathologically was there "evidence of malignancy."

To one mistake I do acknowledge, in that instead of claiming Dr. Semon as a "more or less willing *adherent*" to my views, I should have referred to him as a more or less willing *witness*. Had I used the latter word there would have been no justification for Dr. Semon's wrath, but on the other hand the Transactions of the Pathological Society, so far as this case is concerned, would, by being deprived of the full sequel, have remained incomplete and misleading.

I am, Sir, yours, &c.,
Lennox Browne.

15 Mansfield Street, W.,
28th December, 1893.

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DIPHTHERIA, HOW IT ORIGINATES AND HOW IT SPREADS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As a good deal of discussion is going on at the present time upon the subject of diphtheria, the few following thoughts may possibly prove helpful.

The first question that arises is: *What is the origin of diphtheria?* and I think there can only be one answer, viz., defective sanitation of some kind or other—the same as it is of all other infectious disease.

In the second place we have to ask ourselves the question: *By what means does it spread?* Well, it increases (*a*) by contact of an individual suffering from the disease with others; (*b*) by direct contact of an infected individual or special germ conveyed by an intermediate person, say by means of the hands or clothes, with milk or water; (*c*) by contamination of milk or water through the medium of sewer gas.

Besides these things there are various others which greatly assist in its propagation:—

1. The daily constant communication of children in the Board schools.
2. The ignorance of medical men as to what forms of sore-throat are infectious and what not.
3. The dark and damp condition of many dwellings, which tends to keep the germs alive and favour their development.

It has of late been shown that diphtheria is now more prevalent in the towns than in the country districts, and the question is asked, how has this come about? Well, in the old days, when cesspools were the order of the day, it was more common in the rural districts, owing to the fact that there was worse sanitation in these than in towns—but in course of time, when the early system of drainage was introduced into the cities and communication with the rural districts became more easy, then it was more frequently introduced, and through the supposed sanitary improvements widely spread. Board schools have also, as I said before, greatly helped to accentuate the increase of the disease, and will continue to do so till we get more regular systematic sanitary inspection. Notification, I venture to say, by itself will prove, more or less, a failure in reducing the death-rate, as it has done up to the present time.

I am, Sir, yours, &c.,
F. P. Atkinson.

Surbiton.

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ANÆSTHETICS IN OPERATIONS ON THE THROAT AND NOSE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the last fortnight two more deaths have occurred from the administration of chloroform during the removal of adenoid growths from the naso-pharynx. In one case I have reason to know that the danger of this anæsthetic was pointed out, and the alternative employment of nitrous oxide gas forcibly, though unavailingly, urged.

Letters have been recently printed in the columns of the Medical Press and Circular, and in those of its two weekly contemporaries, from the pens of Mr. Lennox Browne, Dr. Dundas Grant, and Dr. Wyatt Wingrave respectively, urging the complete safety and efficiency of nitrous oxide gas in these operations. All of these gentlemen are attached to the Central London Throat and Ear Hospital, where this gas has been employed during the last three years on about 2,000 occasions with complete efficiency and without accident. I have myself been responsible for the administrations in nearly half this number, as well as in two to three hundred other cases in private practice.

The now long list of fatal results from chloroform is calculated to bring a valuable operation into disrepute, and I venture to say with all respect, that in the light of the foregoing experience, the word "misadventure" cannot much longer be properly applied to the verdict.

I am, Sir, yours, &c.,
W. G. Holloway, M.B. Camb.,
Registrar and Anæsthetist to the Central London Throat and Ear Hospital.

January 1st, 1894.

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THE PROPOSED NEW ORDER OF MIDWIFERY PRACTITIONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The action of those medical practitioners who now grant Midwifery Diplomas to women, and which em-power the holders to *practice Midwifery*. has stimulated others, to examine, and grant a *diploma in medicine*. No doubt there will soon be a third body, which will examine and grant a *diploma in surgery*, so that all the bone setters, unqualified assistants, and prescribing dentists, may be granted a diploma. When this comes about there will be a complete repeal of the Medical Act of 1886.

Lately, "The Magnetic School of Medicine, Limited," and "The General Council of Safe Medicine, Limited," have been established. They have been registered as Limited Liability Companies, under the Board of Trade, not having a capital divided into shares. Registration was effected on March 15th, 1893.

The following is the Memorandum of this new diploma-granting Body:—

"Memorandum of Association of the General Council of Safe Medicine, Limited.

1.—"The name of the Company is:—"The General Council of Safe Medicine, Limited."

2.—"The Registered Office of the Company shall be situated in England.

3.—"The objects for which the Company is established are to grant Degrees, Scholarships, Awards of Merit in the Magnetic and Botanic System of Safe Medicines, to students passing a satisfactory examination before the General Council of Safe Medicine, and to those of the Botanic Profession of good moral character, and who can produce a reliable evidence of qualification, or ten years' practice, at the discretion of the Council. The highest diploma of the Council conferring the distinction of M.D. (B.C.), which shall signify the rank of "Doctor of Botanic Medicine," in contradistinction to surgery, and the practises of the Allopathic, and Homœopathic Schools of Medicine, also to maintain a Lecture Hall, Library, and Record Office, in which a biographical record of its members shall be kept as far as obtainable.

4.—"Every member of the Company undertakes to contribute to the assets of the Company in the event of the same being wound up during the time that he is a member, or within one year afterwards, for the payment of the debts and liabilities of the Company contracted before the time at which he ceases to be a member, and the costs, charges, and expenses of winding up the same, and for the adjustment of the rights of the contributors amongst themselves, such amount as may be required not exceeding £5.

"We, the several persons whose names, addresses, and descriptions are subscribed, are desirous of being formed into a Company in pursuance of this memorandum of association."

V. Trimming, Clerk in Holy Orders, five medical herbalists, and one merchant sign this memorandum.

The General Medical Council have had their attention called to this proposed now order of medical practitioners, and I have called their attention to the action of those medical practitioners who are now selling midwifery diplomas to women.

These have set a fatal example, and it is not to be wondered at that others are now following their lead. If we practitioners sell diplomas in midwifery we shall soon have a shoal of herbalists, bonesetters, and others with their M.D. diplomas. Is it too late to entreat these medical practitioners to cease their down-grade and degrading work? It will be a long time before barristers, solicitors, veterinary surgeons, or chemists prostitute their several callings by creating a low order of their faculties. I would, therefore, ask those practitioners who are now trying to establish a new order of midwifery practitioners to cease granting diplomas. The qualifying bodies under the Medical Acts should alone grant medical diplomas. But with the present sad example how can we blame "medical herbalists" for following in the footsteps of those who are striving to repeal the Medical Act, which enacts that no one should practise medicine until he has studied for five years, and taken a registrable qualification in medicine, surgery, and midwifery?

I am, Sir, yours, &c., Robert Rentoul.

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We regret to announce the melancholy death of Dr. Milnes Marshall, F.R.S., the eminent Professor of Comparative Anatomy, in Owens College, Manchester, on Sunday last. Deceased had climbed the Scawfell, when he missed his footing, fell over a precipice, and was killed instantaneously.

Literature.

MACEWEN'S ATLAS OF HEAD SECTIONS. (a)

Now that brain surgery has become so important an offshoot of surgical practice, it was inevitable that plates dealing with and illustrating the sectional anatomy of the brain, and the surgical topography of the scalp and cranium should require publication. Already some very good work in this direction has been done, notably by Professor Fraser of the Royal University of Ireland; but it is not surprising—it was indeed very desirable—that a man of Dr. Macewen's eminence in this department of surgery should, from the surgeon's point of view, and with the surgeon's practical experience, undertake the investigation of the matter, and the publication of his results. A work of this kind, in order to be thorough and worthy of reference, necessitates the examination of a multitude of specimens, and very careful discrimination in the selection of sections. The Atlas has been prepared from frozen head sections, fifty-three in all, and key sketches have been drawn from the original. At any spot which may be selected for operation, the relations of the various parts of the brain to the outside of the skull may be seen in three different series of sections—coronal, sagittal, and horizontal. A still further point of importance is that child and adult sections may be compared in the coronal and horizontal series, and the difference in the size of the brain relatively to the rest of the head is in these sections very noticeable. Among several practical suggestions made by Dr. Macewen may be noted the following:—(1) the proximity of the nasal recesses to the intra-cranial structures suggests an easy access for erosive infective processes; (2) for eradication of infective matter extending from the nasal fossæ through the cribriform plate of the ethmoid, or by way of the frontal sinuses, trephining in the middle line of the brow at the glabella, and penetrating the frontal sinuses, affords the best means of exposing the seat of disease. Other practical points are the liability to pressure on the third nerve from the basal portion of the tempero-sphenoidal lobe, and the shape of the cerebellum as seen in these sections compared with its appearance when removed from the skull. These observations are made by the way, and are but a drop in the bucket of what may be gleaned by a careful study of this volume and its exhaustive illustrations. The coronal sections are in three series—males at 60, 40, and 2½ years. The sagittal sections are in one series—male, æt. 30; and the horizontal are in three series—male, æt. 35, 50, and 5 years. The fact that there is no comparison of male and female sections may not appear worth consideration, but anatomically it makes the Atlas incomplete. As a guide to operations more detail as to the precise surface topography of the sections would have been a decided gain. The work is excellent, extremely valuable so far as it goes, but it requires a supplementary treatise to aid men adventuring in the region of brain surgery.

MACEWEN'S BRAIN AND SPINAL CORD. (b)

This is a work which will readily be appreciated by the general medical public, as well as by aural and brain surgeons. Dr. Macewen's work for many years has lain in this region of surgery, and such a careful antiseptic surgeon as he is known to be must necessarily have had his thoughts much occupied with the study of infective pyogenesis. A perusal of this book will satisfy the reader that the whole subject has been surveyed with an all-round conception of its difficulties and manifold intricacies. Believing that the temporal bone is the *fons et origo* of much of the abscess formation within the skull, he devotes considerable and elaborate attention to the anatomy of this bone and the structures running through it, and while giving all necessary attention to the ear mechanism, he emphasises the fact that the squamous portion and the mastoid cells are even more important. Not less particular is his description of the structure and channels of communication of the cerebral membranes, and the water cushions of the base studied as channels of septic infection. The chapter on pathology is equally full and instructive; but the grit of the work is really in the clinical chapters, which are replete with interesting cases, and remarkable results told in a clear crisp style that makes these records all the more likely to be carefully read, and all the more valuable. This work of Dr. Macewen's is worthy of himself and his eminent position in the domain of cerebral surgery.

(a) "Atlas of Head Sections." By William Macewen, M D. Glasgow: James Maclehose & Sons. 1893.

(b) "Pyogenic Infective Diseases of the Brain and Spinal Cord." By William Macewen, M.D. Glasgow: James Maclehose and Sons.

IRELAND'S BLOT UPON THE BRAIN. (a)

WE have had occasion to review most favourably the first edition of this excellent and original treatise, and it was with unfeigned satisfaction that we observed the appearance of a second edition. One merit of it from the author's and publisher's point of view is the fact that it is a treatise as free from medical technicalities as a work of this kind can possibly be, and this makes it commendable to a much wider circle of readers than would otherwise be possible. To the student of history it is an extremely readable and suggestive book, and the study of morbid psychology as the key to much that in history is puzzling and obscure will be found, and doubtless has in some measure already been found a most profitable and exciting occupation. The new edition shows that Dr. Ireland with open mind is ready to note the criticisms of his work, and as far as possible to profit by them. It might seem unnecessary in a work so essentially historical to revise and rewrite for a second edition; but Dr. Ireland is nothing if not thorough, and in his endeavour to keep the work abreast of scientific research he spares no pains. History is one thing, the true psychological explanation of it by the light of modern research is another thing, and being a true student of history, this Dr. Ireland very well knows. We heartily commend this new edition.

STARR'S BRAIN SURGERY. (b)

THIS is a work of clinical interest which, from the point of observation and experience of the neurologist and psychologist, is amply stored with information in illustration of the various morbid conditions amenable to surgical treatment. It is a work which represents the condition of things which calls for the interference of the surgeon, and which also enables the practitioner to make his own preliminary diagnosis and know his ground. As the author well observes, there are two essential preliminaries to any operation upon the brain; the first is the diagnosis of the nature of disease which is present, and the second is the diagnosis of its situation. Both are purely medical questions, and this is the text of the book, which is not so much a book for the surgeon as for the physician and general practitioner. The first chapter deals with the diagnosis of cerebral disease, specially considering such diseases, and such sites as come within the reach of the surgeon's instruments. The salient points of localisation and their outward signs are described, and cranio-cerebral topography is succinctly delineated. The conditions considered as most frequently requiring operation are epilepsy, microcephalic imbecility (?), cerebral hæmorrhage, abscess of brain, tumour, hydrocephalus, and insanity. The work is well illustrated, the get-up of the book is excellent, and though not exhaustive—it does not pretend to be—it is a work that will repay perusal, and be found useful as a ready and concise guide to the study of diagnosis in preparation for cerebral surgery.

WALLER'S HUMAN PHYSIOLOGY. (c)

A PERUSAL of the second edition of this work deepens the impression made by the first. Dr. Waller calls the book an "Introduction," for most people, and for the ordinary requirements of the average student or practitioner, we should say that everything necessary is to be found within its boards, leaving out of account some physiological chemistry. The whole volume is instinct with the thorough grasp which the author has over all physiological problems, is pleasant to read, but yet scientifically expressed, and is not so aggravatingly up to date as it might be. This last qualification is not uncalled for. No subject is so easily spoiled by overloading as physiology. The division of the book which seems most capably and fully worked out is that which deals with nerve and muscle, their electrical reactions, and indeed the whole subject of animal electricity. Those puzzling questions for beginners, the nature of anelectrotonus and katelectrotonos, the diphasic variation during the contraction of the ventricles of the heart, and the differences of excitability in nerves and muscle depending on anodal and kathodal stimulation are very clearly illustrated and explained. The account of digestion is not quite so lucidly stated, and may well cause some little confusion on reading. A word should be added in praise of the very numerous illustrations scattered throughout the volume.

STURGES' CHOREA. (a)

THE principal purpose of the work before us is to show, as the author states in his preface, that chorea is in large measure a disease of function, due to preventible causes, and that guidance is not wanting as to the sort of training and management which affords the best security against its attacks and the surest means of its cure. In his introduction he discusses the place in Nature of functional nervous disease, and makes the remark, with which many will not agree, that the observation of disease in its functional relations, if less complete than the organic, has greater security, for the facts appealed to are exhibited in their life and working without undergoing in the analysis that process of dissection which implies death and may involve mutilation.

Of his chapter on the general description of the disease little need be said, as it introduces practically nothing new of interest. In it he objects to all definitions of the complaint previously given, and says that to ordinary observation, at all events, chorea consists in an "exaggerated fidgetiness," a definition which, we think, is certainly no better than its predecessors.

After discussing its relation to rheumatism he appends, as his conclusions, the remarks that the number of instances where rheumatism is *immediately* connected with chorea is very small, and that in the majority of cases of chorea occurring in children supposed to have been rheumatic, the immediate exciting cause of the chorea is no other than that which suffices to produce the same affection in other children who are not rheumatic. He allows, however, that in rare instances acute rheumatism appears as a cause of fatal chorea.

With regard to heart complications, he states that they are more marked in early than late childhood, and that papilliform endocarditis affecting the mitral valve, a condition which is rarely seen in any other associations, is the cardinal anatomical feature in chorea, wholly apart from rheumatic endocarditis.

He next briefly discusses the various hypotheses as to the pathology of chorea in chronological order, and comes to the conclusion that morbid anatomy fails to account for the disease, and that, although the affection is chiefly of the nature of a functional disturbance, the association with rheumatism and endocarditis renders a purely functional hypothesis insufficient, and that there are reasons for regarding chorea as of the same pathogenesis as acute rheumatism, virtually distinct as diseases, though owning a common origin.

As regards the treatment of the disorder, the author relies practically altogether on moral measures, and considers that chorea should be exempted from the number of disorders that drugs can cure.

He furnishes illustrative cases in the last chapter as support for his views on the pathology and treatment.

On the whole the book does not add much to our knowledge of chorea either from a practical or theoretical standpoint.

(a) "The Blot upon the Brain." Second Edition. By W. W. Ireland, M.D. Edinburgh: Bell and Bradfute.

(b) "Brain Surgery." By M. Allen Starr, M.D. London: Baillière, Tindall, and Cox.

(c) "An Introduction to Human Physiology." By Augustus D. Waller, M.D., F.R.S., Lecturer on Physiology at St. Mary's Hospital Medical School, London. Second Edition. London: Longmans, Green and Co. 1893.

(a) "Chorea, or St. Vitus's Dance in Children." By Octavius Sturges, M.D., F.R.C.P., Senior Physician to the Hospital for Sick Children. London: John Bale and Sons. 1893.

METCHNIKOFF'S COMPARATIVE PATHOLOGY OF INFLAMMATION (*a*).

THE translators of this work have conferred a great benefit on those of the profession in England who happen not to be conversant with the French tongue, for a more interesting and suggestive book it has rarely been our lot to read. Beginning at the very lowest forms of animal life, the author has endeavoured, and that with what appears to us to be perfect success, to place before his readers the evidence afforded by those rarely organisms of the nature of the struggle between their protoplasm and their foes. In the first place he proves conclusively that as phenomena of inflammation occur in organisms which have no circulatory system, phenomena very similar to those occurring in higher life, the essential part of the process cannot depend on the blood or its vessels. A description of positive and negative trophomorphism, or as it is now better known as, chemiotaxis, follows. Protoplasm in the living state is attracted by some substances, repelled by others, it hastens to engulf and destroy some micro-organisms, it flies from others. Leucocytes, especially the large polynuclear corpuscles, possess the same properties. The introduction of a poison into the body of a mammal results in some cases, if the substance is positively chemiotactic to the leucocytes, in a struggle *à l'outrance* with varying results; if the poison be organised and negatively chemiotactic the leucocytes fail to engage the enemy, and death results from the unchecked multiplication of the invading host. Throughout the volume the various facts are presented in a most attractive form and with copious illustrations. Whatever may be the ultimate fate of the phagocyte theory of the inflammatory process, the work herein detailed must always stand as an honest endeavour to solve by laborious and painstaking methods one of the most important problems that medical men have to deal with. The translation leaves nothing to be desired, and we confidently recommend a careful perusal of the book to all interested in the subject—and who in medicine is not?—assured that such perusal will open up new and wide fields of thought.

YEAR-BOOK OF PHARMACY. (*b*)

THE past year in pharmacy has been principally devoted to new investigations and a further prosecution of researches already in progress. Messrs. Dunstan, Harrison, Carr, and Jowett have contributed valuable papers on the aconite alkaloids; and at last we know that a definite crystallisable aconitine of reliable physiological action is obtainable.

The uncertainty and doubts that are so long associated with solanaceous alkaloids still continue, and many and prolonged investigations on the subject are still desirable. A good *résumé* of these papers appears in this "Year-Book of Pharmacy," together with a great deal of other interesting matter, including a good account of Auschütz's method for purifying chloroform; and Beringer's criticism on Ehrlich's method of urine-testing as a diagnostic aid to the recognition of enteric fever.

The price of the "Year-Book" places it within the reach of all, and we think that to all whose ambition is success it is a necessity. It is useful, reliable, and excellent summary of pharmaceutical progress in Great Britain.

WADE'S GOUT. (*c*)

DR. WADE bases his proposition on the pain which can be elicited by pressure on the nerves leading to the inflamed parts in gout, and on the relief afforded by massage of these nerves. He also attributes the frequency with which the great toe is attacked to pressure on the comparatively unprotected nerves by the weight of the body. The cause of the neuritis is the state of the blood. It is unfortunate that Dr. Wade does not differentiate between neuritis and peri-neuritis, the latter of which we imagine to be much the more likely of the two to occur under the circumstances, and which would coincide more nearly with his "neuro-humoral" theory. An acute neuritis appears to us to be too serious a condition to be cured so quickly as in some of the author's cases. We have also seen cases in which rubbing of the nerve above the seat of pain relieved it greatly. This relief is more consonant with the presence of a slight peri-neuritis.

SCOTT'S MANUAL OF URINE TESTING. (*a*)

THE present edition contains more matter than the first, and the fallacies connected with the various tests are more clearly pointed out. In addition to tests, &c., there is some information as to the clinical importance of the results arrived at, and there are a good many illustrations of apparatus. The information given seems to be accurate, though extreme condensation sometimes mars its clearness.

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Medical News.

Suicide from Chloroform.

DR. GEORGE DANFORD THOMAS held an inquest on the 30th ult., at the Paddington Coroner's Court respecting the death of Sarah Ellen Strange, aged 30, a dressmaker, lately residing at 50 North Street, Edgware Road, who committed suicide by poisoning herself. Mrs. Jane Cole, living at Queen Street, Edgware Road, stated that she had known Miss Strange for eight years. Her parents resided in Ireland, and of late she had been on a visit there. On Saturday evening, on her return home at 10 o'clock, witness was called to the back yard, and found her friend there in an insensible condition. Dr. P. John Head stated that on Saturday night he was called to see Miss Strange, and found her insensible, suffering from the effects of a narcotic poison. He did everything possible, and the next morning he had her removed to St. Mary's Hospital. He saw two bottles containing chloroform, which had been found in the woman's pocket, and also a bottle that had contained laudanum. The Jury returned a verdict of suicide while of unsound mind.

Foreign Vivisectors.

A MEMORIAL has been presented to the Home Secretary by the Victoria Street Anti-Vivisection Society, signed by 15,727 persons, requesting the Home Secretary to withhold licences for vivisection from applicants of foreign birth or extraction. The memorialists state that it is the prevailing opinion that foreign vivisectors are less humane than Englishmen, and that being so they note with alarm that in the inspector's annual reports a considerable number of names of licencees obviously not English. The Home Secretary is scarcely likely to accede to such an application.

Lead-poisoning among Women in London.

MR. CARTER, last week, held an inquest at St. Paul's, Deptford, Vestry offices, respecting the death of Johanna Wood, æt. 22. Mrs. Wood said that for five years on and off her daughter had worked at the Millwall White Lead Works (late Pontifex and Wood). About six weeks ago she became ill and was laid up until her death on Wednesday last. She had had bad fits, and witness attributed the death to working at the white lead. Norah Shea, also employed at the works, said that two years ago she was away from the works in consequence of pains in the head and the stomach. The women were required to wear a respirator whilst working, and to take acid water three times a day. They had also to wash before meals and have a bath once a week. Those regulations were enforced. Mr. H. E. Taylor, the manager of the works, said they employed on an average 45 female hands. They

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(*a*) "Lectures on the Comparative Pathology of Inflammation." By Elias Metchnikoff, Chef de Service à l'Instut Pasteur. Translated from the French by F. A. Starling and E. H. Starling, M.D. London: Kegan Paul, Trench, Trübner and Co., Limited, Paternoster House, Charing Cross Road. 1893.

(*b*) "Year-Book of Pharmacy:" comprising Abstracts of Papers relating to Pharmacy, Materia Medica, and Chemistry contributed to British and Foreign Journals from July, 1892, to June 30th, 1893; with the Transactions of the British Pharmaceutical Conference at the Twenty-ninth Annual Meeting held at Nottingham, August, 1893. London: J. and A. Churchill. 1893.

(*c*) "On Gout as a Peripheral Neurosis." By Willoughby Francis Wade, F.R.C.P. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited. 1893.

(*a*) "Manual of Urine Testing." By John Scott, M.B., &c. Second Edition. Dublin: Fannin and Co. 1893. Pp. 52.

enforced very stringent regulations. The works were visited by a factory inspector. No woman under 18 was allowed to work there. They engaged a doctor on each side of the river. He did not know that there were several women in Greenwich Infirmary suffering from the effects of working with the lead at his works. The coroner read a list of seven women, whose ages ranged from 17 to 33, who had been in the infirmary since October. Dr. Hartt, of Greenwich, said he was engaged by the firm to attend persons in their employment. He saw the deceased on December 2nd, and found her suffering from lead colic, vomiting and headache. she had a blue line on both upper and lower gums, a sign of lead-poisoning, her muscles were flabby, and her skin very white. She died on December 27th. A post-mortem examination showed that the cause of death was an epileptic form of convulsions, followed by coma, but the exciting cause of death was lead poisoning. Mr. Vaughan, factory inspector for East London, said he visited the works once, but did not make an exhaustive inspection. He had been there that day and found them closed. No doubt female labour should be abolished in such works. The jury returned a verdict "That the deceased died from epileptic convulsions from working in a white lead factory."

Fever Hospital on Hounslow Heath.

Just as we go to press we learn that the Richmond Town Council have definitely abandoned the proposal to apply for a Provisional Order to acquire land compulsorily at Fern Hill, Ham, for the purposes of an isolation hospital. A suggestion for joining with the Heston and Isleworth Local Board has now been unanimously adopted by the council. It is proposed to erect a joint hospital for infectious cases on Hounslow Heath, and thus a conflict with the Kingston Town Council, the Ham Local Board, and the Dysart Trustees, all of which bodies had given notice of opposition to the Fern Hill scheme, has been avoided.

Christmas Fare in an Infirmary for Horses.

There exists at Acton an institution named "The Home of Rest for Horses," and on Christmas Day, through the liberality of a subscriber, all the animals were treated to a Christmas dinner. This naturally did not consist of roast beef and plum pudding, but doubtless the fare was fully appreciated by the animals. There were luscious carrots, apples, and sugar, a most considerate combination.

The Effects of Agricultural Depression.

Another proof of the agricultural depression was afforded in the petition adopted at the Gainsborough Board of Guardians meeting last week against the suggested increase of the salary of Dr. Marsh, as Medical Superintendent at the County Lunatic Asylum, from £400 to £500, in addition to £200 or £300 for house and household expenses. There was a strong feeling against the proposal, as the late Medical Superintendent was receiving a pension of £500 a year. All the Lincolnshire Boards of Guardians were invited to petition against the proposal. The opposition was, of course, in consequence of the unwillingness to pay more rates than was absolutely necessary.

A Girl Poisoned by Rum.

A Coroner's jury at St. Helens last week returned a verdict of misadventure after inquiry into the death of Esther Taylor, aged five, who died on Christmas morning from drinking rum. Her guardian had left a bottle of rum in the corner of the bedroom, and during her temporary absence the child got the bottle and drank a wine glassful, with the result that she became drunk, and convulsions and death supervened.

Death of a Centenarian.

There has just died in the Newbery Workhouse, an inmate named John Shaw, who had attained the age of 103 years. The deceased was a native of Melksham, and a bargeman by trade. In 1847 he lost his wife through an accident, and nearly thirty years ago his daughter was murdered by a butcher in Newbery, the murderer afterwards committing suicide by drowning himself. Shaw had been an inmate in the workhouse for twenty years.

Snapdragon at Guildford.

An alarming incident occurred late on Christmas night at the Royal Surrey Hospital, unfortunately attended with serious consequences. At the time mentioned a number of patients and visitors were amusing themselves in time-honoured fashion around a snapdragon, when one of the house-surgeons present incautiously threw a fresh supply of spirits upon the dish. This latter proceeding led to an outburst of flames which burnt some of the bystanders and ignited the clothes of others. Fortunately, the flames were promptly extinguished by means of blankets. The patients appear to have escaped serious injury, but a clergyman and two choir-boys were seriously hurt. Of the latter, we regret to say, one has since died in the hospital, necessitating an inquest, which has been adjourned pending the fate of the other unfortunate victim.

Vital Statistics.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 24·7 per 1,000 of their aggregate population, which is estimated at 10,327,846 persons in the middle of this year, and were—Birkenhead 23, Birmingham 26, Blackburn 13, Bolton 24, Bradford 18, Brighton 19, Bristol 33, Burnley 27, Cardiff 19, Croydon 23, Derby 19, Dublin 30, Edinburgh 20, Gateshead 14, Glasgow 22, Halifax 22, Huddersfield 26, Hull 24, Leeds 17, Leicester 22, Liverpool 31, London 26, Manchester 22, Newcastle-on-Tyne 19, Norwich 18, Nottingham 24; Oldham 16, Plymouth 41, Portsmouth 24, Preston 19, Salford 24, Sheffield 23, Sunderland 22, Swansea 26, West Ham 19, Wolverhampton 35. The highest annual death-rates were—From measles, 1·3 in Salford and 1·5 in Norwich; from scarlet fever, 1·2 in in Wolverhampton and 1·6 in Huddersfield; from whooping-cough, 1·1 in Cardiff, 1·2 in Sheffield, 1·5 in Birkenhead, 2·2 in Bolton; and 4·2 in Plymouth; and from fever, 2·2 in Swansea and 3·5 in Sunderland. The 88 deaths from diphtheria included 63 in London, 4 in Bristol, 3 each in Edinburgh, Glasgow, Birmingham, and Liverpool, and 2 in Gateshead. Four deaths from small-pox were registered in Birmingham, 2 in West Ham, one in London, and one in Liverpool, but not one in any other of the large towns.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 33, Bombay 23, Madras 44, Paris 20, Brussels 17, Amsterdam 16, Rotterdam 27, The Hague 21, Copenhagen 22, Stockholm 21, Christiania 24, St. Petersburg 23, Moscow 31, Berlin —, Hamburg 26, Dresden 17, Breslau 30, Munich 29, Vienna 32, Prague 30, Buda-Pesth 28, Trieste 26, Rome 22, Turin 14, Venice 21, Cairo 46, Alexandria 39, New York 20, Brooklyn 16, Philadelphia 18, New Orleans 25.

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OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 10 a.m.—Royal Orthopædic, 2 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Mark's, 2 p.m.—Chelsea Hospital for Women, 2 p.m.—King's College, 2 p.m

TUESDAY—Cancer Hospital, Brompton, 2 p.m.—Guy's 1.30 p.m.—St Mark's, 2.30 p.m.—Royal London Ophthalmic, 10 a.m.—St. Mary's, 1.30 p.m.—Royal Westminster Ophthalmic, 1.30 p.m.—Westminster, 2 p.m.—West London, 2.30 p.m.—Gordon Hospital for Fistula, &c., (Vauxhall Bridge Road), 2.30 p.m.

WEDNESDAY—Children's Hospital, Gt. Ormond St., 9·30 a.m.—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 10 a.m.—Royal Westminster Ophthalmic, 1. 0 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 1 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 1.30 p.m.—Royal London Ophthalmic, 10 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.—Chelsea Hospital for Women, 2 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—Royal London Ophthalmic, 10 a.m—Royal South London Ophthalmic, 2 p..m—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomasn (Ophthalmic Department), 2 p.m.—West London, 2.30 p.m.

SATURDAY—Children's Hospital, Gt. Ormond St., 9.30 a.m.—Cancer Hospital, Brompton, 2 p.m., King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m. and 2 p.m.—Royal London Ophthalmic, 10 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of The Medical Press and Circular, may now be had at either office of this Journal, price, 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Original Articles or **Letters** intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor

ACCEPTED COMMUNICATIONS.

The following are hereby acknowledged, and will appear in due course:—

"Illustrative Cases of Disease of the Ovaries requiring Operation." By Skene Keith, M.B., F.R.C.S.

"Poliomyelitis Anterior Acuta, Simple and Complicated, with Multiple Sclerosis." By Prof. Kraft-Ebing (Vienna).

"Clinical Lecture on Leprosy." By Prof. Kaposi (Vienna).

"The Etiology of Diseases of the Nose and Throat." By John Macintyre, M.B., L.M.

"Report of Five Cases of Pseudo-Hypertrophic Paralysis occuring in one Family." By J. Christian Simpson, M.B.

"Notes on Tabes Dorsalis." By Arthur Douglas, M.B.

"A Note on 'Yaws,' its Etiology and Treatment." By Chas. Forbes, M.D., D.P.H. Cantab.

"Experimental Researches in Pancreatic Diabetes. By Prof. Mixrowski (Berlin). From our German Correspondent

L. D. S.—Our columns would not seem to be a suitable medium for your contribution. It would be more likely to attract attention in a dental contemporary.

ANECDOTE OF THE LATE SIR JAMES SIMPSON.

In illustration of her late distinguished father Sir James Simpson's quickness of resource, Miss Simpson relates, in "The Century Magazine," on the authority of a friend, the following ancedote. One day a patient of his was under chloroform, when, owing to a kettle having been upset, the supply ran short. In order to save life, it was necessary to have more without a moment's delay. Those around were in despair, but the illustrious physician instantly cut out the saturated square of carpet, and by its help contrived to keep his patient under the influence of the anæsthetic.

Dr. G. A.—If a newly-arrived practitioner deliberately chooses to neglect the usual socio-professional civilities he must take the consequences. At the same time it would perhaps be better to ascribe his behaviour to a want of *savoir faire* in the absence of any distinct evidence of boorishness.

"POOR CHICKENS."

The following delicious communication appeared last week:—

Russian Influenza.

TO THE EDITOR OF THE ECHO.

Sir,—There is one source of infection from Russian influenza which, as far as I have read, has not been suspected. We must all be aware that nearly every Russian town, village, and hamlet suffers more or less from the worst forms of typhoid, yet we import millions of Russian eggs. Chickens are not particular in their feeding, especially where grain is scarce. Is it not probable that the germs of the above disease may pass through the digestive system of a fowl and appear in the egg in an alleviated form of typhoid, which the Russian influenza appears to be? The heat which will cook an egg will not destroy any germ. Since this suspicion has entered my head, no cheap eggs have entered the digestive system of Yours, &c.,

Rooster.

A. W. M.—Eucalyptus oil is an elegant solvent for iodine, but if any turpentine be present a very energetic combination results, sometimes amounting to a mild explosion. In the case of eucalyptus oil there is some combination so that the resulting solution does not contain its nominal equivalent of free iodine.

Mrs. H. G.—We received the notice, in common apparently with the other journals, but did not see our way to make use of it.

A Foreign Subscriber.—We do not consider that our advertising, still less our editorial columns, would be a suitable medium for calling attention to your invention, which is essentially at variance with professional ethics.

Meetings of Societies, Lectures, &c.

THURSDAY, JANUARY 4TH.

Society for the Study of Inebriety (Rooms of the Medical Society of London).—Reception to Dr. J. E. Usher, F.R.G.S., of Melborne. At 4 p.m. Papers:—Dr. Norman Kerr (President): Sir Henry James, Q.C., M.P., on The Criminal Responsibility of Inebriates.—Discussion on Opium.—Has it any use other than Medicinal? Negative:—Brigade Surgeon Pringle, M.D., H.M.'s Bengal Army.

Harveian Society.—At 8.30 p.m. Mr. Watson Cheyne: The Treatment of Breast Cancer.

FRIDAY, JANUARY 5TH.

West London Medico-Chirurgical Society.—At 8 p.m. Pathological Specimens:—Dr. Gould May: Dog's Heart containing Filaria.—Mr. L. A. Bidwell: Gallstones removed by Cholecystotomy.—Mr. R. W. Lloyd: Stricture of Sigmoid Flexure. Papers:—Mr. Maitland Thompson: A Successful Case of Craniotomy.—Dr. Lewers: A Case of Tubal Gestation Successfully treated by Abdominal Section.—Dr. Schacht: Three Cases of Ectopic Gestation.

MONDAY, JANUARY 8TH.

Odontological Society.—Annual General Meeting at 8 p.m. President's Valedictory Address. Election of Officers for the year. Mr. J. H. Mummery will bring forward a casual communication on Dr. Vicentini's recent publications on the Common Origin of the Bacteria of the Mouth.

Vacancies.

Apothecaries' Hall, Ireland.—Examiner in Medicine. Applications to the Secretary before the 12th inst. (See advert).

Eastborne Union.—Workhouse Medical Officer. Salary £120 per annum, with extras. Applications and testimonials to the Clerk on or before Jan. 4th.

Horton Infirmary, Banbury.—House Surgeon and Dispenser. Salary £60, with board and lodging. Applications and testimonials to the Hon. Secretary on or before Jan. 6th.

Ryde District.—Medical Officer. Salary £110 per annum, with vaccination fees. Applications to the Clerk's Office (Newport) on or before Jan. 17th.

Surrey Dispensary, Great Dover Street, S.E.—Surgeon. Honorarium £52 10s. Further information to be obtained from the Secretary.

University College of South Wales and Monmouthshire.—Lecturer on Materia Medica and Pharmacy. Stipend £50 per annum. Applications and testimonials to the Registrar on or before Jan. 27th.

Appointments

Atterbury, W., M.D.Irel., M.R.C.S., Public Vaccinator for the district of Akaroa, New Zealand.

Barker, T. H., M.B., Ch.M.Edin., Government Medical Officer and Vaccinator for the district of Wellington, New South Wales.

Bury, R. F., M.R.C.S., L.R.C.P., Resident Obstetric to St. George's Hospital.

Campbell, R., B.A., M.B., M.R.C.S., L.R.C.P.Lond., Visiting Surgeon to the Chester General Infirmary.

Cargill, L. V., F.R.C.S., Surgical Registrar to King's College Hospital.

Colgan, F. P., L.K.Q.C.P.Irel., L.R.C.S., L.M., Medical Officer for the Fever Hospital of the Carlow Union.

Duncan, R. B., M.D., B.S., Resident Medical Officer to the Newcastle-on-Tyne Workhouse.

Gardner, H., M.R.C.S., L.R.C.P.Lond., Resident Medical Officer to the Chelsea Hospital for Women, Fulham.

Gassage, W. H., L.R.C.P.Lond., M.R.C.S., House Physician to the Westminster Hospital.

Griffith, J. de Burgh, M.B., Ch.M. Dub., Public Vaccinator for South Carlton, Victoria, Australia.

Hamilton, R., M.B.Lond., M.R.C.S., L.R.C.P., House Surgeon to the Chester Infirmary.

Lee, H. E., M.B., M.S.Ed., Medical Officer for Gunnedah, and Surgeon to the Gunnedah Hospital, New South Wales.

Murray, J., M.B., F.R.C.S., Surgical Registrar to the Middlesex Hospital.

Roberts, C. H., F.R.C.S., M.B.Lond., M.R.C.P., Casualty Physician to St. Bartholomew's Hospital.

Births.

Ferguson.—Dec. 31st, at 26 Woodland Road, New Southgate, the wife of R. Bruce Ferguson, M.B., B.Ch Cantab., of a daughter.

Lambert.—On Dec. 23rd, at Belgowan, Newland, Lincoln, the wife of Frederick Samuel Lambert, M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.

Spokes.—On Dec. 23rd, at Ealing, W., the wife of Sidney Spokes, M.R.C.S., of a son.

Wells.—On Dec. 28th, at 3 Belsize Park, London, N.W., the wife of Poulett Wells, M.B., of a son.

Marriages.

Hewlett—Stratton.—On Dec. 28th, at Christ Church, East Sheen, Richard Tanner Hewlett, M.D., M.R.C.P., Demonstrator of Bacteriology in King's College, London, to Louise, elder daughter of Frederick Stratton, of St. Anne's, East Sheen, S.W.

Deaths.

Bentley.—On Dec. 24th, at Warwick Road, Earl's Court, Robert Bentley, formerly Professor of Botany and Dean of the Medical Faculty, King's College, London, aged 72.

Brookes.—Dec. 31st, at Camberwell New Road, Robt. Brookes, M.R.C.S., aged 78.

Wilkinson.—On Dec. 24th, at 33 Avenue Road, Grantham, Thomas Marshall Wilkinson, F.R.C.S., late of Lincoln, aged 50.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY, JANUARY 10, 1894. No. 2.

Original Communications.

THE ETIOLOGY OF THE DISEASES OF THE NOSE AND THROAT, (a)

WITH SPECIAL REFERENCE TO THEIR CLASSIFICATION AND TREATMENT.

By JOHN MACINTYRE, M.B., &c., Glasgow,

Surgeon for Diseases of the Throat, Glasgow Royal Infirmary; Lecturer on Diseases of the Nose and Throat, Anderson's College, Glasgow.

DURING the past two or three years I have given several demonstrations upon this subject, and I should be sorry to show any tendency to exaggerate a study which has proved of great interest to myself, or to minimise other branches of special work. On the contrary, I would emphasise the fact that it is the duty of each one of us to bring before the profession any new fact in any field which his experience has taught him. We must never forget that it is our first and highest duty to relieve the sufferings of those who are entrusted to our care. While it may, therefore, be useful for future advances that etiological and pathological subjects should receive our best attention, nevertheless we are daily called upon to treat our patients with the means at our disposal, and in the light of our present knowledge.

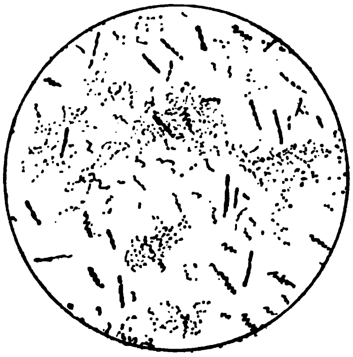
The presence of disease infers the existence of a cause or causes; that these have been brought in contact with the patient; that the tissues were incapable of resisting the invasion of the new force or forces. Again, we have in most cases to assume a deficiency in resistance of the tissues after the introduction of the causes; that certain conditions were present favourable to the existence of the new force—in other words, that more than a cause was at work; and our difficulties increase still further when we attempt to discover the exact influence exercised by each factor. Indeed, until recently it was quite impossible to obtain anything like definite knowledge of many of the most active causes of disease. I refer more particularly to bacteriological causes, which have attracted so much attention of late. Lastly, to explain the results we must discover how the causes acted so as to produce the disease. A study of etiology, therefore, involves a great deal more than at first sight appears. Some probably place too much weight upon one set of causes; for example, etiology did not begin, nor will it end, with the study of bacteriology, because, as I have said, the cause as a rule proves upon investigation not to be simple but complex. We need not only a special influence to produce a disease, but a whole series of conditions which modify or influence the true cause in the production of it. That is not all, because once the disease has been set up in the body it may become the cause of secondary pathological conditions, these again of tertiary, and so on.

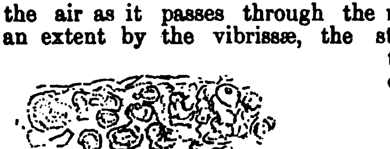
CONSIDERATION OF THE CAUSES.

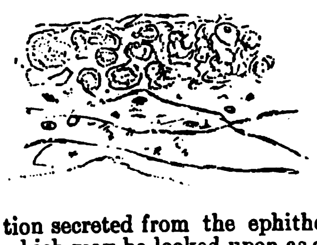
A reference to our classical text-books overwhelms one with the multitude of causes assumed to be at work in the production of disease in the nose and throat, and a careful analysis will show how difficult it is to grasp the influence exercised by each. Allow me to illustrate the difficulties by a few examples. In the production of catarrh, age, sex, and occupation are commonly quoted as factors, but occupation often infers age and sex. Again, a particular occupation may induce a certain disease, but the same malady will not affect other persons so engaged, and others not following that occupation may suffer from it. Disease is often traced to air, water, and food, but frequently these are merely vessels for the transmission of the cause, although in certain instances decay may arise from intrinsic defects in one or all of these. Again, we have change of temperature—say, cold; but cold often means, not absolute cold, but the association of other conditions, such as damp air, with movement in the atmosphere. Such terms as "poisoning" and "weak constitutions" are too indefinite to grasp; hereditary and congenital causes are constantly being quoted and often convey as little meaning. These latter, however, do not offer the greatest difficulty, because, if we could trace the production of disease in individuals, an explanation of its transmission would, in all probability, be comparatively easy. In the past, few diseases could be traced, and with the exception of foreign bodies, injuries, absence of necessary elements in food, or the administration of deleterious material, the exact causes of the vast majority were wholly unknown, unless we include such general terms as gout, rheumatism, fever, &c. Without doubt, the greatest aid to the study of etiology has been obtained from bacteriological researches. Moreover, this study promises to throw a great deal of light upon many of the factors quoted above, and whose influence could not previously be understood. For example, the study of the life-history of these organisms has revealed much about the conditions necessary for their existence; all require pabulum and a certain temperature; some require light, some heat, others air; and nearly all are influenced by the presence of other substances, which may be of an inorganic or organic nature. Thus antiseptics, on the one hand, will arrest development, if in sufficient strength and properly applied; on the other hand, the presence of certain substances facilitates their growth. The introduction of the tetanus bacillus in some animals does little harm until an organism such as the bacillus proteus be injected with it. Further, apparently harmless organisms, introduced with other apparently harmless organisms, will produce disease. The study, therefore, of the life-history of these organisms will, in all probability, throw light upon the exact influence produced by such agents as atmosphere, moisture, season, and to what extent such articles as food, water, and air are responsible for the production of disease. With a view of facilitating this study in our special department, I have added a fuller list than in any of my previous demonstrations, and I have, for the same object, brought a series of microscopic drawings and photographs before you. For example, we now know a great deal about the causes which are mainly at work in the production of inflammation, suppuration, erysipelas, lupus, tubercle, leprosy, diphtheria, and typhoid. Much has been done, more is required, because no one working in our special department can forget how many affections of the upper respiratory tract are due to constitutional affections, such as gout, rheumatism, and fevers, particularly the exanthemata, and I need hardly add, malignant disease.

(a) Abstract of Presidential Address delivered before the British Laryngological Association, December, 1893.

In a certain number of cases the causes already exist within the individual—they may be hereditary or acquired. For example, micro-organisms often lie latent in diseased teeth, in depressions in the tonsils, or the accessory sinuses, and only require conditions necessary for their development to produce disease. It has been stated that the buccal secretion is antiseptic in nature, but a careful examination of the contents will show how difficult it is to establish this proposition, for in health, even, we find many pathogenic organisms. In the accompanying figure will be seen a variety of organisms found in an apparently healthy mouth. Some of these, after cultivation and injection, produced suppuration in animals. In other instances, however, the causes are brought from without, and it is necessary to trace the channels by which they come. For the most part they are due to contact with others infected, or to such agents as air, water, food, and clothing.







In some instances this is easily enough explained, for injuries, administration of drugs, pressure upon nerves, absence of necessary elements in food, generally produce results which are clearly enough to be traced to their causes. That micro-organisms may pass from the superficial to the deeper layers of the coverings cannot be doubted; this can be seen from the next drawings given. In the first the mycelial spores will be seen passing through the epithelial structures of the mucous membrane of the nose weakened by the invasion of sarcomatous disease; and in the second drawing the spores will be seen developing within the tissues. That great protection exists in the nose and throat one cannot doubt. We have the air as it passes through the nostrils sifted to an extent by the vibrissæ, the structures within the cavities slope downwards and backwards, so that the secretions readily pass into the alimentary tract, aided by the action of the cilia; there is abundant secretion secreted from the ephithelial cells, each one of which may be looked upon as a gland capable of taking matters on the one hand from blood-vessels, and, on the other, passing it on to the surface of the membrane. Moreover, the lymphoid and connective tissues of the mucous membranes offer still further resistance; the vascular supply governing the blood-vessels and turbinated bodies is not surpassed in any other mucous surface. Consequently, obstruction or deviation from the normal anatomical conditions of the passages, weakness in the individual cells, or the nervous and vascular arrangements, and that in local or constitutional affections, must lessen the protection. Abrasions are most dangerous of all, especially if recent, and these often occur at the points of weakest resistance, say in the middle line of the lower lip, angles of the mouth, margin of the epiglottis, and the region of the fauces—in other words, where from the study of development, we know parts originally distinct and separate have become united. Again, the tissues after the invasion of the causes have further power of resistance. We need not commit ourselves to Metschnikoff's theories, ingenious and excellent as they appear to be. That the corpuscles of the blood and cells of the tissues have the power of counteracting organic mischief within the tissues no one can doubt who has studied the processes by which nature casts out that which is deleterious, or seals it up in cysts or by connective tissues cicatrisation. All these, again, mean healthy nervous vascular, and, I would add, particularly lymphatic structures for the following reasons. When chemistry has helped us still further in understanding the products of micro-organic life, it will not unlikely be found that they are by no means stable compounds; that the tissues have the power of reducing them to simpler, may be safely inferred, otherwise it is difficult to explain how recovery takes place in acute and chronic diseases. These products are carried by the blood and lymphatic system to the various organs of secretion and excretion, but it is not unnatural to assume that they may to a certain extent be split up into simpler compounds or elements within the system. If we think of how little is required to raise the temperature by injections of tuberculin—a product of bacillary growth—we are almost forced to such a conclusion, otherwise it is difficult to see how life could be preserved so long in chronic tuberculosis.

Beyond mechanical effects, comparatively little was known until very recently of the manner in which these causes acted. Doubtless many of the organic forms act by mechanical irritation, but they are most injurious in all probability from the products they produce. To learn that bacteria could produce nitrogenous waste products or poisons was the first step in advance. Panum is quoted by Brieger, our greatest authority, as being the first to isolate putrid poisons or ptomaines. Many others have since been discovered, but the works of Koch, Loeffler, Roux, Yersin, Hanken and Fraenkel are all specially interesting to us, inasmuch as they deal with the products of organism associated with the production of specific disease. We cannot, however, over-estimate facts brought out by Loeffler, Roux and Yersin by demonstrating that typical symptoms, say of diphtheritic paralysis or death, can be produced by the introduction of these toxic agents without the introduction of the organisms which produced them.

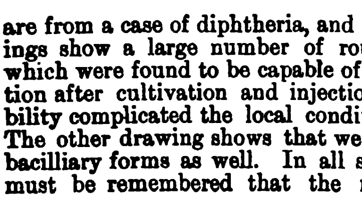
The present classification of disease in our text-books is by no means satisfactory, and a large portion of the chapters in our text-books have headings which indicate symptoms merely, such as catarrh, rhinitis, tonsillitis, abscess, epistaxis, &c. A glance, however, at special works—say, that by Dr. Whistler—or at the chapters in any of the text-books upon tuberculosis or malignant disease, show how most of these disappear when we start with a distinct or specific cause. It is then an easy matter to trace the steps of the disease in definite order and sequence. When we know more about etiology it is not unlikely the classification of disease will be made upon this basis, and the clinical evidences described under the headings of most of the chapters in our text-books will simply appear as the evidence or symptoms, or sequelæ.

The Effect of the Study of Etiology upon Treatment.

The study of etiology promises to be particularly valuable in the way of treatment. It has emphasised all that has hitherto been written upon the questions of hygiene, and the prevention of disease has been made easier by accurate diagnosis. At the last meeting of the British Medical Association at Newcastle, I pointed out the necessity for laboratories in connection with each sanitary centre where practitioners might have the benefit of a diagnosis in the earliest stages of disease, such as diphtheria. It is not to be expected that every practitioner can have the necessary apparatus for diagnosis in doubtful cases. Although the principle of inoculation remained for long one empirical fact, the experiments of Pasteur, and the researches of Koch, Hanken and others would promise something more in the prophylactic treatment of disease. Whether the inoculation of the products of micro-organisms is destined to be of great use in the prevention of specific affections remains yet to be seen. Metschnikoff's experiments would seem to throw a considerable amount of light upon what has hitherto been a great mystery, viz., by what means the tissues are protected from a second attack in constitutional fevers; and Pasteur, Koch, Liebreich and Klebs have tried to modify the virulence of the poison even after the person has been infected by the injection of certain products evolved in the life-history of particular organisms. Doubtless, although much was expected, little has been done in this direction as yet. All these, however, indicate how much is being done by our sanitary officers and experimenters in the prevention of disease.

The theory of the parasitic cause of disease naturally suggested attempts to administer agents which would destroy these active virulent causes. While it is easy to find antiseptic agents to destroy these organisms before entering into the tissues, as demonstrated in the brilliant results of antiseptic surgery, their destruction within the host is a different matter. Destruction of the parasite, as a rule, involves destruction to the individual cells of the host. In diseases of the upper respiratory tract. therefore, we have to classify all infective diseases which come in two great groups: firstly, those in which we can directly apply antiseptics, say on the surface of the membranes, or within the accessory sinuses; and secondly, those in which the causes have passed into the tissues and are beyond all hope of local treatment. In some cases, of course, both conditions may be present, and the surgeon may find it convenient to remove a local disease where a constitutional is present. In the consideration of the treatment of the first class there are still numerous fields open for research to us. For example, the best antiseptics to use in this connection. Three factors at least have to be taken into consideration in the application of a germicide: firstly, its antiseptic power; secondly, the rapidity of its action; and thirdly, how long this action continues.

It will be found that certain organisms are more readily attacked by a particular germicide than others, and consequently we have to search for the best antiseptic for the production of a particular germ. In practice, however, we must seek for some general antiseptic, because, as I have shown, more than one organism may be at work, as can be seen from the drawings here produced; these are from a case of diphtheria, and the first two drawings show a large number of round cell organisms, which were found to be capable of producing suppuration after cultivation and injection, and in all probability complicated the local conditions in the throat. The other drawing shows that we have to deal with bacilliary forms as well. In all such experiments it must be remembered that the results obtained by antiseptics outside the body are quite different from those got when applied to the same organisms within the tissues.



Both from the experimental and clinical points of view there can be no doubt that bichlorite of mercury, even in dilution to the extent of one in five thousand, is the most active in power, rapidity, and duration of time. Carbolic acid, from its many good qualities, may be classed next, and particularly on account of the fact that it is less poisonous to the patient where we have a danger of absorption. Boracic acid is not only safe, but also a very efficient antiseptic, especially when there is danger of absorption. Listerine acts with great rapidity; and thymol even in the dilution of one to fifteen hundred may also be depended upon as an efficient germicide. The action of the antiseptic varies according to its method of administration, and so we may require to select it in the fluid or dry states. In affections of the upper respiratory tract, therefore, when we are attacking this locally we may be called upon to apply a germicide for many reasons:—firstly, during or after operation to render the parts aseptic if possible; secondly, where the parts have become septic to cleanse after free drainage; but there is a third object to which I would give special attention, viz., where we wish to attack a local focus of inoculation, say, in the false membranes of diphtheria. Many agents may be used for this purpose, such as those mentioned above, and also the strong acids but a great difficulty arises inasmuch as the crypts or cavities do not allow efficient action of the germicide. For some years past I have been in the habit, after explanation to the patient, to excise the tonsils in acute affections with the view of getting the agents properly applied. While I select the example of the tonsils, the same principle applies to the other parts of the upper respiratory tract, and it likewise applies to acute diseases of an infective nature, whether diphtheritic or otherwise. I have not always been able to carry out this plan, because of objections on the part of patients and medical attendants; but where the operation has been performed, and *where efficient nursing has been at my disposal* to see that the raw surfaces were carefully and frequently attended to, I have seen nothing to deter me from making still further experiments in this direction. Some here may not believe in these being local affections, but some local manifestations of a constitutional state. In any case the principle has this merit, that the agents can be efficiently applied, and I do not see how this can be done where crypts exist in the tonsil, and into which our therapeutic agents cannot be carried. So far as our clinical observations have gone the membrane has been easily controlled upon the cut surface; there has been no elevation of temperature which one would expect if reinfection took place upon the cut surfaces, nor have there been any contrary indications from the study of the pulse, or the amount of albumen in the urine.

One of the residents in the Glasgow Belvidere Hospital, Dr. Watson, has been making observations upon this line of treatment in diphtheria at my suggestion.

No place can be better calculated for the carrying out of such an experiment as the wards of a fever hospital. I have brought with me a preliminary note of the results, and, while his only amount to eleven cases, everything I have stated above has been confirmed, and only two patients out of the eleven have died, and in one of these tracheotomy had been performed. Excision of the tonsils has been recommended in the treatment of acute affections of the throat by Browne and others. If this be recommended, great attention must afterwards be paid to the proper application of suitable antiseptics.

In the second class of disease, unfortunately, our treatment has not yet been successful, and this remark specially applies to chronic cases, such as phthisis laryngea. It is hopeless in some cases to expect much good from the scraping out and medication of an inter-arytenoid membrane, and this is easily enough explained by the affection of other organs of the body at the same time. In a case of phthisis laryngea recently under my care the inter-arytenoid membrane was scraped without any beneficial result, and this requires no explanation because such a widespread affection could not be affected by local treatment. I should be sorry to leave the impression of anything discouraging to the enthusiastic work of Professors Herying and Krause. I have, like others, had good results from local curetting of the parts, just as surgeons have had excellent results from the destruction of disease in the tarsus and carpus in cases where other organs of the body were affected, We must not, however, be discouraged by the fact that constitutional agents have not yet been discovered to combat these affections, because, after all, it is precisely in this that we have the best recent results in surgery.

Satisfactory as our results have been, we must never forget that the great majority of workers are at present dealing with the sequelæ of disease. This could not be better shown than by the study of the history of the cases in the recent great work of Professor Macewan on infective diseases of the brain and spinal cord, where we have frequent evidence of old-standing disease in the ear or throat. The same thing prevails in our every-day practice with catarrhs—even the majority of our acute inflammations are exaggerations of slumbering sub-acute or chronic conditions, probably the result of disease as far back as childhood. However brilliant such results may be, treatment of the remote pathological conditions should not satisfy us, and hence the removal of tonsils without post-nasal adenoids, or this again without the hypertrophies which produce them, must tend to recurrence and perpetuation in a considerable number of cases. In the nasal and buccal cavities, where so much can be hidden in crypts, depressions, and accessory sinuses, we cannot be too careful in our search for pathological lesions; but more than this, our experience teaches us that a large proportion of the mischief with which we have to deal could be prevented by careful nursing and treatment of those suffering from constitutional affections of childhood or adult life. Whether we are in future to have the benefit of constitution agents capable of destroying these specific organisms or not no one can say. The history of surgery in the past reveals the only means of treatment open to us at present. It must, however, be evident, with the sanitary officer on the one hand, improvements of early diagnosis, followed by prompt and thorough treatment on the other, many sequelæ of the most disastrous nature will certainly be obviated in future. The solution to the difficulty unmistakably lies in the study of etiology, and it is for that reason I have chosen this subject for consideration to-day.

In every department we see energetic workers; anatomy, microscopic and macroscopic, is being pursued with an interest and attention never excelled in the history of the past. Physiology has done much for us of late, as we can see from the works of Aschenbrandt, Fick, Block and Macdonald. Experimental physiology has also come to our aid in controlling the observations at the bedside. Although we may have a difficulty in reconciling different opinions, and without committing ourselves to any special view, we record with extreme satisfaction that our knowledge of nervous affections has been greatly enhanced by the works of Krause, Masini, Horsley and Semon. Excellent work on all hands has been done in the fields of pathology and clinical research, and these must be still further enriched by observation, although the study of medicine could never have rested on a satisfactory basis had we had nothing but clinical observation to record. One of the greatest (if not the greatest) triumphs of physical science was the prediction of the existence of a certain planet by the disturbances caused in the movements of other celestial bodies, and its discovery tested the accuracy of previous observations. So in the study of clinical medicine by the disturbances in the functions we can often infer the existence and, to an extent, the nature of a cause. The greater in number and more accurate these observations are, the surer are we to discover the cause, but after its discovery the facts relating to cause and effect will be explained and harmonised only in as far as they have been accurately recorded.

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EXPERIMENTAL RESEARCHES
IN
PANCREATIC DIABETES.

By Prof. MIXROWSKI, M.D.,
of Berlin.

[FROM OUR GERMAN CORRESPONDENT]

For some time past the author has been experimenting on animals after extirpation of the pancreas, and he now publishes the results in the *Archives fur Exp. Path.*, from which I have made the following *résumé*:—

In three dogs, after complete removal of the pancreas the worst form of diabetic mellitus came on in each case. A cat also and a pig showed similar phenomena. In the case of rabbits, on account of the difficulty of total extirpation, the results were not certain. In birds and frogs there was no excretion of sugar after removal of the pancreas.

When abundant nourishment was given, the quantity of sugar was excessive, as much as 10 to 12 per cent. in a daily quantity of urine of 1 to 1½ litres. At the same time there were great variations in the amount of sugar excreted, depending to some extent in the composition of the food given. In animals that have borne the operation well, and in which every part of the pancreas has been removed, the intensity of the diabetes may remain moderate for a long time. Where carbohydrates have been completely excluded from the food, the quantity of sugar has been proportionate to the amount of nitrogen excreted, *i.e.*, it has been dependent on the changed albuminous substances in the system. There are at times other sources for the sugar found in the urine, and in respect to this glycogen has to be considered. After extirpation of the pancreas there is a rapid disappearance of the glycogen from the liver. In many cases the whole of the sugar given in the food passes out in the urine. After the diabetes has reached its highest intensity grape sugar can in no case be used up in the system.

In the last stages of pancreatic diabetes when the vital powers have become lowered the quantity of sugar excreted diminishes. This is thought possibly to be due to a diminished production of sugar or to complicated processes that decompose the sugar within the system. Even after partial extirpation a more or less considerable excretion of sugar may take place in the urine. This is important as showing that even slight disturbances of the gland may set up diabetes, and it shows further that diabetes is in direct relation to disturbances of it. A further important fact is that when pieces of pancreas are inserted under the skin and grow there the occurrence of diabetes may be prevented. Such pieces of the gland completely fill the function of the whole as far as the using up of the sugar is concerned. The secreting function of the pancreas, however, and the sugar consuming are not identical, as the gland may continue to secrete and yet diabetes may occur. This also is an important fact as bearing on diabetes in the human subject.

Sugar also occasionally appears in the urine after extirpation of the salivary glands, the quantity, however, is inconsiderable, inconsistent, and transitory.

Phloridzine diabetes does not appear to depend on its action on the pancreas, it is more likely to be produced by disturbance of the kidney function, as it was produced in birds even when extirpation of the pancreas had failed to set it up. There was another fact that favoured the view that phloridzine diabetes and pancreatic diabetes depended on different causes, viz., the difference in the saccharine constituents in the blood in the two diseases, the sugar being constantly increased in the latter 0·3 to 0·8, whilst in the former it was always abnormally low.

A study of the behaviour of the various forms of carbohydrates in the organism of diabetic animals showed that the left rotating ones were mostly used up in the system, but to a smaller extent converted into grape sugar and as such excreted in the urine. If lævulose be given in large quantities a part of it may be made to appear unchanged in the urine. In feeding with inuline there was no excretion of left rotating sugar in the urine; after feeding with cane sugar, neither it nor lævulose appeared in the urine, but grape sugar and the same after feeding with milk sugar.

It was further shown that in the diabetic system right rotating glycogen could be found in the liver and muscles part of it out of left rotating carbohydrates, but not out of those with a right rotation. Syzygium jambolanum was found to be totally inert in the form of diabetes experimented on.

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NOTES ON TABES DORSALIS.

By ARTHUR DOUGLAS, M.D.

IN Tabes Dorsalis of Spinal Cord the degeneration takes place in, and is a sclerosis of, the posterior columns in the lumbar region, mostly extending from below upwards. We have good reason for believing that tabes may be present before actual sclerosis has taken place. Strictly speaking, tabes dorsalis and sclerosis are not synonymous terms; the former is descriptive of a leading clinical feature, but the latter points entirely to its morbid anatomy. Again, while the former argues the presence of the latter, yet the tracts of the posterior columns may be sclerosed without the symptoms characteristic of tabes being present.

The cause of the disease is but little known. Heredity is observable only in a very small percentage of cases. Carré records 18 cases in one family during three generations. Cases have been recorded where injury appears to be the cause. Cold is a far more probable cause. (Leyden and Leonhardt.)

Sexual excesses have been almost conclusively proved to be of no value in determining this disease.

"Foot sweat" as a cause is also *nil*, being in some cases a symptom only. E. Schulze considers typhus, intermittent fever, if only once attacked, are predisposing causes. Jaccoud thinks it often follows an attack of diphtheria. The most probable cause hitherto suggested is undoubtedly syphilis. This has been mentioned by Erb in Germany and Fournier in France, notwithstanding many cases occur where no history of syphilis can be traced.

Erb found in a given number of cases that syphilis with secondary symptoms occurred in 62 per cent., and Fournier out of 103 cases found it in 94, or rather more than 91 per cent. Vickery and Knapp, investigating in America, found 91 per cent.; by these two latter 90 per cent. was found in cases where a sore was admitted, but no secondary phenomena, a result more nearly agreeing with Erb's observation. It is interesting to note that the syphilis in these cases was of no great intensity, and it appears rare to find tertiary manifestations.

Hughes Bennett found that in cases of multiple or syphilitic tumour symptoms characteristic of tabes were present. Notes have recently been read of a case presenting all the clinical features of the disease; the post-mortem, however, showed that the posterior nerve roots were involved in a sarcomatous growth, the posterior columns being quite free.

The time from the first appearance of syphilitic symptoms to the commencement of ataxia varies from two to twenty years. It is still more curious to note that the anatomical or pathological symptoms are not the same as in syphilis.

Vickery and Knapp appear to think that syphilis generates a specific poison that attacks the nerve fibres of the posterior columns in the cord, causing no doubt some disturbance of nutrition. It is possible perhaps that syphilis may produce a predisposition to tabes dorsalis, although this is very doubtful. Zuegek found that in cases of chronic poisoning by ergot which chiefly affects unstriped muscular fibre similar changes anatomically and pathologically are produced in the cord.

The disease occurs generally between the ages of 20 and 45, and in males more often than in females.

In women a still larger proportion has been traced to syphilis. The statistics vary according to different observers. The only known cases occurring under 20 were at 18, 16, and 15, which came under the notice of Freidrich at Heidelberg.

Without entering deeply into the pathological changes, it may be mentioned that the microscope shows that the nerve cells and fibres have in places disappeared, being replaced by connective tissue from the neuroglia. The posterior nerve roots are thin and discoloured in contrast from their normal white look, the cord being of a silvery colour. The cord itself is found to be diminished in size, the pia mater thickened and opaque, with an increase in the quantity of subarachnoid fluid. The posterior columns may be seen extending the whole length of the cord as grey bands. The smallness of the cord is due to the atrophy of the posterior column. These columns lose their prominence and appear flat and shrunken, the grey colour being due to loss of medullary streak.

The posterior cornua of the grey matter show an exceptionally large amount of atrophy and look small, thin, and grey. The cord near the posterior fissure is soft and semi-translucent.

In the dorsal region the posterior columns are almost entirely degenerated.

In the cervical region the postero-internal columns are mostly affected, the postero-external also in advanced cases.

The two halves of the cord are affected in precisely the same manner, and probably, as Strümpel says, a certain system of fibres is always affected. The lesion consists of a primary degenerative atrophy of the nerve fibre and an equal amount of connective tissue, with a few fatty granular cells, and cells with many nuclei, as the process is so very slow. The membranes covering the cord are in time affected, and finally the entire thickness of the cord becomes degenerated, which degeneration may even spread to the brain substance; the spinal fluid is also much increased at times.

As the lesions are in all cases so exactly similar, so are the clinical signs, enabling a more correct diagnosis to be easily arrived at in an early stage of the disease. The symptoms are in all cases the same. A correct conclusion, however, must be arrived at as regards their intensity, order of recurrence and duration, and here there are many varieties and combinations.

The disease generally begins very insidiously, the early stages varying greatly in intensity and severity. Perhaps the earliest symptoms are sensory, marked usually by lightning pains in the lower extremities, showing that the lesion is outside the matter of the cord. These pains are also noticed in Pott's disease, and show that the nerve roots are affected: they are frequently regarded as rheumatic and treated as such; these pains may continue for a lengthened period.

In other cases the earliest symptoms are a numbness and tingling first noticed in the tips of the fingers, with muscular twitching, especially the middle and ring (Strümpell), and also the "girdle pain" this is a sense of constriction felt round the trunk on a level with the xyphoid cartilage, and is due to irritation of nerve roots in the lower dorsal and upper lumbar regions.

In other cases, again, there are neuralgic and frontal pain in the head, also an erythematous and vesicular eruption over the area of distribution of affected nerves akin to herpes zoster. There are, however, invariably two objective spmptoms which almost always appear very early even in incipient ataxia. They are—1. The abolition of the knee-jerk or patellar reflex first mentioned by Westphal. This is also a sign of multiple peripheral neuritis, a disease so similar to the one now under notice that doubtless it has many times been confounded with it. The same remark also applies to anterior poliomyelitis. It must not, however, be forgotten that in these diseases there is paralysis with muscular wasting and loss of Faradic contractility, or the "reaction of degeneration." 2. The reflex immobility of the pupil first observed and explained by Argyll-Robertson, and later by Knapp, Leber, and Hempel, *i.e.*, the pupil does not contract to light, although it does to accommodation, dilating, however, when the pain is severe; this sign is much more frequently absent than the other two. The patellar reflex is the one almost constant sign in this disease; cases have been recorded where the patellar reflex was increased. When all these symptoms are present together the diagnosis is absolutely certain, and can be mistaken for no other disease. Other symptoms noticed are diplopia due to paralysis of certain ocular nerves. Von Graafe points out the fact that ataxic patients who have this symptom show small tendency to the blending of images in binocular vision, which is supposed to point to a central origin, loss of vision from optic atrophy.

Analgesia, colour blindness, may also be present in a modified form, that is to say, he recognises yellow and black, but fails at red and green; this may lead to blindness, and is due to progressional atrophy of the optic disc. Ophthalmoscopic examination shows a chalkiness and opacity and absence of marginal rosiness of tint with inability to trace the trunks and vessels of the retina, as they appear to terminate abruptly.

In other cases, disturbance in micturition appears early, paroxysmal hæmoglobinuria sometimes occurring, and at other times the gastric crises are the first noticed.

A patient, æt. 36, complained that upon exposure to cold or chill he passed "porter coloured" urine, accompanied with a sensation of pins and needles in his hands and feet; these symptoms had on at least one occasion come on suddenly. There was no difficulty in micturition, although the quantity was less than normal, being 32 ounces: 2·6 of urea, sp. gr. 1024, cloud of albumen, no sugar, blood colouring matter present, many granular and hyaloid casts, and few renal cells; but on further examination the pupils exhibited the Argyll-Robertson phenomenon, and the patellar reflex was absent.

The second stage is called the ataxic stage, the gait becoming affected, being unsteady and uncertain, not through any paralysis of the leg muscles, but through an inco-ordination of movement. If the patient closes his eyes he immediately begins to fall; hence the difficulty in moving about in the dark. This was first noticed by Romberg. If examined in this stage sensibility to pain is found to be diminished; this was well marked in a case I examined in the Civil Hospital in Ghent.

The disturbance of micturition with pain in the urethra becomes more marked, and often cystitis is present; this condition has occasionally been treated and diagnosed as gonorrhœa. Frequently there is some improvement in this stage, but the bladder disturbance invariably returns again worse than ever. Probably the latter with the following symptoms should be classed as occasional symptoms, nocturnal incontinence, spermatorrhœa with erection, and sexual desire without erection.

The third stage is the last: the symptoms are much the same as in other chronic diseases of the spinal cord.

The patient becomes quite helpless and is confined to his bed. At times actual paralysis of the lower extremities takes places, and hence this stage is called the "paralytic stage." Pyelo-cystitis now comes on, bed-sores make their appearance, and the patient soon succumbs. A case came under my observation in which there was paraplegia, cystitis, complete optic atrophy, incontinence of urine and fæces, with bed-sores, which speedily had a fatal termination.

The ataxic gait is characteristic: the feet are thrust out and brought to the ground with a thump, and with no little uncertainty, or with what Trousseau describes as the movements of a puppet or marionette. The patient has the sensation of walking on wool, there is also a difficulty in rising from the sitting posture, the legs being widely separated, the same difficulty being experienced in maintaining a balance. Thus, ataxic patients walk with a stick, and give their undivided attention to their feet and to what they intend to do with them, Again, in Romberg's symptom this phenomenon is not ataxic, but is due to a defective control of muscular movement which is necessary to the maintenance of an equilibrium, as a result of impaired sensibility of skin and nerves at the sole of the foot, accompanied may be with perforating ulcers of foot (Strümpell). This control is supplied by the eyes, so that when the patient is watching his feet he sways very little, but the moment he ceases to look at them he loses his balance. Sometimes the ataxia appears in the upper extremities, when the patient is unable to touch the fingers of opposite hands, or to perform certain movements with his hands, such as playing the piano, writing, &c. The cause of this ataxia is by no means certain, but there are three theories worth recording:

1st.—According to Jaccoud, Cyon, and Benedict, there is a disturbance in the reflex of the spinal cord.

2nd.—According to Leyden, it is the result of sensory disturbance, *i.e.*, "sensory ataxia"; and

3rd.—According to Friedrichs and Erb, ataxia is due to a definite lesion of these co-ordinating fibres which preside over the co-ordination of muscular movement, their exact anatomical position being as yet unknown.

If Charcot places these fibres in the external portion of the posterior columns this position does not coincide with the above (3rd) theory, as these fibres do not pass through this part at all. As a matter of fact, we do not yet know the exact process of normal co-ordination. In tabes this lack of co-ordination does not imply any loss of muscular power, the patient simply, at any rate in the earlier stages, being unable to direct complicated movements, this unsteadiness being increased to a large extent by closing the eyes, which at once abolishes the power of aiding imperfect co-ordination by vision. This co-ordination is not a congenital function, but a power learned by practice. Children learning to walk are ataxic, and we ourselves are constantly learning fresh complicated reflex movements.

In order to perform these movements correctly it is necessary that all the muscles concerned should be subservient and respond with alacrity to the will. We should also be able to modify by the will the action of each muscle or set of muscles, so that its share of the work equals the amount of work to be done. A voluntary motion can only take place when all the muscles necessary for it come into no less and no greater action than is required, and when, too, they come into action at the proper time. Then if by any cause such movements are interfered with, be it ever so little, ataxic movements result; they may be either "spinal" or "cerebellar" in origin.

Duchenne was the first to show the difference between ataxia and paralysis. He clearly shows that ataxics who are unable to walk possess great strength in their legs.

Westphal, in directing attention to the connection between tabes and progressive paralysis of the insane, says that the majority of sufferers from the former disease show the usual symptoms of progressive paralysis, and as they show motor disturbance of extremities, have an anatomical lesion of posterior columns, the tabes being here a manifestation of a spread of the disease over the nervous system.

In other cases, again, the paralytic insanity is added to the spinal degeneration or affection in tabes after the latter has existed many years. Of course in the last-mentioned cases the cerebral mischief must be considered after the spinal. When this is not the case, and when there is a paralysis, an examination of the cord shows a lesion in the lateral pyramidal motor tracts in the lumbar region. The muscles of passive motion are flaccid and lack tone, the cause for which is not known, unless, indeed, we suppose that muscular tone is due to reflex origin. There is no electrical degeneration in ataxia pure and simple (Duchenne). With regard to the presence of anæsthesia, the disease must be far advanced before the patient loses the sense of feeling in the skin. There is usually present a sensibility to pain, exaggerated or otherwise. It often happens that, when the patient is pricked with a pin, he does not feel it until a few seconds later, when he may feel two "Nanye Besnau" double sensation. This symptom has been more correctly described by E. Barnak, Asthoff, Naunyn, and Heotzberg. This condition is also spoken of as a "delayed condition of painful sensation" or "delayed reflex." The senses of pressure and temperature may be found absent, or that of temperature may be normal, when in other respects there is a well-marked anæsthesia. The ataxic experiences in advanced cases also a feeling of muscular fatigue, and rigidity often comes on suddenly in various muscles, with wasting due to extension of lesion to the lateral colums and anterior cornua. Cutaneous reflexes are normal, or at times diminished, more so if sensory disturbance is present.

Dyspnœa or laryngeal crises may be present, due to spasm of the glottis or paralysis of the posterior arytenoid, which prevents opening of the glottis, and is generally accompanied with a spasmodic nervous cough (Freidrichs). The connection of this phenomenon with tabes is somewhat doubtful (Bracht). In one case where such cough and dyspnœa were present Ican found atrophy of vagus and recurrent laryngeal nerves.

The paralysis affects the abductors of the vocal cords, *i.e.*, the posterior crico-arytenoids, so that in full inspiration the glottis is only slightly opened. Occasionally there is some paralysis of the adductors, as shown by the space at posterior part during phonation, *i.e.*, paralysis of posterior arytenoid. The probable cause why the posterior crico-arytenoids are affected is owing to the anatomical fact that these muscles are supplied by the inferior laryngeal nerve, which is derived from the fibres of the spinal accessory, the nucleus of which is in the cervical cord, where the sclerosis is well marked (*vide* Case).

The pulse frequently rises permanently to 100 or 120, with habitual dicrotism (Eulenberg), and aortic insufficiency has been noticed, the cause of which is uncertain.

Sometimes the hair and nails fall off, but this is not common. Herpes may break out, and hæmorrhages into the skin and conjunctiva may occur. Charcot describes certain painless affections of joints, the alterations in which are very similar to those in rheumatoid arthritis, with the following differences:—

1. One is acute, the other chronic.
2. In chronic rheumatoid arthritis the small joints are affected, also the hip; in tabes the knee and shoulder are the usual joints.
3. In tabes there is abundant effusion with dislocation. Fractures may occur owing to the brittleness of the bones, due to a rarefying ostitis (Blun), the head of the bone becoming absorbed, perhaps owing to spread of morbid influence, to grey matter of anterior cornua, as explained by Charcot, Joffroy, and Westphal.

With regard to diagnosis, little remains to be said. Chronic alcoholic neuritis can hardly be mistaken for tabes, as in this there is an absence of ophthalmic and bladder symptoms, while atrophic paralysis may develop, which never occurs in locomotor.

In the *Birmingham Medical Review* for Sept., 1889, Dr. Suckling gives three cases in which he found typical optic neuritis in chronic alcoholic neuritis.

Similar symptoms to those described above have been noticed in those who work in tobacco factories. The symptoms of "medial tabes" consist of painful sensations, loss of patellar reflex, contracted pupil, with reflex immobility; one great difference, however, is an increase of cutaneous reflex, particularly in the lower extremities.

TREATMENT.

Owing to the disease being so extremely chronic, in fact a degeneration, and the known treatment of it so unsatisfactory, the most desirable course to pursue seems to be to engage the attention of the patient and to apply any moral remedies that we are able, at the same time adopting those methods of treatment probably only palliative, which would tend in any way to give relief to the sufferer.

With a syphilitic history, our attention would at once be directed towards anti-syphilitic remedies, inunction of mercurial ointment, half a drachm to a drachm daily, or the liquor hydrargyri perchloridi combined with iodide of potassium internally. The earlier this treatment is begun probably the greater would be the relief and benefit derived by the patient.

Electricity in its various forms has strongly recommended itself to some physicians, and apparently with some success.

When there is vesical weakness present, peripheral galvanism is found to be of use (Strümpell), one pole being applied to the perinæum and the other to the lumbar region. Rumph uses the Faradic brush with good results.

The baths of Oeynhausen and Rehme are also recommended, the patient taking a bath three or four times weekly, remaining in the water ten to fifteen minutes.

Other baths are also of use, as those of Teplitz, Medbad, Gaskin, Pfassen, and Royat. The mud and iron baths of Pyrmont, the waters of Doiburg, Cudowa, Elster, and Franzensbero may prove beneficial.

The internal administration of nitrate of silver was first used by Wunderlich, who gave one-sixth of a grain in pills taken before meals.

Ergot in grain doses three to six times a day. Possibly the ergot has an irritating effect on the nerve fibres, but does not cause them to undergo atrophy or produce "ergotism," as large doses do. Arsenic may act in a somewhat similar manner.

Phosphorus, quinine, salicylic acid, bromide and iodide of potash may also be exhibited. Prof. Eck, in Russia, found phosphorus beneficial when administered in the following manner:—¾ gr. of phosphorus dissolved in sulphuric ether and made into 50 pills with bread crumb, giving 3—6 daily.

Gower recommends cannabis indica in ¼ to ½ grain doses every four hours during the paroxysms.

The disease being so slow in its course, allows the trial of many remedies. It must not be forgotten that rest to diseased organs combined with improved nutrition are the main objects to which we ought to direct our attention.

Langenbach recommended and practised nerve-stretching with uncertain results, where special nerves are the seat of pain. This method of treatment may meet with some success; it may be due to some alteration in the circulation or to changes produced in the nerve sheath, thereby affecting the contained fluid.

Cystitis due to impaired nerve influence must be treated in the usual manner, the urine being drawn off thrice daily and the bladder washed out with some antiseptic wash.

Suspension has in some few cases appeared to give relief; in others, again, it appears to have aggravated the symptoms. The action of this treatment is thus explained by Marshall in his Bradshaw Lecture of 1883, which was based on the experiments of Victor Horsley. The latter has shown that when the great sciatic nerve is stretched it affects the sacral plexus, and thence its effects pass to the roots of the nerves, disturbing the dura mater and shaking the cord by means of the attachments of the ligamenta denticulata. In this way the ganglia of the cord are probably affected and an excitation of the vaso-motor or trophic centre is produced.

PROGNOSIS.

Although the prognosis is undoubtedly most unsatisfactory, yet from the history of cases we are inclined to think that possibly much relief may be given and the patient's life may even be prolonged and made more tolerable for the following reasons:—

1.—It is difficult in some cases to exclude peripheral neuritis, which is a curable disease.

2.—Hammond says that simple congestion of posterior column occasionally produces symptoms similar to those of tabes.

3.—Ataxy caused by syphilis may also be cured.

4.—Cases have been carefully treated in hospitals which we are almost justified in calling cured, as, for example—

A man, æt. 49, who had been ill for eighteen months with ataxic symptoms and was bedridden, was eventually able to walk about and do a little work.

Another man, æt. 38, with similar symptoms, was discharged cured, and returned to his work as a baker, which he carried on for six years.

Patient, æt. 38, complained of violent cough and dyspnœa, with sudden attacks in bed, which soon passed off when propped up. When propped up in bed his respirations were stridulous, 20 to the minute; pulse 144; no cardiac mischief.

The pharynx, after being anæsthetised by 10 per cent. of cocaine solution and examined with laryngoscope, revealed the following:—The vocal cords were seen to be slightly less white than normal; on deep inspiration they separated very slightly, while on vocalisation the approximation of the posterior third was not quite complete. There was no patellar reflex; the gait was typically ataxic. Romberg and Argyll-Robertson symptoms well marked. Fundus oculi normal. Tracheotomy had to be performed, as the distress was so urgent, but notwithstanding, he died fourteen hours after. The autopsy revealed grey degeneration of posterior columns visible to naked eye; microscopically this could be traced to medulla involving the posterior pyramid and rotiform body. The recurrent laryngeal nerve was in a state of chronic neuritis, the nerve fibres being in places obliterated by the fibrous overgrowth. This is a rare case of bilateral laryngeal paralysis from central disease. Laryngeal crises have been mentioned previously in this paper, but this is one of the exceedingly few cases where a pathological demonstration of it has ever been made, which seems rather to disprove the preceding statement of Bracht.

Touching the Argyll-Robertson phenomena, it is interesting to note briefly a few cases recorded by Dr. Turner recently:—

A. B., æt. 54, with all the symptoms of tabes dorsalis, had the Argyll-Robertson pupil in the left eye only. Fundus normal.

He also records cases of Argyll-Robertson pupil occurring in other nerve diseases in which there were no ataxic symptoms:—

C. D., had Argyll-Robertson pupil in left eye, with spasmodic closure of left lid. Tremors characteristic of disseminated sclerosis with involuntary movements of both arms.

E. F.—Argyll-Robertson pupil in left eye, with symptoms of general paralysis of the insane. Tremor of lips, facial muscles and tongue, difficult articulation, mild dementia.

G. H.—Pupils unequal. Argyll-Robertson phenomena in both eyes. Discs flat and white, vessels small. Knee-jerk normal, with no ataxic symptoms.

The causes of pupillary light reflex are, according to Dr. Turner, the following:—Structural alterations or degenerative changes occur in three situations. 1. In peripheral nerve apparatus or muscular structure of iris. 2. In afferent or efferent limbs of reflex arc, *i.e.*, optic nerve, optic tract, and anterior roots of 3rd nerve, ciliary ganglia, and ciliary nerves. 3. In central mechanism situated in and around grey matter of Sylvian aqueduct, *i.e.*, either in a group of small nerve cells in the fine part of ocular motor nucleus, or in the course of system of fibres which unite the proximal ends of optic tracts and the ocular motor nuclei. It may be further noted that as old age advances the iris, from rigidity and sclerosis of its stroma, loses to some extent its contractile power, both when light is thrown on the retina and on convergence. The fact that so many cases of tabes are syphilitic seems to indicate that the disease may be indirectly the cause of reflex pupillary immobility.

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ON the recommendation of the Marquis of Headfort, Lieutenant of the County, the Lord Chancellor has been pleased to appoint J. Ringwood, L.R.C.P.I., and L.R.C.S.I., Kells, to the Commission of the Peace for the County Meath.

Selected Prescriptions and Therapeutic Notes.

8. **Treatment of Lead Colic.**—Dr. Weill, of Lyons, highly recommends large doses of olive oil in painters' lead-poisoning, which he has found to succeed in every case he has tried it, when iodide of potassium and sulphur baths had been ordered; but without result. The oil is given in two ounce doses every morning. Under its use the constipation disappears and the colic with it.—(*From our French Correspondent*).

9. **Exophthalmic Goitre** :—

℞ Powdered ipecacuanha, ½ gr.;
Powdered digitalis, ½ gr.;
Ext. of opium, 1/10 gr.
For one pill, four to be taken in the 24 hours.
Iodide of potassium, } ʒj;
Tincture of iodine, }
Axunge, ℥iss.

In applications morning and evening.—(*From our French Correspondent.*)

10. **Pulmonary Catarrh** :—

℞ Arsenious acid, ⅛ gr.;
Dover's powder, ʒj;
Peru balsam, ʒj.

Divide into thirty pills, one at each repast.—(*From our French Correspondent.*)

11. **Asthma** :—

℞ Ether, ℥j;
Oil of turpentine, ʒiv;
Benzoic acid, ʒiv;
Balsam of tolu, ʒij.

To be inhaled during an asthmatic attack.

12. **Inhalation in Phthisis** :—

℞ Glycerini acidi carbolici, ʒiij;
Chloroformi, ♏viij;
Succi conii, ℥j;
Aquæ bullientis ad, ℥viij.
Misce et fiat inhalatio.

To be used twice daily.

The Practitioner.

13. **For Sore Nipples** :—

℞ Ichthyol, drachm 1;
Lanoline, „ 1¼;
Glycerine, „ 1¼;
Olive oil, „ 2½.

M. Sig. Apply. Wash off before nursing.

N. Y. Medical Record.

14. **An Electuary for Hæmorrhoids** :—

℞ Confectionis sennæ.
Sulphuris sublimati, āā ℥j;
Pulveris jalapæ, ℥j;
Copaibæ, ℥iv;
Pulveris zingiberis, ʒss;
Potassii tartratis acidæ, ʒiv;
Syrupi zingiberis, q s.
Fiat electuarium.

One teaspoonful night and morning.

The Practitioner.

15. **For Burns.**—Osthoff (*Deutsche Medicin Wochenschr.*, 1893) recommends the application of bismuth subnitrate made up with hot water into a mass having the consistency of plaster-of-Paris, and applied to the affected surface by means of a brush. In uncomplicated cases no other dressing will be required.

16. **Painful Dentition** :—

℞ Muriate of cocaine, gr. jss;
Tincture of conium,
Syrup, āā ʒij.

Rub on the gums several times daily.—Dehenne.

17. **The Abortive Treatment of Erysipelas by Ichthyol.**—Hallopeau has had good results from a treatment devised by M. Juhel-Renoy, and which consists in painting round the patch of erysipelas a mixture of traumaticin (gutta percha dissolved in chloroform) and ichthyol. On the surface of the patch he applies an ointment composed of equal parts of vaseline and ichthyol. Cure is obtained in from twenty-four to forty-eight hours.—*Progrès Médical.*

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Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Medicine.

Meeting held Friday, December 15th.

The President, Dr. Walter Smith, in the Chair.

A CASE OF MALIGNANT ENDOCARDITIS.

Dr. Burgess read a paper on a case of malignant endocarditis in a married lady, æt. 30, six months pregnant. The chief interest lay in the obscurity of the case from the first, and likewise that it differed from the description of recorded cases from its symptoms. The prominent symptoms were pain of a lightning character, shooting in paroxysms from the inside of the knee to the base of the abdomen, and a fixed pain at the symphisis; also, after a time, paralysis of the bladder. The temperature was 101°, and a murmur was apparent from the first in the mitral valves, substituted in character. Miscarriage took place on the 7th day, but as the sequela gave rise to no fresh symptoms, it was not regarded as a complication. On the 18th, embolism of the left cerebral artery occurred, followed by rapidly-increasing coma and death on the 20th day. The remarkable points were:—1. Murmur, which was present from the first, with an absence of any previous history of rheumatism. 2. The nervous phenomena, which were the distinct feature. 3. The temperature, which was of the continuous type. 4. Its difference from the ordinary forms of pyæmia—cerebral, cardiac, or septic. 5. No occurrence of emboli took place until the 18th day, and there were no signs of renal or splenic embolism the whole time. 6. The peculiar absence of sweating. The treatment was symptomatic.

Dr. Tweedy remarked that, as Dr. Burgess stated that he and Dr. Nixon at first considered the case one of hysteria, he wished to mention a case which he saw many years ago, and which he at first imagined to be one of hysteria, and which afterwards proved to be one of meningitis, as illustrating the difficulty that frequently existed in making an early diagnosis with accuracy.

Dr. Moore said that he had seen a case of a young married woman who was suddenly seized with febrile symptoms and rheumatoid pains. There was a systolic murmur; the temperature was high and variable, and there was extreme prostration. He and Dr. O'Carroll at first considered it to be a case of malignant endocarditis, but the patient subsequently got well, although for a fortnight her life appeared to be hanging in the balance.

A CASE OF THROMBOSIS OF THE PORTAL SYSTEM.

The President related the case of a young man, æt. 30, who sought advice at hospital on account of cramps in the stomach and lightness in the head, attended with shivering fits. He was anæmic; the legs were swelled, but there was no albumen in the urine, either then or subsequently. Some months later he was admitted into hospital for severe abdominal pain, which had set in thirteen days previously. He was very weak, and suffered from dry retching. His colour was sallow yellow; no leucocytosis. The abdomen was tensely distended and very tender. It was dull at lower part and sides, and fluctuation could be detected. No enlargement of the cutaneous veins. A systolic murmur was heard over the heart, at base and apex. The bowels were loose—four or five pasty motions in a day—and there was moderate pyrexia. He steadily became worse, and died in collapse, after a week's stay in hospital.

Post-mortem.—Liver normal in size, very hard and tough. Nodular cirrhosis, especially on under surface of left lobe. Gall bladder flaccid. About two and a half quarts of thin serous fluid escaped from peritoneum. Spleen enlarged and firm. Portal vein adherent to structures in transverse fissure. It was much dilated, and its coats thick (about 3 mm.) and leathery—not calcified. Its interior was occupied by a firm yellowish granular thrombus adherent at one side to the veins, but not completely obstructing its lumen. Branches of portal vein through the liver filled with soft thrombi, closely fitting, and yet capable of being withdrawn. Mesenteric veins occluded by soft red thrombi. The jejunum, for about one foot, was adherent to ascending colon by soft recent lymph. There was acute recent peritonitis over liver and over this portion of the bowel, which was intensely congested, and nearly black, resembling a strangulated intestine. No blood in its interior; mucous membrane eroded. The walls of the rest of the small intestine much thickened by œdematous swelling. Several veins near pyloric end of stomach firmly thrombosed. Pleural adhesions existed on each side, and there was effusion into the right pleural cavity. The probable order of events was—(a) cirrhosis of liver, (b) thrombosis of portal vein, (c) sudden extension of thrombosis to gastric and mesenteric veins, (d) peritonitis.

Dr. **TWEEDY** said that at present there was under his care a woman suffering from ascites. Laparotomy had been performed three months previously. She has been tapped eight or nine times within the last three months, and last time he drew off more than 400 ounces of fluid. In the absence of any evidence of hepatic or other disease likely to cause the ascites, he made a provisional diagnosis of adhesive pyle-phlebitis.

Dr. **BEWLEY** said he had seen two cases of thrombosis of the portal vein. In one, the patient suffered from cirrhosis of the liver and dropsy, and also a good deal of abdominal pain. An autopsy revealed a rather soft clot in the portal vein without any involvement of the mesenteric veins. The second case was that of a man suffering from vomiting, pain, and distension of the abdomen. The bowels were obstinately constipated and a laparotomy was performed. About one foot of the small intestine was found to be in much the same condition as in Dr. Smith's case. There did not seem to be obstruction to the passage of matter through it. The man died shortly afterwards, and at the post-mortem it was found that the mesenteric and portal veins were thrombosed, as well as some of the deeper veins of the abdominal wall, where the laparotomy incision was made.

The **PRESIDENT** replied.

The Section then adjourned.

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OBSTETRICAL SOCIETY OF LONDON.

MEETING HELD WEDNESDAY, JANUARY 3RD, 1893.

The President, Dr. G. E. **HERMAN**, in the Chair.

SIX MORE CASES OF PREGNANCY AND LABOUR WITH BRIGHT'S DISEASE.

THE PRESIDENT contributed a paper containing notes of six further observations of pregnancy and labour associated with Bright's disease. He compared these cases with others reported in former communications by him to the Society, in all eleven in number, and then compared these eleven cases with twelve cases of puerperal eclampsia, also published by him in the Society's Transactions. He drew the following general conclusion:—There are at least two kinds of renal disease to which a pregnant woman is specially liable. One of these is a very acute disease, in which premonitory symptoms are either absent or of duration measurable by hours or days. It attacks chiefly primigravidæ. It often causes intra-uterine death of the child. It is attended with extreme diminution of the quantity of urine, and the small quantity of urine that is passed is greatly deficient in urea, but contains enough albumen to make it solid on boiling. This disease is accompanied with rapidly recurring fits. If it run a favourable course, the fits cease, then the urine increases in amount, and the percentage of urea in it rises. If the excretion of urea be not re-established, the case quickly ends fatally. Such cases seldom, if ever, pass into chronic Bright's disease. The other is a disease which attacks older subjects, chiefly those who have had children before. Its premonitory symptoms extend over a period measurable by weeks or months. It often leads to intra-uterine death of the child. It is accompanied generally by increase in the quantity of urine, with copious loss of albumen, but not so much in proportion to the urine as in the more acute disease, and with diminution in the elimination of urea, but not nearly so great a diminution as in the more acute disease. Delivery is followed by temporarily increased diuresis and increase in the urea elimination. When this increase is considerable, the albuminuria usually diminishes and disappears, and the patient gets well. When the increase is only slight the albuminuria persists, and the case becomes one of chronic Bright's disease. This form of disease is sometimes attended with fits, but generally not. The presence of albuminuric retinitis affects the prognosis unfavourably. When the pressure within the abdomen is greater than usual, the amount of urine may be diminished, but in such cases the diuresis and the augmentation of the urea elimination after delivery are proportionately greater. In the acute disease which causes eclampsia, and in the chronic disease when it is associated with excessive intra-abdominal pressure, much of the albumen is paraglobulin. The cases in which the albumen is mainly serum-albumen generally either die or pass into chronic Bright's disease.

Dr. **ARTHUR GILES** observed that what was wanted was rather a grouping of the numerous facts with a view to their proper understanding than any further facts. He pointed out that there is a certain parallelism between the two forms of kidney affection described by the author in association with pregnancy and labour, and the acute and chronic forms of kidney mischief met with independently thereof. He had never met with a case of eclampsia without the presence of albumen in the urine, although he could conceive that under certain circumstances the kidney might be involved to such an extent that the albumen might be unable to find its way through.

Dr. A. **ROUTH** said that it was in the minor rather than in the more severe cases that paraglobulin was found in the urine contrarily to the view put forward by the author. He remembered two cases of albuminuria in unmarried young woman, one of whom was in the fifth, and the other in the seventh, month of pregnancy. One girl had severe epigastric pain (an important prognostic sign) with sub-retinal hæmorrhages. In the other the head symptoms were most marked. In the girl who was in the seventh month of pregnancy the paraglobulin amounted to about half of the albumen present in the urine, while in the other it constituted but an infinitesimal proportion. The fifth month patient had eclampsia, although there was but a very small proportion of paraglobulin in her urine.

Dr. **DUNCAN** referred to two cases of albuminuria in pregnant women. In both there was intense albuminuria with albuminuric retinitis. Dr. Cayley had consulted him in reference to one of them as to the propriety of inducing premature labour in view of the fact that the patient's eyesight had been steadily getting worse. He emptied the uterus and both the eyesight and the retinitis subsided. In the second case the patient was twenty-five years of age, and had had several children, with one miscarriage. She became pregnant for the third time at the end of 1892, and was delivered of a dead child in January, 1893. Shortly after quickening there was swelling of the eyelids, legs, &c., with progressive failure of vision. She became almost blind, but within two days after delivery her condition began to improve, and within three weeks she was all right again. She was admitted on September, 1893, again pregnant, and completely blind, even to the loss of perception of light. Sight had begun to get dim four or five weeks before, and had culminated in the actual condition of blindness within three weeks. Examination of the eyes showed the existence of extensive albuminuric retinitis. Although he promptly emptied the uterus the eyesight did not improve, and five weeks later she was discharged at her own request in the same condition. He insisted on the fact that the treatment of albuminuric retinitis associated with pregnancy was a very important question, one too which had not been touched upon by the author. He admitted that cases were met with of albuminuria during pregnancy in which no trouble either during pregnancy or labour resulted, but he urged that when the case is complicated with albuminuric retinitis the indication was to empty the uterus forthwith.

Dr. **Horrocks** said he was unable to remember any case of recovery when albuminuria was associated with albuminuric retinitis though he could recall several that had terminated fatally. The complication was, therefore, of considerable prognostic importance. He pointed out that cases in which there was albuminuric retinitis with subretinal hæmorrhages were necessarily grave, because the existence of such lesions proved the severity of the constitutional condition. He suggested that it would be easy for all of them to verify the author's observations as to the gravity of the prognosis in the cases in which the excretion of urea was not promptly re-established after delivery. He urged that the fits which occurred during pregnancy or labour apart from albuminuria belonged to a different category. Such cases usually got better rapidly and the fits moreover were amenable to bromide of potassium.

The **President**, in reply, pointed out that there was a great difference between the two conditions of kidney affection observed during pregnancy and the forms of renal disease met with independently thereof. He said there was no form of the disease unassociated with pregnancy which would determine fits within so short a time of the onset or in which symptoms of such gravity went off with such remarkable rapidity when the uterus was emptied. He pointed out that after death from puerperal eclampsia marked lesions of the kidneys were often conspicuous by their absence. He agreed with Dr. Duncan that labour ought to be induced in cases complicated with albuminuric retinitis. He even went further and urged the same course in all cases of pregnancy complicated by really severe albuminuria in order to minimise the danger to the patient of the supervention of chronic kidney disease. He added that under any circumstances eclampsia involved considerable risk to the child's life *in utero*. He objected to the same term being used to designate the fits associated with, and those occurring independently of, albuminuria. The term eclampsia ought, he urged, to be restricted to diseases of the kidneys in pregnant women accompanied by fits. Ordinary fits occurring during pregnancy or labour might be described as "fits without albuminuria."

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WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Meeting held Friday, Jan. 5th.

The President, Dr. **Donald Hood**, F.R.C.P., in the chair.

The following pathological specimens were shown :—

Mr. R. H. **Lloyd** : A stricture of the sigmoid flexure.

Dr. **Gould May** : A boy's heart containing filaria from Fiji. These gave rise to no symptoms except cough, and do not appear to shorten life. They grow 5 inches in length, and are not found in the human being.

Dr. **Maitland Thompson** : A successful case of craniotomy. Patient a primipara, æt. 26, only 4ft. 10in. in height, had been in labour 48 hours, os partly dilated and membranes ruptured ; rachitic pelvis, conjugate diameter 2¾in., transverse 4in. ; forceps were of no avail ; perforation was performed, and the skull bones entirely removed, evisceration and dismemberment subsequently were necessary, the whole operation taking four hours. The case did extremely well, the patient getting up on the 20th day.

A CASE OF TUBAL GESTATION SUCCESSFULLY TREATED BY ABDOMINAL SECTION.

Dr. **Lewers** : The patient suffered for a short time with vaginal discharge and iliac pains. On April 1st she also had sickness and more pain, the vagina and cervix were bluish, and the breasts full. There was fulness to the right side of the uterus which was enlarged.

On April 10th she had severe pains and vomiting. The uterus was examined and found empty. Abdominal section was performed on April 22nd. Blood clots of various ages and a three months' fœtus were lying among the intestines ; the right tube was perforated anteriorly, and also a second rupture posteriorly. The tube was removed, toilet of the peritoneum performed, iodine water, tr. iodine ʒj. to the quart being used, one week later stitches removed and pulse rose to 140, temp. 102°, with swelling of salivary glands, a few days later there was a discharge from the wound which healed again shortly. There was no distinct history of amenorrhœa. Previous exploration of uterus advocated where possible, and Dr. Lewers was of opinion that the loss of blood was spread over several days.

FOUR CASES OF ECTOPIC GESTATION.

Dr. **Schact**. Two under himself and two under Dr. **Travers**. No. 1.—Seventeen days before admission pain in abdomen and faintness, followed by two similar attacks. On admission tumour was felt in right lower abdomen, mass occupied right fornix and Douglas' pouch ; abdominal section performed ; a two and a half months fœtus and tube (right) removed. No 2.—Six weeks before admission patient was seized with abdominal pain and vomiting. Four weeks later a brown vaginal discharge commenced, which persisted until admission. Right lower abdomen tender, tumour to the right of uterus. Abdominal section ; right tube distended, which was removed, as was also the left on account of hæmorrhage from a point previously adherent to the right tube. The left tube was the seat of an unruptured tubal pregnancy. No. 3.—First symptoms seven days prior to admission, pain during last five days. The left appendage was the seat of the trouble in this case. The symptoms were very marked, and the operation was, as in the two previous cases, successful. No. 4.—This was considered probably pyo-salpinx, but was also tubal gestation, rupture taking place in the seventh week. Abdominal section was successful here also. There were two symptoms common to all, hæmorrhage irrespective of the period and irregular pain ; in two a pulsating vessel was distinctly felt at the lower part of the mass per vaginam.

Dr. **Maitland Thompson** recorded a case of a fœtus weighing 4½ lbs. being removed by the late Dr. Mathews Duncan from a case of his.

Dr. **Travers** spoke warmly in favour of abdominal section even in apparently almost hopeless cases where there was fair reason to suspect ectopic gestation.

Dr. **Lewers** advocated exploration of uterus in these cases.

Dr. **Schacht** considered this unnecessary as enlargement of the uterus was by no means always present.

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France.

[FROM OUR OWN CORRESPONDENT.

Paris, Jan. 6th.

Micro-Cephalic Idiocy.

When Prof. Lannelongue, twelve years after the operation of craniectomy performed by Füller for idiocy, and never repeated, had communicated in 1890 to the Academy of Sciences, the fortunate result of a similar operation performed by him on a little child of four years he met with an enthusiastic reception. Restoring the intellect to idiots by removing a strip of the cranium in order to give room to the brain to develop normally was truly well imagined. The history of this case stimulated other surgeons and cases became multiplied. At the Surgical Congress of 1891 Lannelongue presented twenty-five new cases with only one failure. However, when the first emotion had passed, surgeons became more sceptic as to the advantages in an intellectual point of view of the operation, and many even opposed it strenuously, alleging that it was the brain which made the osseous envelope, moulding it to its own shape ; that premature ossification of the sutures does not exist, and in any case degeneration of the brain substance co-exists with deformity of the cranium. In spite of this criticism, craniectomy is capable of rendering real services in certain well defined and well chosen cases.

Dr. Blanc, a rising surgeon in the populous town of St. Etienne, has just reported the results of three cases operated by him, which I briefly *resumé:*

CASE 1—Boy, æt. 7, very small head, a complete idiot, extremely agitated, screaming continually, can neither stand nor walk alone. He was operated on in October, 1891. By the aid of the trephining instrument an opening was made in the direction of the sagittal suture, four inches long and one inch wide. The immediate result was very satisfactory, the agitation disappeared as if by enchantment, and the child shed tears like any other. Signs of intelligence were also witnessed. However, after a short time all the old symptoms returned, but less accentuated, and finally another improvement took place and has since been maintained. He is now but little excited, is obedient, understands better, says a few words, and walks alone.

CASE 2.—A child, æt. 3, a complete idiot, recognised no one, not even her mother, frequent convulsive cries and chronic spasms. Craniectomy performed November 1891. Six months ago her condition was much improved. She understood when spoken to and recognised her parents, but the spasms and cries continued.

CASE 3.—Boy, æt. 5. Devoid of all intelligence, never spoke, head very small, could not stand. Eighteen months after the operation his condition satisfactory. He could say some words and stood up alone. His mother seemed to be greatly pleased with the progress made.

In commenting on the above and similar cases, Dr. Blanc rightly said that in operating thus on microcephalic children, it is not pretended to be able to transform these afflicted beings into orators or statesmen, but to improve even in a small measure, their sad condition. If that end can be attained, the operation is not only justifiable, but humane.

PROPHYLAXIS OF FLOATING KIDNEY.

At the meeting of the Société Medicale des Hopitaux, M. Le Gendre spoke on the mode of production and the prophylaxis of floating kidney, and said that the theory of Bouchard who explained nephroptosis by the fact that persons suffering from a dilated stomach have frequently enlarged liver, and this organ would bulge out the false ribs on the right side if it were not for the constriction produced by the corset in the woman and that by a belt which some men wear; the liver not being able thus to extend itself excentrically, flushes down by degrees the abdominal viscera, and among others first the kidney had been corroborated by his own observations. All these circumstances are, however, but predisposing, to which might be joined a certain hereditary weakness of the abdominal walls; a shock or a fall is required in most instances to transform the displaced kidney into floating kidney. As to the prophylaxis, he would recommend the disuse of rigid corsets to girls suffering from agony of the gastro-intestinal tract, and the administration from time to time of a little strychnine. An abdominal elastic belt is often required in young women after a confinement or an abdominal operation.

M. Frantz Glénard said that out of 4,215 patients he found a floating kidney in 537, the very larger portion being women (88 in every 100 cases), and the right renal organ was found to be the most frequently displaced. Floating kidney is only found in patients suffering from gastric troubles.

COMPULSORY NOTIFICATION.

The following diseases are ordered to be notified by the attendant, to the sanitary bureau or the mayors of all the districts in France, after 15th January:—1. Typhoid fever. 2. Typhus. 3. Small-pox. 4. Scarlatina. 5. Diphtheria (croup). 6. Cholera. 7. Plague. 8. Yellow fever. 9. Dysentery. 10. Puerperal affections. 11. Ophthalmia neotomur. The malady is to be indicated by its number on post cards furnished gratuitously by the authorities to the doctors. These cards are sent unstamped to the Mayor or the Prefect, through the post.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Jan 5th.

SCHOOL MEDICAL OFFICERS.

IN my last it was mentioned that Dr. Weyl was an advocate for the appointment of medical officers to schools, and I promised to return to the subject. There are two ways of looking at children. From one point they may be considered as exclusively the concern of their parents, upon whom all responsibility for the maintenance, education and care in sickness rests. From another point of view, however, they may be considered in their relation to the State. If they are brought up viciously they will become a constant expense and annoyance to their fellow citizens, and if their health is neglected or undermined they will, in all probability, become equally a burden to the State from inability to work, unless maintained by their relatives. The State, therefore, has a pecuniary interest in the moral training of its youthful citizens, and one not a whit less in the sound condition of their bodily health, and this interest ceases only with the interment of the individual. From this point of view it seems not unreasonable that School Medical Officers should be appointed. Dr. Weyl is a strong advocate for such appointments, in the expectation that through them the hygienic requirements of schools will be better fulfilled than they are at present. School Medical Officers have already done a good work in many cities in tabulating the statistics of disease amongst school children. In the middle schools of Stockholm, for instance, 40 per cent. of all the scholars were found to be affected by some chronic disease, tuberculosis, or disease of the eyes or ears. 13 per cent. of the boys suffered from habitual headaches, 13 per cent. of the girls from chlorosis, and from 2 to 3 per cent. of the scholars from affections of the lungs.

In the schools attended by the better-to-do-classes 17 per cent. of all children in their 8th year were ill. In their 2nd school year 38·7 per cent., and in their 4th school year 40 per cent. were the subjects of some chronic disease. These figures are based on data furnished by the well-known axel key. In Berlin the "Magistrates Commission" for the year 1890 gives the following: with a population of 1,570,000 there were 200,000 children attending school, of whom only 1 per cent. were over 14 years of age. Of this number 1,014 children died between the ages of 6 and 14, 150 of diphtheria, 191 of pulmonary tuberculosis, and 33 of inflammation of the lungs.

Dr. Weyl further points out that a larger part of all epidemics are school epidemics. This extension could be put a stop to at once if the schools were closed at the proper time and the schoolrooms were disinfected. The author does not sigh for an official who shall be the autocrat of the school, but rather desires one who shall labour in conjunction with the teacher, and he suggests that the object might be attained by the appointment of the ordinary poor-law medical officer to perform the duties.

COLLECTIVE INVESTIGATION ON INTUBATION AND TRACHEOTOMY.

This report was submitted to the 65th meeting of the Naturforscher and Aerste at their last meeting.

Prof. V. Ranke, of Munich, said that the inquiry covered four years, that embracing the two first years being published in the *Munich Med. Wochensch.* The years 1892-93 gave 721 cases of primary diphtheritic stenosis, with 37·6 per cent. of recoveries after intubation, 55 cases of secondary diphtheritic stenosis (after measles, &c.), with 39 per cent. recoveries also after intubation. Intubation was performed when otherwise tracheotomy would have been indicated. The secondary diphtheritic stenosis after measles, scarlatina, croupous pneumonia, gave in the four years 121 cases with 22·3 per cent. of recoveries. The total gave 1,445 cases with 37·5 per cent. of recoveries. Primary diphtheritic stenosis that were first "intubirt" and later on tracheotomised were 242 in number (18 per cent. of all the intubation cases) with 8·2 per cent. recoveries. Secondary 8 cases with no recoveries, these were almost without exception cases of descending diphtheria.

Hr. Wiederhofer, of Vienna, primarily intubed in mild and severe cases, removed the tube tentatively after twenty-four hours, then performed tracheotomy when after passing the tube four, and at the most five times, dyspnœa continued. If the stenosis was very severe tracheotomy was performed at once. He had obtained the following results:—

In 1890 132 cases were intubed with 57 per cent. recoveries. In 1890 in 78 cases tracheotomy was performed with 23 per cent. recoveries, making a total of 210 cases with 47 per cent. recoveries.

1891	Intubed	147	cases, with	81·63 p.c. recoveries.
	Intubed and tracheotomised	69	,,	26·08 ,,
	Trachootomised only	58	,,	130·8 ,,
	Total	274	,,	53·28 ,,

Prof. v. Ranke recommended intubation in the country where assistance could not be procured and where there was dread of cutting operations, and alluded to Heubner's laryngeal phantom illustrated in the *Jahrbuch der Kinder Heilkunde*, on which the operation could be learned and practised. As regarded tracheotomy the figures for the four years were 1,118 primary stenosis with 38·9 per cent. recoveries, 42 secondary stenosis with 26 per cent. recoveries, these nearly approaching the results of intubation. Intubation in the two first years of life, however, gave far more favourable results, as had been remarked in America.

Collective investigation gave the totals:—

In the 1st year	55	tracheotomies	with	5·5 p.c. recoveries.
,, 2nd ,,	212	,,	,,	25·4 ,,
,, 1st ,,	93	intubations	,,	13 ,,
,, 2nd ,,	285	,,	,,	32·3 ,,

The conclusion to be drawn by therapeutics from the statistics was that by a proper selection from both methods of treatment the percentages of recoveries should be raised, and for this there was a well grounded hope. Diphtheritic stenosis in the two first years of life, as well as the milder and mid-severe cases were more suited for intubation, as here a cutting operation was to be dreaded partly on its own account, and partly because the illness would be of a shorter duration if avoided. In stenoses lasting longer (over five days) subsequent tracheotomy was called for to avoid decubitus. In cases of sudden asphyxia when a tube was in position tracheotomy was justifiable, although the withdrawal of the tube would often be sufficient as it assisted the expulsion of membrane by coughing. Difficulties in giving nutriment when the tube was in were now rarely observed, and scarcely ever rendered tracheotomy necessary. In descending diphtheria both operations were about equally powerless.

ANTHRAX INFECTION IN BRUSH WORKERS.

During the past three years about thirty cases of anthrax have been observed amongst the brush workers in Nuremberg. In most of the cases the disease was of the external kind, or malignant pustule, which with early operation was recovered from; in three, however, it was of the internal or intestinal kind, and all died. The question has been debated whether the virus present in the raw material cannot be destroyed before work people are allowed to handle it. The present mode of disinfection which is fairly good but not absolutely reliable is as follows:—The brushes lie for twelve hours in an aqueous solution of permanganate of potash, they are then well washed out with water and placed for two hours in a 3-100 solution of sulphuric acid, lastly peroxide of hydrogen, or ammonia is added to the acid solution, and the brushes are then washed out well with water. That the virus adheres mechanically is shown by the fact that nearly all of it is removed by the centrifugal cleaner.

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Austria.

[FROM OUR OWN CORRESPONDENT]

VIENNA, Jan. 5th, 1894.

UTERUS DUPLEX BICORNIS.

At the Gynæcological meeting Prof. Weinlechner gave the history of a patient whom he desired to show to the meeting, but who had refused to come forward at the last minute. She was æt. 28, and had been treated at several ambulatoria for swelling of the adnexa, fluor albus, &c., before falling into his hands. On examining the vagina he discovered a firm membrane dividing it into two equal parts, into which two fingers could be introduced and the septum lying between. On further examination with the sound the uterus was also found to be double; the left being normal in length while the right only measured two centimetres in depth. Both the uterine halves were firmly united to one another in the middle portion, while the portiones vaginales and fundi of the uteri were turned outwards. The left Fallopian tube could be felt thickened, resembling the little finger, tender, with the ovary greatly enlarged. The right adnexa seemed normal. Weinlechner said that hitherto only three such cases had come under his notice as normal abnormalities, a fourth complicated with atresia—while a fifth occurred in a new-born child. In two of the cases which Weinlechner had examined with Prof. Lang, the duplicate part of the vagina was imperfectly formed, the septum being crescentic, the uterine halves parallel and of normal length. In this case as the foregoing, the left side was wider and the portio better developed. The third case had the septum resembling the first case described, and the left vaginal portion similar to all the others. Both horns of the uterus became gravid at different periods. He attributed this condition to mere accident in cohabitation.

Concerning the newborn, which was a female, it was observed that no stools were passed. One opening through which a catheter passed entered into the bladder or a large cavity behind. Before operation was undertaken the child died. The post-mortem revealed a large cloaca or expansion of the descending column, into which the bladder emptied itself, and was finally discharged into the single opening.

Weinlechner proposed the extirpation of the ischial bones and opening of the rectum, and after examination determined on final operation. In cases where this is inapplicable an *anus præternaturalis* should be made.

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The Operating Theatres.

KING'S COLLEGE HOSPITAL.

Intracranial Neurectomy of the Fifth Nerve—Krause's Operation.—Mr. **Rose**, assisted by Mr. Carless, operated on a man, æt. 69, who for years back had been subject to intractable neuralgia of the fifth nerve on the left side. The patient had formerly been under treatment at another hospital, where the third division of the fifth nerve had been divided just outside the foramen ovale by Horsley's method of deepening the sigmoid notch; temporary improvement had resulted, but the patient was at the present time in a most pitiable condition, and had twice attempted to commit suicide; he was, therefore, willing to undergo any operation which held out a prospect of relief. The head was shaved, the conjunctival sac on the affected side purified with 1 in 2,000 sublimate lotion, and the eyelids of the same side stitched together with catgut suture. An omega-shaped incision was made, commencing about an inch behind the external angular process of the frontal bone, carried upwards as high as the temporal ridge, and terminating about an inch and a half above the external auditory meatus; this incision was carried down to the bone, the periosteum over which was incised and reflected slightly on either side; the temporal muscle had entirely disappeared, owing to the atrophy set up in it by the former operation. The bone itself along the line of the incision was now divided by means of an angular chisel, a trephine opening having in the meanwhile been made at the upper part so as to ascertain the thickness of the skull; an elevator was next passed under the upper border of the divided bone and the whole osseous flap attached to the skin and subcutaneous tissue prised up and turned downwards after fracture of its base; the dura mater was thus exposed with the anterior branch of the middle meningeal artery coursing over it; blood welled up from below between the bone and dura mater, evidently from the main trunk of the same vessel. The periosteum and structures in the temporal fossa were now stripped off from the outer aspect of the bone at the lower part of the wound below the line of fracture so as to allow removal of the base of the great wing of the sphenoid and of the squamous bone, thus opening freely the floor of the middle fossa of the cranium. The dura mater was separated from its attachments to the base of the skull by the use of instruments and of the index finger, and the brain enclosed in its dural sheath gently lifted up and held aside by retractors so as to expose the structures at the outer aspect of the cavernous sinus. The foramen spinosum was seen and plugged with a small portion of sponge so as to control the hæmorrhage from the meningeal artery, and the second and third divisions of the fifth nerve were traced forwards from the situation of the Gasserian ganglion to the foramen rotundum and foramen ovale respectively. The root of the fifth nerve was now sought for where it passes over the apex of the petrous portion of the temporal bone into the cavum Meckelii, a small cutting hook was passed round it in this situation and the root thus divided. The central end was next caught in a pair of fine forceps and the root extracted from the pons, a portion about 2 centimetres in length coming away. It was decided not to interfere with the ganglion itself, nor with its branches. The exposed structures were carefully washed, the portion of bone which had been turned down replaced in position, and the wound closed by sutures, a drainage tube being placed in the posterior angle. Mr. Rose remarked that this operation had been devised independently both by the American surgeon Hartley, and by Krause, of Altona. Seven or eight cases, he said, had been already recorded, and he felt it only just to give it a trial.

UNIVERSITY COLLEGE HOSPITAL.

Exploration of Kidney for Stone—Negative Result.—Before operating on a middle-aged man who for some time had suffered from symptoms of stone in the left kidney, Mr. **Barker** remarked that he confined himself to saying that probably a stone was present, although the symptoms might exist and yet no stone be found; even then he thought it still perhaps might be there, as a small calculus was sometimes most difficult to find in the kidney. The symptoms had been blood and pus in the urine, and the characteristic pain which was increased on exertion. Whilst under observation, flushing out by taking large quantities of distilled water had produced intervals of comfort, but on the patient getting about again the pain had returned and incapacitated him from working. The operator said he proposed to explore the kidney by an oblique incision between the last rib and the crest of the ilium across the outer border of the erector spinæ, and drew attention to the importance of letting a very fat subject like the present patient become completely anæsthetised, as the difficulties of the operation were increased by any gasping or straining. Mr. Barker made an incision about three or four inches long, and the parts being held asunder by retractors, first explored the outside of the kidney and then made an incision into the organ itself, remarking that this often caused free hæmorrhage, which was generally stopped by the introduction of the surgeon's finger; in the present instance the bleeding was not as copious as was expected. On entering and exploring the pelvis of the kidney, he pointed out that it was possible, if sufficient care be not exercised, to entirely miss the pelvis by going through the cortex and on to the convex portion. However, complete examination failed to reveal the existence of any stone in the present instance; this, Mr. Barker said, had happened to surgeons several times of late. He drew attention to the fact that several conditions other than that of stone may give rise to the symptoms of the latter: for example, a very small crystalline deposit may be enough to cause hæmaturia and pain, but yet cannot be felt by the surgeon; again, tubercular ulcers may exist in the pelvis of the kidney, as happened in one of the first cases operated on years ago at University College Hospital; again, certain conditions of fibroid kidney which are painful may yield pus or blood without a stone being present: as an example of this, he quoted the case of a member of the profession who was going to be operated on for stone in the kidney, but for some reason the operation was put off, and years afterwards, at death at an advanced age, the kidney was found to have been fibroid, but no stone existed. Still he thought that in the present case as in all others there might still be a stone which had been missed by the surgeon. He closed the wound and employed no drainage tube, remarking that it was unnecessary, as all hæmorrhage had been completely arrested.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 10, 1894.

THE TREATMENT OF SEVERE ALBUMINURIA ASSOCIATED WITH PREGNANCY.

IN a paper read at the last meeting of the Obstetrical Society, Dr. Herman concluded a valuable series of observations on albuminuria associated with pregnancy and labour. Every practitioner who observes his cases must have noticed that there are at least two main groups of kidney disease in this association. Albuminuria in a more or less marked degree is a very common complication of pregnancy, but in a large proportion, the majority, of the cases it does not lead to any of the graver symptoms to which pregnant albuminuric women are liable. In a certain number of such patients, however, not only is the disease acute in its onset and violent in its manifestations, but we get the dreaded eclamptic convulsions which threaten the life of the mother and jeopardise that of the unborn infant. The risks dependent upon the renal disease are then, first the life of the mother, secondly that of the fœtus, and, lastly, the danger of the acute phase giving place to a chronic form of Bright's disease after delivery. The main points which still call for discussion are the means of distinguishing between the cases which are likely to comport a grave sequel and the best method of obviating the danger of usual defects and renal disease as a sequel. Dr. Herman tells us that the acute form attacks mainly women who are pregnant for the first time, and he points out that when the albumen in the urine consists mostly of serum albumen the prognosis is grave. It is, therefore, necessary for the practitioner to accustom himself to testing for the presence of paraglobulin as compared with serum albumen. One of the common symptoms associated with the albuminuria of pregnant women, as in albuminuria from other causes, is failure of vision, attributable to the presence of albuminuric retinitis, and possibly sub-retinal hæmorrhages. In the graver cases this may go on to complete loss of perception of light. Although in most cases the cecity passes off more or less when delivery has been safely accomplished, this is by no means always the case, and the preservation or protection of sight becomes one of the points to which treatment must be directed. Now the treatment of the albuminuria of pregnant females is practically confined to the induction of premature labour. As soon as the uterus has been emptied the symptoms usually promptly subside ; indeed, the promptness of this subsidence is one of the most remarkable features of renal disease associated with pregnancy. The speakers in the discussion that followed accepted this conclusion, and did not hesitate to recommend that the uterus should be emptied forthwith in all really serious cases of albuminuria associated with pregnancy. The child is sacrificed, it is true, but its chances of survival in the presence of eclampsia, or even of severe albuminuria, are small indeed, so that this fact cannot and ought not to be allowed to weigh in the balance, especially as the mother is thereby rescued from one of the most terrible complications that can threaten the pregnant woman. Then, too, in the cases presenting indications of albuminuric retinitis. These are always severe cases, and most of them die if left unrelieved. Moreover, the further the case is allowed to go on the greater is the damage done to the delicate structures of the eye, and the greater are the risks of permanent impairment of vision. This is a serious point well worthy of consideration, and in future obstetricians will be well advised if they adopt the suggestion to empty the uterus as soon as, at latest, ophthalmoscopic examination reveals the familiar and easily recognised signs of albuminuric retinitis. There remains as an additional reason for adopting this course the fact that even in women who either do not have, or who survive, the fits, the kidneys do not always recover from the disturbance to which they have been subjected, and the patient not unfrequently remains the victim of chronic Bright's disease. On these grounds, therefore, severe albuminuria ought to be added to the list of indications for the induction of premature labour without waiting for the supervention of eclamptic convulsions before coming to a decision. This is not a specialists' question. It is one which any practitioner may be called upon to consider at any moment, and it is to be hoped in the best interests of his patient that he will henceforth recognise the extreme and manifold gravity of the risks attending the continuance of albuminuria in pregnant women.

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THE AFTER-HEALTH OF ATHLETES.

The death of the Dean of Ely last week recalls the circumstances in connection with the prominent part which this divine played in the promotion of the healthful pastime of rowing at the Universities of Oxford and Cambridge. It is not generally known that Dean Merivale was the first to suggest the inter-University aquatic contest which has since become so popular a feature among the annual athletic appointments. So long ago, however, as 1829 the late Dean took part in an inter-University boat race on the Thames, and the interest associated with such a fact at the present moment is that, despite his arduous career as an athlete, the advanced age at which he died was proof that his athleticism could not have done him any harm. Writing upon this subject in the year 1869, he said: "In my time we rowed almost continually from October to June, and there was no attempt at scientific training for special exertion of a few weeks or days. My own college boat's crew were generally reading men, and disposed to temperate and regular living. We abstained pretty constantly from spirits, smoking, and dyspeptic food, and were, I believe, all naturally strong of constitution. On the whole, I should say from my own observation of Cambridge rowing forty years ago that it was a thoroughly good and healthy exercise for the healthy and the temperate." These remarks are especially noteworthy as showing the kind of preparation which in those days was thought requisite for great contests. Now-a-days, of course, training is not only considered absolutely necessary, but it is carried to a degree which sometimes is undoubtedly excessive. Over-training is the bugbear which has to be guarded against, and unless steps are taken to check its occurrence there is certainty of harm resulting. The late Mr. Wilkie Collins was one of those who peremptorily held to the opinion that the athleticism of the age was becoming overdone, and was causing many evil effects from the excessive training to which it led. With a view to drawing public attention to his convictions on this matter he wrote a novel, one of his best, called "Man and Wife," in which the hero is depicted as a complete athletic failure in consequence of having been over-trained. There is no doubt that this subject of anti-athleticism was a pronounced fad of the great novelist in the same way as we have faddists of the virulent "anti" type in the present day. The late Mr. Skey again was an ardent opponent of modern athletics, and his efforts were equally as great as those of Mr. Wilkie Collins to prove his convictions in this respect. Happily, however, nothing has been proved against the ordeal of physical effort comprised in the inter-University boat race. No evidence has been forthcoming to show that the crews taking part in the contest have suffered in health in consequence of their exertions. In this connection, of course, it should be borne in mind that the crews are made up of specially picked men, those, indeed, who might be regarded as the "flower" of the undergraduate community, and this being the case, there is no difficulty in understanding how it is that they are able to take part in the annual inter-University boat race and successfully pass through the ordeal without either immediately or remotely being any the worse. Dean Merivale's statements respecting the healthiness of rowing as a pastime are as true now as when they were uttered more than twenty years ago. The one difficulty associated with the preliminary stage of such contests, namely, over-training, is carefully guarded against, both in the interests of the men concerned as well as in those of the University which was striving for the supremacy. Dean Merivale was himself a conspicuous example of the harmlessness of arduous athletic training upon a vigorous constitution, and his long and useful life was a sound argument against the theories advanced by those pessimists who have attempted to prove that athleticism was a thing to be condemned.

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THE DETERIORATING EFFECTS OF FOG ON ANIMALS AND PLANTS.

The ever-increasing activity of manufactories, together with the rapid growth so manifest in town populations, brings prominently into notice one or two facts of considerable importance, although very liable to be overlooked in connection with the maintenance of health, whether of human beings, animals or plants. We are too prone to show a disregard of the deleterious nature of the gases constantly passed into the atmosphere through the various chimneys of the numerous manufactories, and the enormous quantities of carbonaceous particles from the thousands of houses annually added to, and which thus increase the evils from which all growing cities suffer. It is almost needless to repeat the fact that smoke is the chief element concerned in the formation of fogs, the denser kinds of which are a complete barrier to the radiation of light and heat. The act of breathing becomes difficult during foggy weather by reason of an increase in the carbonic acid gas, and a decrease in the due proportion of oxygen necessary to insure health and life. These atmospheric conditions when combined with a low temperature must be regarded as an important factor in the augmented death-rate of towns. Quite recently the deteriorating effects of fog on cultivated plant life has been made the subject of careful observation by Professor Oliver, who, by exposure of plants to fogs, has been enabled to furnish some new facts and salient features of the injuries caused thereby. We may premise our observations by saying that country mists uncontaminated by smoke cause no injury, and sea fogs are also stated to be quite innocuous to either plants or animals. Urban fogs, however, cause either local discolouration of the leaves without apparently affecting functional activity, or, as in some cases, the leaves fall off, and then show a more marked loss of colour. Cases of injury in the first group are clearly due to the greater or less quantity of an acid, probably sulphuric acid, since this is deposited in appreciable quantities on the leaves of stove plants. The chief of the changes, and which lead more directly to the speedy decay with change of colour in leaves, are said to be due in some measure to attacks by other chemical substances found in fogs upon their unprotected delicate internal tissues. The fog effects an entry into the cellular spaces by way of the stomata, and by its circulation brings the poisonous substances into immediate contact with the cell membrane of the living tissue. The cellulose offers but little resistance, the protoplasm is directly attacked and the starch withdrawn from the tissues. The chlorophyll, although in some cases its colour is not lost, finally undergoes decomposition. There appears to be some neutralising agent present in chlorophyll which retards the process of decomposition. With regard to the flowers, these are the first portion of the plant to exhibit the effects of fog, with the exception of bulbous roots, all of which are very hardy and escape with little or no injury. The loss of light caused by fog is a further and serious source of mischief, as in this way the assimilation of carbonic acid is much reduced, and the rate of starch production in the chlorophyll corpuscles is very small, and transpiration shows a marked diminution, and though absorption by the roots goes on, the cells become abnormally distended with water. Lastly, respiration is interfered with, the access of oxygen from without being a matter of increasing difficulty to the circulation owing to the faulty state of the circulation in the intercellular passages and the stoppage of the supply normally liberated during carbon assimilation. Deficiency of respiration naturally results in incomplete oxidation of many substances, particularly of the organic acids secreted by the plant, consequently under the conditions referred to the normal balance of power is gradually diminished, and the plant protoplasm is unable to offer resistance to the action of the poisonous impurities contained in the fog of towns. From a perfect knowledge of the action of fogs upon plants we may the better estimate their destructive effects upon human life, as exemplified in the recurring and increased death-rate usually published at this period of the year when fogs mostly prevail. It is hardly necessary, therefore, to point out that the knowledge gained by the scientific experimental study of the deteriorating effect of fog upon plants, conducted by the foremost botanist of the day, cannot but prove of the highest interest and value to the profession.

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Notes on Current Topics.

Surgical Pitfalls—Drunk or Dying?

Two of the Dublin hospitals have been in serious trouble over the death of a woman upon whom an inquest has been held. She was found by a constable in the hall of her own house in an unconscious condition. She was taken to Sir Patrick Dun's Hospital, where she was examined by the house surgeon, Mr. Kiddle, and shown by him to Mr. Brooks, one of the surgeons who happened to be there. The surgeon, it appears, said to the house surgeon, "Oh, I think she will be all right," which the latter seems to have interpreted as meaning that the case need not be admitted to hospital, and the patient was therefore sent away. She was next taken to Mercer's Hospital, where, as stated at the inquest, the house surgeon, Mr. Elliott, declined to admit her, as to do so would be "against medical etiquette," and she was then taken back to her own house, where she remained in the same condition until morning. She was then taken to Jervis Street Hospital, where she was at once admitted, and died in a few hours, suffering, as afterwards appeared, from serious head injuries. Naturally these events gave rise to animadversions in the newspapers upon the management of the hospitals, and investigation meetings of the Governors of both hospitals were held. Those of Sir Patrick Dun's arrived at a verdict which declares the house surgeon free from blame, and attributed the non-admission of the patient to a misunderstanding by him of the remark addressed to him by Mr. Brooks. The Governors of Mercer's Hospital, on the other hand, hastened to pass a resolution which declares that no consideration of "medical etiquette" should prevent the admission of a patient whose condition renders admission necessary. The case for the house surgeon Mr. Elliott has, however, not yet been heard at all, inasmuch as he has been confined to bed with severe influenza. We shall, however, be quite prepared to hear from him that he never made use of any such observation about medical etiquette, and did not exclude the patient for any such reason. Speaking generally for hospitals and for the profession, we desire to say that it is and ought to be a universal rule in hospitals that in every case in which doubt exists as to whether a patient is suffering from brain injury or merely very drunk, the benefit of the doubt should be given to the patient and the case should be admitted. It is scarcely possible to go beyond this in hospital management, for if every patient with a cut head and in a semi-conscious condition were to be admitted to hospital (especially about Christmas time) each institution would require an observation ward as big as a concert room, a corps of resident police, and a substantial addition to its funds. Furthermore, it should be recollected that one of the cruxes of surgical diagnoses, even under the most favourable circumstances, is the differentiation of brain injury from excessive drunkenness. Almost all such patients present signs of head injury, and almost all smell strongly of whisky, and the surgeon would be remarkably acute who could pronounce, under the adverse circumstances of a midnight diagnosis, without the risk of occasional error. As to "medical etiquette" as a factor in the case, the public ought to be assured, as we can assure them, that in Dublin there is no such determining consideration, and we do not believe that the house surgeon of Mercer's ever gave such excuse for the non-admission of the patient. The fact that a patient had been considered by another hospital not to require admission might doubtless bias the mind of a surgeon in deciding about the admission of such a case, but "medical etiquette" has and ought to have no bearing on the matter.

The Notification of Tuberculosis in New York.

Notification of tuberculosis has been recommended in New York as the result of a commission of inquiry into the infectivity of the disease, and the Board of Health has adopted the following suggestion, viz., that a circular be prepared for distribution setting forth the danger of contagion from tuberculosis; that medical men be required to report all cases of tuberculosis within seven days of the time when such sick persons come under observation; that the medical sanitary inspectors should, as part of their duty, investigate cases of the disease reported, and take specimens of sputa for diagnostic purposes, as is done in cases of diphtheria. The Board also resolved to urge upon the hospital authorities of the City of New York the importance of separation, so far as possible, in the hospitals of the city, of persons suffering from pulmonary tuberculosis from those affected with other diseases, and that proper wards be set apart for the exclusive treatment of this disease. Elaborate instructions were also drawn up for the guidance of the sanitary inspectors with a view to the thorough disinfection of all places where evidence of infection existed. It will be interesting to learn whether, in the Report about to be issued by the Royal Commission on Tuberculosis, any reference has been made to preventive measures against the dissemination of the disease such as the Board of Health at New York has deemed to be necessary.

For Valour.

The act of bravery in respect of which Her Majesty the Queen has been pleased to confer the much-coveted Victoria Cross, upon Surgeon-Major Owen E. P. Lloyd was one which in the highest sense was worthy of the honour. During an attack upon the Sinia Fort by Kachins on the 6th January last year, Surgeon-Major Lloyd heard that his Commanding Officer, Captain Morton, who had left the fort to visit a picket about eighty yards distant, was wounded. He at once ran out to the wounded man under a close and heavy fire, accompanied by a native officer. On reaching Captain Morton, Surgeon-Major Lloyd despatched the native officer for assistance, and remained with his patient until assistance arrived; by the help of seven men the wounded officer was carried back to the fort, where he died a few minutes afterwards. The enemy were within ten or fifteen paces, keeping up a heavy fire all the time that Surgeon-Major Lloyd and his men were attending to Captain Morton, and four men were killed round him. The distinction is all the more welcome just now, when the conspicuous absence of the medical profession from any recognition in the New Year's Honours List is attracting general attention. Surgeon-Major Lloyd is an *alumnus* of Edinburgh, having taken the Licentiateship of the Royal College of Physicians and Royal College of Surgeons of that city in 1877. To this gallant officer and *confrère* we offer our heartiest congratulations in consideration of the great distinction which he has just received. There are now fourteen officers of the Government Medical Service upon whom the Victoria Cross has been conferred.

An Army Surgeon Killed in a Duel.

That most fatuous of all procedures for settling alleged or real insults, namely a duel, is happily not permitted by the beneficent laws of this country, and it is difficult to comprehend why the same excellent prohibition should not be in force among all civilised nations. In consequence of the fact that such encounters are allowed in Austria an army surgeon has just lost his life. At Innspruck quite recently a duel with pistols took place between this surgeon and a lieutenant. The former was shot in the lower jaw; the ball traversed the tissues of the neck, and death occurred within an hour of the receipt of the injury. The cause of the duel arose out of a quarrel excited by some hasty expression.

The Increase of Insanity among Negroes.

Insanity, according to Dr. H. J. Berkley, is vastly more frequent than formerly among the coloured races as a unit in the United States. The Report of the Lunacy Commission for the State of Maryland for the year 1892 gives a total of 278 negroes in institutions scattered throughout the State—130 males and 148 females. The census for the same year gave a total negro population of 215,897, or 105,886 black males and 110,011 black females. The proportion, therefore, of coloured insane to the entire coloured population would be about 1 to 814 males and 1 to about 747 females, or about 1 to 776 for the entire coloured population, which is considerably less numerically than the proportion of white insane to the entire white population, which stands somewhere in a ratio of about 1 to 525. The increase in insanity among the black races is attributed almost entirely to their altered social relations, the struggle for existence, which did not exist under the conditions of former slavery, and their more active competition with the white man, not only from an educational standpoint, but also in the various occupations for an every-day livelihood. There are other influences, also, which act deleteriously upon the negro in this respect, namely, his improvidence, his more constant debauchery, and the unhygienic surroundings in which he commonly lives. Dr. Berkley has met with nearly every form of insanity that is presented in the white races reproduced in the black; for instance, all forms of mania and melancholia are common, and epileptic insanity is frequent, and general paralysis is by no means so infrequent as is generally supposed.

The Forthcoming International Congress of Hygiene and Demography.

THE Secretary-General of the forthcoming Eighth International Congress of Hygiene and Demography, to be held at Budapest in the first week of September, has issued the provisional programme of the sections in Hygiene. The sections are nineteen in number, and are devoted to subjects of the most diverse description. The three first are, "The Etiology of Infectious Diseases (Bacteriology)," "The Prophylaxis of Epidemics," "The Hygiene of the Tropics"—each of which is fully provided with many suggested topics for discussion. Among other sections are "The Hygiene of Public Buildings," "The Hygiene of Communication (Railroads and Navigation)," and "The Hygiene of Sport." The first question which appears on the list of the latter section is, "The different kinds of travelling and their influence upon the nerves, the digestion, and the formation of blood. *Wedding Tours.*" The italics are ours. That such a subject as "wedding tours" should have been included among the topics suitable for discussion at a hygienic meeting seems somewhat puzzling. It would rather appear as if some wag of a translator had added "wedding tours" as a corollary to the main subject respecting which information was invited. Perhaps, however, he wishes it to be understood that a paper "On Wedding Tours, their influence upon the nerves, the digestion, and the formation of blood," would, if forthcoming, be particularly entertaining.

The Memorial Portrait of Mr. Colles, of Dublin.

MR. OSBORNE, the distinguished artist who was entrusted by the Memorial Committee with the painting of the portrait of Mr. William Colles, the veteran Secretary of the Royal College of Surgeons in Ireland, has completed his work greatly to his credit. It is a most admirable likeness, and the pose and facial expression are perfectly characteristic of the original. It will be hung, we expect, in a position of honour in the College of Surgeons, where it will perpetuate at the same time the cherished memory of Mr. Colles and the skill and judgment of the artist. The Memorial Committee is about to close the subscription in order that the artist may be paid for his work, and it is requested that those who have promised subscriptions will send them in, and those who have not already responded to the circular of the Committee will mark their respect for the deceased by entering their names on the subscription list. Mr. Colles was the Surgical Father of Steevens's Hospital, and the teacher of many scores of practitioners who got their education within its walls, and we are certain that if any have not subscribed to perpetuate his personality, it cannot be because they have failed to appreciate his long services to them and to surgery in Ireland.

The Medical Service on Board Emigrant Ships.

THE Report of the Committee of the American Public Health Association "On Sanitary and Medical Service on Board Emigrant Ships," recently issued at Chicago, contains some useful recommendations. Among other things it says that there should be one duly qualified medical officer to every two hundred and fifty passengers, and that the senior medical officer of every vessel should be required to keep—(1) A list of sick, recording in a book, in the order of their admission, the name, age, sex, birthplace, date of admission to treatment, date of death or discharge from treatment, disease, and such remarks as may be necessary to enable the inspecting medical officer at the port of arrival to have a clear and complete understanding of the case. (2) It is also recommended that he should keep a medical journal, in which each medical officer, when there are more than one, should record the medical history, including the symptoms and treatment, of every case, to be approved and signed by the senior medical officer at the close of the day's record, and that such list and medical journal should be submitted to the health authorities of the port of arrival, and the accuracy of the statements in such records should be established by oath, and penalties for perjury provided. These recommendations appear to have much in their favour, especially the first, which limits the number of emigrants to the care of one surgeon. Usually on board emigrant ships, no matter how many emigrants may be present, one surgeon per ship is deemed to be sufficient. Obviously economy is the only point aimed at by the shipping companies.

The Law relating to Police-Court Fees for Medical Witnesses.

IT is very necessary that all medical men should become conversant with the laws affecting their interests when they are summoned as, or have to act in the capacity of, medical witnesses. This is a detail in professional life which should never be overlooked, and more especially so, because of the fact that the laws in question are very explicit, and are in no sense ambiguous. Strictly speaking, our remarks should apply chiefly to young medical men, those, for instance, who are holding appointments as house surgeons, or as resident medical officers at hospitals, for experience shows that when mistakes occur in the interpretation of these laws, it is usually our younger *confrères* who have not quite made themselves acquainted with the precise details of the special clauses in the Acts. We have been led to refer to this subject on account of some remarks which fell last week from the Liverpool stipendiary regarding the refusal of a resident medical officer at the East Dispensary to give a certificate as to the nature of a wound on a patient's arm, unless he was summoned to attend court and had received a fee of half a guinea. The stipendiary observed that if this attitude was assumed by the medical men in his district he would take care that they were summoned as seldom as possible. If they were subpœnaed and had their travelling expenses paid they could claim no fee, and if they would not attend under these circumstances he would have to issue a warrant. Complaint was also made by the police in another case in which one of the resident medical officers at the Liverpool Royal Infirmary refused to give any information in a case of criminal assault until he appeared in the witness-box. In reflecting upon both these cases it appears to us that there was no wilful intent to adopt a hostile attitude against the police authorities, but that the cause of the magistrate's strictures arose merely from a mistaken idea of the existing law on the subject by the young medical men concerned. The law very explicitly states that in cases of summary convictions, the making or not making of an order for costs is in the discretion of the magistrates, and the Secretary of State cannot interfere with them. The other class of cases, of course, in which medical witnesses have to attend police-courts, and the prisoners are sent for trial to the assizes, fees for attendance are always paid. Possibly the mistake arising from the confusion of these two capacities in which the services of medical witnesses are concerned was instrumental in leading to the *contretemps* which occurred last week at Liverpool between the resident medical officers at the hospitals and the stipendiary.

Inquests at Dartmoor.

A JURYMAN who served on an inquest lately on the body of a convict who died in Dartmoor Prison has written a forcible letter to the *Western Morning News*. He makes allegations that require immediate official investigation. In this particular case the deceased said he was unable to work. During November, however, he was punished seven times for refusing to work, his punishment consisting of three days' separate cells, bread and water, and loss of marks. At the end of the month he was ordered out to heavy work, after three days' punishment, and it is said he had to be assisted to the scene of labour. The juryman proceeds: "He then told the warder he could not work, and was (as is usual) handcuffed with his hands behind his back, and had to remain there until the afternoon work was over. Next morning he was found dead in his cell." This case, if the facts are even remotely true, points to a lax medical supervision. It may be true that the inmates of a convict prison are likely to comprise many cunning and confirmed malingerers: at the same time, however, a careful examination could leave little doubt as to the real nature of any alleged illness. In those cases where such a doubt existed it would be better to keep the convict under observation for a few days rather than risk his life by sending him out to heavy work. At the above-mentioned inquest the coroner concurred in the suggestion that in all cases of sudden death among the convicts an outside medical man should be called in. Some such safeguard is obviously needed, as the fact of a death occurring from the imposition of improper punishment and work would in itself render the medical officer, under whose sanction these things are done, an improper witness at any subsequent inquest.

A Proposed Memorial to Sir Andrew Clark.

MUCH can be said in favour of the proposal to institute some memorial of the late Sir Andrew Clark by the Fellows of the Royal College of Physicians, London. Sir Andrew's reign at the College was a conspicuous one in every way, and is worthily deserving of some permanent and tangible recognition. No details have as yet been decided in respect to the form which the memorial should take, but whatever the ultimate decision may be, it is certain to commend itself to the Fellows and to meet with general support. Of lectures, there are enough and to spare at the College, associated with great names, although undeniably a fitting way of perpetuating Sir Andrew's memory would be by the foundation of a "Clark Lecture," with some pulmonary disease for its subject. The simplest method, of course, would be to place a bust of Sir Andrew in the College: but does not the eventful and successful occupancy of the Presidential Chair by the late President call for some less conventional method than this of perpetuating his memory?

The Harness Prosecution.

THE Harness prosecution continues to drag its weary way along. Once a week is considered often enough for the case to be heard, and the end still seems to be far distant, in view of the large number of witnesses who have yet to be examined. The most amusing incident at the last hearing was the intimation by Mr. Avory, the counsel who appeared for Harness, that the latter was anxious that the magistrate should inspect the premises of the Medical Battery Company in Oxford Street and see the manner in which they were fitted. Mr. Hannay, however, declined, and naturally so. Laconically he said he did not think there was anything which he wished to see there—at present.

Fires in London Hospitals.

A SERIOUS fire occurred early in the morning of the 4th inst. at the Royal Victoria Hospital, in the East-end of London. It broke out in the top storey, but after doing considerable damage, was got under, fortunately without injury to patients, of whom there were 160 in the building. The outbreak, the origin of which is unknown, was confined to the top floor, from which about 60 men had to be removed. We learn from members of the medical staff that none of the patients received injury, either from the shock or the removal. The official Fire Brigade report states that about 80 feet of roof of main building have been destroyed, and the dormitory on the third floor, about 30 feet by 25 feet, burnt out with its contents. The rest of the building is seriously damaged by fire, smoke, and water. Nothing but the very prompt action of the Fire Brigade prevented a most startling catastrophe. It will be interesting to know what appliances for extinguishing fire existed in the hospital. Following on so closely the fire at Guy's Hospital in Christmas week, which fortunately was got under before much damage was done, the question naturally recurs as to the sufficiency or suitability of appliances in our hospitals for coping with these sudden outbreaks to which, of course, all are liable. In matters of this kind the tendency is to wait until public attention is aroused by some great catastrophe such as happened at an American institution last year.

Important Researches into the Purity of Aerated Waters.

THE researches of Dr. Hankin into the microbic qualities of aërated waters, conducted recently at the Government Laboratory, at Agra, are interesting from several points of view, as well as being reassuring. Among other things he has definitely determined by experimentation that the gas in the aërated waters acts as a poison to the microbes, so much so, that a bottle of soda water which was teeming with bacteria when first made, is generally found to be perfectly free from the micro-organisms at the end of a week. This is, of course, a great discovery to have made, and those who resort largely to these waters in their beverages will undeniably duly appreciate it. It is, moreover, most satisfactory to note that the cholera microbe appears to be the easiest to kill. It generally succumbs within an hour or two of bottling. On the other hand, the typhoid bacillus seems to be the most resistant to the action of carbonic acid gas. In one case the microbe was found to be still active at the end of a week, while in another instance it succumbed within five days, in ordinary soda water. The only drawback to these observations is that the experiments were conducted with soda water manufactured in India, where, owing to the high temperature, bottling has to take place at a much higher pressure than is the case in England. Dr. Hankin, therefore, is obliged to admit, basing his conclusions upon certain observations of Mr. Slater, that carbonic acid gas at a relatively low pressure in English soda water is a less powerful germicide than that present in Indian soda water. Nevertheless, however this may be, it would appear that nearly all risk from infection from drinking foul soda water can be avoided by keeping it a week or more before use. The point is one of so much importance that artificial mineral water manufacturers might bear it in mind, and only issue their goods to customers after the specified time has elapsed.

Congenital Sterility in a Woman.

STERILITY is but seldom the result of congenital causes, but a curious case which is recorded in the current number of the *Indian Medical Gazette* shows how Nature may forget herself, and how much may be at fault without any suspicion existing of the extent of the congenital deficiency which may be present. A Hindu female, aged about twenty, was brought by her husband to an out-door dispensary. She was married when she was twelve years old. She was small in stature and dwarfish; her general health was good. She had never menstruated, or been pregnant, the mammary glands were rudimentary. The sexual act had presented no difficulties. On examination there was no hair on the pubis or in the axillæ. The vagina, was found quite capacious, but there was complete absence of the uterus and ovaries. By means of the bimanual examination this fact was clearly demonstrated.

Vacant Medical Officerships.

THE retirement of Dr. Stevenson creates a vacancy in the post of Medical Officer of Health for Paddington. The Medical Officership at Liverpool, so it is announced, will be shortly vacant. There is likely to be keen competition for this appointment, as it is one of the best paid of its kind in England, namely, £1,000 per annum. One other post, that of Medical Officer to the County Council, commands a similar sum, while the City of London pays £1,200 to Dr. Sedgwick Saunders. Turning to another branch of the Civil Medical Service, we understand that one of the important Commissionerships of Lunacy will soon be vacant.

A CONGREGATIONAL Minister named T. G. Vince was fined five shillings and costs at the Birmingham Petty Sessions last week for refusing to have his child vaccinated. The defence was conscientious objections to vaccination, and the defendant further added that "he really could not comply with the law." All anti-vaccinators desirous of studying economy must be finding their obstinacy now rather troublesome.

THE Government of India has promised to provide the services of a qualified medical officer to superintend the Pasteur Institute in India, as soon as the scheme is fully matured. This concession will be equivalent to an annual contribution of Rs.12,000; other subscriptions for the scheme are being freely promised.

A FEW years ago it was calculated by the late Sir Francis Bolton that the sewage of upwards of 70,000 people was delivered direct into the Thames or its tributaries above the intakes of the metropolitan water companies.

IT is not generally known that there are two London Medical Societies, but such is the fact. There is one "London Medical Society" of London, England, and there is another "London Medical Society" of London, Ontario, Canada. The names are the same, but the societies are far enough apart to prevent confusion arising therefrom.

MR. W. F. FULHAM, of Balbriggan, has sustained a compound fracture of the right leg in consequence of having been thrown from his trap. He is making satisfactory progress, Mr. Nolan and Mr. McArdle being in attendance. The horse which Mr. Fulham was driving shied, and the trap was upset.

THE well-known firm of Messrs. Allen and Hanburys has been converted into a limited liability company. All the shares saving a few issued have been taken up by the present partners, who remain as managing directors.

There was a large and distinguished attendance at the funeral of the late Professor Robert Bentley, which took place last week at Kensal Green. The deceased was Professor of Botany at King's College, and was also editor of the *Pharmaceutical Journal.*

At the Birmingham Police Court last week fines of £15 and costs, and £5 and costs, were respectively inflicted upon butchers for exposing tuberculous beef for sale.

The Manchester City Council last week confirmed, after a long discussion, the recommendation of the Health Committee fixing the salary of the new Medical Officer of Health at £850 per annum.

Mr. Richard Cronin, of Slane, has been placed on the Commission of the Peace for the County of Meath by the Lord Chancellor, on the nomination of the Marquis of Headfort.

A nurse named Helen Caddick, æt. 31, died at the Queen's Hospital, Birmingham, last week, of typhoid fever. She had just completed her training.

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Scotland.

[From our own Correspondents.]

Leith and Compulsory Notification.—After a long period of indecision it seems that the Leith Town Council are going to adopt the Compulsory Notification of Infectious Diseases Act after all. When the proposal came last before them they refused to do so until they had a proper fever hospital in which to place the notified cases. They were urged to this course by their Medical Officer of Health. Now, however, owing to the pleasing uncertainty as to the number of small-pox cases in the town, and to the consequent feeling of insecurity among the inhabitants, the principal opponents of the Act in former days have apparently reconsidered their decision, and wish to adopt its provisions as soon as possible. A motion to this effect will come before the Council shortly, the proposed date of the innovation being on or after the 15th of March.

Alcoholic Excess on New Year's Day.—It is an unfortunate fact that on the first day of each year an enormous quantity of alcohol is consumed by many of the inhabitants of the Scottish cities and towns. The magistrates have for a few years back endeavoured to keep this excess down to a lower level by recommending all public-house proprietors to close their premises for the day. This recommendation is in reality a command, for they promise to remember those that do not close on next licensing day. The result has been satisfactory, for, although the number of police cases shows only a slight diminution, the number of serious cases treated at the hospitals has fallen to almost *nil*. In the Edinburgh Infirmary, for instance, a very considerable number of cut heads were dressed, and one or two more serious cases of injury admitted, but there was an almost total absence of those cases of acute alcoholic poisoning which used to be so numerous five or six years ago. It is highly improbable that less alcohol, in the aggregate, is drunk, but being spread over one or two days the excess taken does not prove so hurtful.

Dundee and Dr. Tyson's Cure for Drunkenness.—During last week sixteen persons were put under Dr. Tyson's "cure" for drunkenness in Dundee. Arrangements were made by a number of persons interested in temperance work in the city, and a Mr. Stephen, a chemist in London, was brought down to help. It appears that Mr. Stephen's firm have taken up the cure. Ex-Lord Provost Hunter, who presided, said that he looked on the scheme with suspicion, that Tyson's agent in Australia had been fined 10 guineas for selling the medicine without labelling it poison, and that the commercial value of the drug sold for 10 guineas amounted only to 2s. After some explanations by Mr. Stephen the Chairman left the meeting. Bailie Smith took his place, and elicited from Mr. Stephen that Dr. Tyson is not a teetotaller, and that the doctor had made a considerable sum of money from the cure. The subsequent proceedings should prove interesting, and we trust that those well-meaning folk who are thus experimenting will not lose very many guineas for that which is worth only 1-150th of the sum paid, without benefitting drunken humanity.

The Professorial Chair of Midwifery in Glasgow.—Since the resignation of Dr. Leishman as Regius Professor of Midwifery in the University of Glasgow, a good many names have been put forward as likely successors to the chair so long and honourably filled by that gentleman, and the delay in filling it has led to no little inconvenience and anxiety. The matter, however, has now been set at rest by the appointment by the Crown, on the recommendation of the Secretary of State for Scotland, of Dr. Murdoch Cameron, who has for some time past occupied the position of Assistant Professor of Midwifery in the University and Lecturer on Obstetrics in Queen Margaret's College. We congratulate Dr. Cameron on his appointment.

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MEDICAL SOCIETY OF LONDON.

Last Monday's meeting (Jan. 8) opened with a paper by Mr. William Anderson on a very interesting and somewhat puzzling case. It was that of a lad, æt. 15, who, after a day's skating, returned home very much done up. A day or two later he developed swelling of and pain in the joints of the lower limbs, with a high temperature and abundant sweats. His medical attendant not unnaturally diagnosed rheumatic fever. The constitutional disturbance did not subside for ten weeks, when it was discovered that all the joints of the lower limbs were fixed and rigid. In endeavouring to procure some mobility of the knee the stretched and inelastic skin broke down, leaving a very nasty wound. Later an abscess formed in the neighbourhood of the hip, and this was followed by atrophic lesions affecting the skin and certain groups of muscles in the lower limbs. Ultimately the lad was taken to St. Thomas's Hospital, where he was put under a course of massage. In the course of some months he recovered so far as to be able to get about by the aid of a stick. He was shown at the meeting to illustrate what is now described as "A Case of Peripheral Neuritis followed by Multiple Ankylosis and Atrophic Manifestations."

Dr. Pasteur alluded to a case brought by him before the Clinical Society in 1889 which resembled this case only, so to speak, in differing from it in every essential feature. The onset in his case was gradual instead of acute, all the joints of all four limbs were involved as well as those of the jaw, and no improvement had followed any plan of treatment, the deformity, which was not very marked in the author's case, being very conspicuous in his own case as he proved by handing round photographs of the patient. On the whole, he concluded that his case belonged to quite a different category to that of the author.

Mr. Lockwood thought the symptoms were compatible with the disease having been due to some infective agent, and he experienced a difficulty in thinking that any other cause would account for such extensive suppuration as this lad had undergone. The existence of peripheral neuritis was not inconsistent with this view, as he pointed out, because peripheral neuritis occurs in association with various forms of septic infection. He asked whether there had been any effusion into the joints, and also whether any albumen had been discovered in the urine, pointing out that such was usually the case in septic infection.

Mr. Richards ventured to suggest influenza as a possible explanation of the multiple lesions.

Mr. Anderson, in reply, explained how he had dismissed the possibility of the case being due to infection, insisting particularly on the fact that the abscess in the thigh did not come on until ten weeks after the onset of the symptoms, that the traumatic condition was limited to one side, and to the fact that the muscular and cutaneous lesions did not appear until after that date. There had been effusion into the joints at the beginning, but there was none on the lad's admission to the hospital. No albumen had ever been detected in the urine subsequent to his admission, and nothing was known of the condition previously in this respect.

THE THYROID TREATMENT IN VARIOUS SKIN DISEASES.

Dr. Phineas Abraham gave the results of some ninety cases of various skin diseases in which he had tried the effects of the administration of thyroid extract in the form of tabloids as prepared by Messrs. Burroughs, Wellcome, & Co. Of this number there were sixty-five cases of psoriasis, the remainder being made up of cases of lichen planus, lupus, leprosy, eczema, &c. Unfortunately the value of his results is seriously impaired by the fact that in most of the cases the patients were making use of some other treatment at the same time, but Dr. Abraham arrived at the following conclusions: (1) that the ingestion of thyroid extract has no constant effect in psoriasis and other skin affections; (2) that the results are often negative, and in a few instances the disease is even aggravated; (3) that in a small number a markedly curative effect was produced; (4) that there are no indications of the class of cases likely to be benefited thereby; (5) that severe constitutional effects are often produced; (6) that age and sex do not influence the effects of treatment, successful or otherwise.

Dr. Morgan Dockrell pointed out that seborrhœal dermatitis is often mistaken for psoriasis, adding that the constitutional effects were often very marked, the beneficial effects being most frequently observed in the young and in the debilitated.

Mr. W. Anderson referred to a typical and severe case of eczema in a man, æt. 35, of thirty years' standing, in which not only did no good result follow, but his last condition was worse than the first, though when the external application of tarry preparations was substituted the patient promptly and rapidly improved.

Dr. Hingston Fox pointed out that the gland itself varies considerably, not only in size, but probably also in physiological activity. Moreover, the gland undergoes periodical changes in woman, and probably also in animals, and as we know nothing of such changes, there is a wide margin for discrepancies of observation. Lastly, he observed that, until chemists have succeeded in isolating and defining the active principle of thyroid gland, no hope could be entertained of obtaining anything like uniformity of results.

Dr. Abraham, in reply, admitted the possibility, or rather the probability, of such variations in strength, but pointed out that at present one had to do the best one could with the material at one's disposal. He claimed to be able to distinguish between seborrhœal eczema and psoriasis, and added that though his results would doubtless have been more valuable had other methods of treatment been discarded while experimenting with the thyroid extract, this was not always possible when dealing with out-patients who have opinions of their own as to the treatment to be followed.

Special Articles.

COMPULSORY NOTIFICATION IN ENGLAND AND WALES.

UNDER the above heading, a "Special Report, presented to the Parliamentary Bills Committee of the British Medical Association, by Mr. Ernest Hart, Chairman of the Committee," has for three weeks occupied the columns of the *British Medical Journal*, taking up in all seventeen pages. It is not very difficult to discover the motive with which the Report was drawn up, namely, if possible to provide cogent arguments for those who are desirous of persuading Parliament to make notification compulsory throughout the country. In a footnote, on the first page, appears the following: "We would, in this connection, draw attention to the action of Mr. Alfred Thomas, in Committee of the House of Commons on the Local Government (England and Wales) Bill, in proposing the insertion of the following clause: 'As and from the appointed day, The Infectious Diseases (Notification) Act, 1889, and the Infectious Disease (Prevention) Act, 1890, shall come into operation and be compulsory in every part of England and Wales,'" &c. But it is of importance to note that the information afforded in Mr. Hart's Report is traceable in every instance to interested parties, namely, to Medical Officers of Health. Thus, Mr. Hart says, "The question how best to proceed with the greatest chance of success was decided by a resolve to group sanitary districts in geographical counties, treating such county as a unit, save as regards Wales, which it was held best to divide into two sections only, namely, North and South. To this end, *request was made by circular last April of the Medical Officers of Health* of the London districts and of the 1,101 provincial districts for a return of all notified cases and registered deaths from each notifiable disease during the twelve months ended *March 31st*, 1893, together with the cost of the certificates received in the same period." It is somewhat difficult, however, to understand a later sentence, "But for all practical purposes the returns may be read as having concern with the twelve months *January to December*, 1892," inasmuch as forms on the latter basis were only issued to those who had not complied with the initial request. We are informed that *only* 86 *per cent.* of the population under compulsion finds place in the returns. But considering the source of the information, we are not surprised to find Mr. Hart able to say, "And just here it may be well to declare that I have not received a single word against the principle involved in the Act. . . . On the other hand, many officers speak highly of the smooth working of the Act, and *the absence of all comment from the majority* *of districts* in itself speaks well for the system." At the same time, it is well to bear in mind that *silence* does *not* always *give consent*. If the Local Government Board desires the passing of a certain measure, woe betide the unlucky officer of health who hinders it!

The whole of Mr. Ernest Hart's Report is taken up with returns of cases, death-rates per case, and cost of notification, and we have no hesitation in saying that, except in regard to the last named, the whole thing is valueless, or next door to it. Instead of being founded on a rock, the vast edifice which Mr. Hart has raised rests on a veritable morass or quagmire, namely, the number of notified cases.

In the first place, it is unquestionable that a large percentage of notifiable cases are not notified, and in the second place there is reason to believe that a considerable proportion of those notified are non-infective, being, for reasons easily understood, wrongly diagnosed. It is illogical to assume that these balance each other, and that, therefore, the returns are practically correct. We have no reliable data upon which to base death-rates per case. The death-rates per 1,000 of the population are the only trustworthy ones, and it has been shown over and over again, in our columns and elsewhere, that the light thrown upon the question by these is adverse in the extreme to the system enforced by the Notification Act. Throughout the Kingdom that system has produced its baneful results, and England is now a greater sufferer from infective disease than for many years past. We confidently predict that in most respects the returns for 1893 will be even worse than those for 1892. In any case, it will be madness to proceed to further legislation in consequence of a Report concerning one year only.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

HYSTERECTOMY BY THE CLAMP OPERATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The proposal contained in Mr. Taylor's paper, published in your current issue, is not new, but is essentially as proposed by an author (an Italian I think) some eight or ten years ago. I tried it and discarded it after one or two cases, for many reasons, which need not be gone into now, but for one which is good enough. This is that it is essential alike for the primary and for the secondary good results in clamp hysterectomy that the peritoneum should be closed accurately and at its own level. For this purpose the use of a suture below the clamp gives the greatest security, and to that simple proceeding I am satisfied that I owe much of my present low rate of mortality in clamp hysterectomy—less than 5 per cent. over the last four years. This further concerns the ultimate results of the operation, specially the production of hernial protrusion. As I have often pointed out, this evil result is due, more than to anything else, to the intervention of peritoneal elements between the structures divided in the abdominal wound. Anything which crumples up the peritoneum into the wound so as to prevent muscle coming into contact with muscle, and tendon with tendon, tends to the production of hernia. The edges of the peritoneum ought therefore to be included in the stitches with the narrowest possible margin in all cases; and in the case of the clamp stitch in hysterectomy the first inclusion ought to be peritoneum alone, to secure a perfect fit round the collar of the stump, the absence of the fatal triangular gap, and the prevention of peritoneal crumpling into the wound. The method which Mr. Taylor seems to believe to be new must secure the latter so effectively that at the end of the case the upturned peritoneum and the skin alone will form the covering of the stump, a condition which is certain to produce ultimate protrusion. Until I paid close attention to this point I was greatly disappointed with the frequent occurrence of this secondary complication of my results—now it is hardly known.

I am, Sir, yours, &c.,
Lawson Tait.

7 The Crescent, Birmingham.
January 4th, 1894.

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"UNQUALIFIED MEDICAL MISSIONARIES."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Some letters have appeared animadverting, as I think, unfairly, not to say unkindly, on the Zenana Medical College for Women.

Will you kindly permit me as one of the oldest lecturers in the College to refer to them?

First, I should say with us it is a question of conscience. We do not profess to "qualify," but to make the lady missionaries as useful as possible, by giving them a sound medical training, as far as the time at their disposal and their pecuniary means will allow, and for countries where qualified *men* are not admitted to attend upon women, and where women may be qualified, and because not missionaries are not the lady helps required. Moreover, in the parts where our trained ladies go, to India, China, Africa, and Burmah, the natives care very little for qualified persons, and know little of, and care less for, Universities or Colleges of Physicians or Surgeons.

JUL 20 1894

It is urged that in two years our lady students cannot know much. Granted, but two years well employed will often do as much as three or four carelessly consumed; and, that it is so, every examiner knows, and the number of persons plucked every year proves.

In olden times, when young men served an apprenticeship, it was always noticed that those who had been assiduous apprentices almost always carried away the prizes. They were so well grounded before they came to college. Will anyone maintain that the training of girls in a college, where they are well taught, can be other than a great good to a missionary woman, though she is not fully qualified?

Again, the Church Missionary Society, and other missionary societies, take care to teach their pupils a little medicine and surgery, as well as cooking and carpentering, &c. It is not supposed that they are perfect in these departments; but can it be denied that the knowledge so acquired is of immense advantage to missionaries among ignorant heathen, or savages? The Zenana Medical College undertakes to give medical, surgical, midwifery, &c., &c., instruction in a systematic manner.

Again, it certainly would be an advantage if women could be trained for five years as medical women, but who is to find the women and the money? Few wealthy ladies follow missionary life. Those who adopt the medical profession, do as the great majority of medical men have done, as a *vocation* by which hereafter they shall be able to earn their living. If Miss Jex-Blake and her friends will provide the funds, doubtless more medical missionaries will be qualified. But personal poverty, and the want of funds for this purpose among many societies, preclude five years' maintenance and a five years' course of study in ordinary medical schools. More than this, I am informed that the authorities at medical schools, even those managed by lady doctors, actuated by the narrow-minded principle that *once* prevailed in the London University, do not allow women to attend special courses, unless attendance upon the complete course of study be given. If, as in the University of London, a woman might study anywhere without prejudice to some future exam., it might be different. Then why do not these discontented ladies seek to do away with this system of boycotting which is at best an illiberal monopoly? There is then no alternative. The well-founded knowledge of medicine, surgery, and midwifery, &c., obtained at the college is a great advantage to a lady missionary, *and the result has proved it*. Take the practice of midwifery. Even in England, up to the present day, and for years, no "qualification" for women was necessary, nor is it yet so. The Obstetrical Society has done its best in this direction, but the number they qualify is a drop in the ocean. In China, see the wonderful success of Miss Sugden (one of our two years' trained ladies), and that for years. There, if a patient cannot be delivered, they wait four days, and then the woman is left to die; or, if a limb of the child can be got hold of, it is pulled out piece by piece.

Then, consult those who have watched the progress of these ladies—where, assisted by qualified practitioners, *they have merited their entire approval*, as well as that of high Indian and other authorities.

It was Miss Sugden who, when all Europeans had to flee to the "men of war" for safety at Hangchow, alone ventured amid the excited mob who had sought to murder the missionaries, to her hospital to attend to the sick, and that mob, awed by her courage in facing danger, and touched by the recollection of what she had done for their wives and children, allowed her a free transit, the Governor himself sending a message to her that she would not be touched. Let me ask of what avail would any medical qualification have been here?

I deeply regret to see such perverse disputations going on against a measure which essentially is in the service of our Great Master and has helped very effectively the cause of Christianity.

I am, Sir, yours, &c.,
C. H. F. Routh, M.D. Lond.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I notice an article under the above title in your last issue with which my name is connected, and I hope that you will allow me to furnish an explanation with regard to it. By an oversight on my part you were not furnished with a statement concerning the founding of the "Livingstone College," instituted for the purpose of giving instruction in the *elements* of practical medicine and surgery to gentlemen proceeding as lay—not medical—missionaries into spheres where but little, if any, medical knowledge exists.

With you, Sir, I emphatically agree that every mission station should have a duly qualified medical practitioner, and deprecate any but such being styled "medical missionaries," and, in fact, all who enter for the course of Livingstone College are obliged to sign a declaration stating that they will not take to themselves "the title of medical missionary," nor assume the duties of a qualified medical man. But unfortunately, although there are nearly two hundred men and women in the mission field holding British qualifications, this does not in any adequate way meet the acknowledged need. It was, therefore, on behalf of the missionary himself and his fellow-missionaries, stationed often in very unhealthy districts, quite as much as for the natives around, that this attempt at simple instruction has been started.

I have not had the opportunity of seeing the article in the American contemporary you quote, but think that the scope of the work of the College must have been unduly magnified, and I am sure but few could object to give to missionaries such an amount of training as may enable them to meet the emergencies which must inevitably arise, and save lives and relieve suffering in the absence of qualified help.

In conclusion, I may add that we are receiving the co-operation of the staffs of the West Ham and Poplar Hospitals, besides occasional help from other teachers attached to various hospitals, as stated in the prospectus, and that the scheme was very favourably considered by the medical committee of one of the large medical schools in London, who had the plan of work put before them.

I am, Sir, yours, &c.,
Charles F. Harford-Battersby,
M.A., M.D. Cantab.

33 Mornington Road, Bow, E.
Jan. 5th, 1894.

[We cannot approve of this scheme for the reasons already given, and when we learn from the prospectus that these lay medical missionaries will be taught "the treatment of diseases of the eye," our opinion is further confirmed. No knowledge, save a dangerous knowledge, could be possibly acquired of this special branch of the profession under the circumstances in question, and we must repeat that this "Livingstone College" has been founded on wrong principles, and is calculated to do more harm than good.—Ed.]

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Medical News.

Conversazione of the Harveian Society of London.

The annual meeting and *conversazione* of the Harveian Society will be held on Thursday, the 18th inst., at 8 p.m., at the Stafford Rooms, Titchborne Street, Edgware Road, W. The President, Mr. Malcolm Morris, will deliver the Annual Address. It is proposed to hold an exhibition of the various methods by which disease may be depicted, comprising examples of photography, microphotography, drawing, painting, engraving on wood and stone, electrotyping, modelling and plaster casting. It is anticipated that a collection of these and other processes, many of which are but little known, will prove instructive and interesting. All members of the medical profession are cordially invited.

A New Inebriate Home

For men has been opened at Ranelagh Road, Ealing, by the London Diocesan Branch of the Church of England Temperance Society. The institution has been established to meet the wants of middle-class inebriates, who cannot afford to pay the fees asked by existing homes; and while the best medical attention will be given, recreation and occupation will form a part of the treatment. Patients are received at 31s. 6d. per week, and communications should be made to Rev. Dennis Hird.

Royal College of Surgeons of England.

The following candidates, having passed the necessary examinations, were at the December meeting of the Council admitted Fellows of the College:—

Thomson, St. Clair, M.D.Lond., M.R C.S.Lond, date of membership, Nov. 16th, 1881
Wilson, Thomas, M.D Lond., L.S.A., April 19th, 1883.
Kelson, William Henry, M.D.Lond, L.S.A., Jan. 30th, 1885.
Pollard, Charles, L.R.C.P.Lond, Jan. 22nd, 1886.
Roxburgh, Alex. B., M.B. and B.Ch.Oxon., Nov. 10th, 1887
Spurrell, Charles, L.R.C.P.Lond., Feb. 13th, 1890.
Yearsley, Percival Macleod, L.R.C.P.Lond., May 8th, 1890.
Ionides, Theodore H, M B Lond., L.R.C.P.Lond., Jan. 28th, 1890.
Jones, David John, L R.C.P.Lond., Nov, 13th, 1890.
Leedham-Green, Charles Albert, L.R.C.P.Lond., Feb. 12th, 1891.
Low, Vincent W., M.B.Lond., Feb. 12th, 1893.
Rochfort-Brown, H., L.R.C.P.Lond., Feb. 12th, 1891.

Six other gentlemen passed the examination, but, not having attained the age of twenty-five years, are not yet entitled to their diplomas as Fellows of the College. Twenty-one were referred back to their professional studies for six months, and one for twelve months.

The following gentleman, having previously passed the necessary examinations, and having now attained the legal age of twenty-five years, was also admitted a Fellow of the College:—

Salter, Charles Edward, L.R.C.P.Lond., Member July 30th, 1891.

The following gentleman, having previously passed the examinations, was admitted a Member of the College:—

Morris, Richard Brindley, L.S.A.Lond.

The following gentlemen, having passed the necessary examinations, were at the same meeting admitted Licentiates in Dental Surgery:—

Percy Arliss, Herbert Grimsdale Ashby, William Badgery, Francis Henry Boiley-King, W. Henry Griffiths Baker, Arthur Leigh Bostock, Edwin Bowden, Arthur Vidler Brimmer, Frank Charles Bromley, Leonard Brown, Robert John Bulgin, Joseph Henry Burroughs, Frank Holly Carpenter, Sidney Henry Mark Carpenter, Edward Clayton, Ernest Victor Coles, Ashley Bloomfield Densham, Walter Arnold Densham, David Dunlop, Albert John Gear Evans, John Robert Freeman, Wilfrid William Gabell, Charles Frederick Haines, John Trevor Hankey, Arthur William Henly, William Meredith Jones, Stephen Keele, Ernest Vincent Knight, Hugh Love, Walter John May, William Francis Mellersh, Lancelot Brainard Myers, John Brodribb Parfitt, Harold John Pickering, H. Burbery Rowe, Robert Satterthwaite, Arthur Newton Summerling, Frank Walker, Ferdinand Hammans Wallis, Richard Robert Ward, George William Watts, Gerald Bertram Webb, Rupert Wheatley, Geoffrey Whitworth, George Williams, Walter Robert Wood.

Seventeen candidates were referred back to their professional studies for six months.

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Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price, 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

TREATMENT OF PRURITUS VULVÆ.

W. P. M.—A possible cause of such obstinate pruritus vulvæ as that referred to by our correspondent might be the existence of diabetes. We would, therefore, suggest a careful examination of patient's urine with the view of ascertaining if any trace of sugar be present therein. Should this be the case salicylate of soda in fifteen grain doses every fourth or sixth hour may probably be found useful. Should the case, however, not be thus complicated with diabetes then we would suggest a further trial of such local applications as the oleat of chloral, or a saturated solution of boric acid, or a strong solution of iodoform in glycerine as advised by Dr Goodall of Philadelphia, or else the free employment of ordinary black wash from which we have obtained very satisfactory results in many cases of the kind referred to.

DR. R. R. is thanked for the newspaper cuttings, which he will find have been dealt with in another column.

CONJOINT EXAMINATIONS BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS IN IRELAND.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am desired by my Committee to draw the attention of those interested in medical education to the announcement in your advertising columns that the offices of these Conjoint Examinations will, after January 1st, 1894, be transferred to the Royal College of Physicians, Kildare Street, Dublin.

I am, Sir, yours, &c.,

Dublin, Dec., 1883. GREENWOOD PIM, Sec.

MR. D. C. (Glasgow).—Thanks for the offer, but the material will be more suitable for the lay press than for this journal.

Meetings of Societies, Lectures, &c.

WEDNESDAY, JANUARY 10TH.

THE SANITARY INSTITUTE.—At 8 p.m , R. Thorne-Thorne, C.B., M.B., F.R.C.P., F.R.S., Medical Officer Local Government Board, (Fellow), on Diphtheria; its Causes and Prevention.

LARYNGOLOGICAL SOCIETY OF LONDON.—At 5 p.m., Annual General Meeting. Dr. Bronner: (1) Osseous Nasal Obstructions removed by Cutting Trephine; (2) Aseptic Laryngeal Syringes.—Dr. Percy Kidd: (1) Recurrent Papillomata of Larynx twice operated on by Thyrotomy; (2) Angioma of Larynx.—Mr. L. A. Lawrence: (1) Hypertrophy of Posterior Faucial Pillars; (2) An Intra-Laryngeal Mirror.—Dr. Scanes Spicer: (1) Multiple Laryngeal Papillomata removed from a Child of Eight Years; (2) Papilloma of Uvula.—Mr. W. R. H. Stewart: Carcinoma of the Œsophagus.—Mr. Charters J. Symonds: (1) A Doubtful Laryngeal Case; (2) Diffuse Syphilitic Laryngitis.—Dr. Watson Williams: Epithelioma of Soft Palate. Annual Dinner (Café Royal, at 7.15 p.m.

HUNTERIAN SOCIETY.—At 8.30 p.m., Dr. Fletcher Beach: Sporadic Cretinism (illustrated by specimens).—Mr. Openshaw: Twenty-two Consecutive Cases of Amputation of the Breast.

THURSDAY, JANUARY 11TH.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m , Annual General Meeting; Election of Officers.—Dr. Benington: Notes of a Case of Ruptured Tubal Gestation; Operation eighteen months previously for a similar condition.—President's Valedictory Address.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY.—At 8.30 p.m. Dr. Remfry: On the Use of Ergot.—Dr. Beevor: A case of Cerebral Tumour.

FRIDAY, JANUARY 12TH.

CLINICAL SOCIETY.—Dr. Soltau Fenwick: Acute Phthisis following Destruction of Mucous Membrane of the Stomach by Corrosive Fluids. —Dr. W. J. Tyson: A case of Suppurating Hydatid of the Liver opened through the Chest.—Dr. J. W. Washbourn and Dr. E. W. Goodall: Cases of Membranous Inflammation of the Throat during Scarlet Fever.—Dr. Hale White: Diphtheritic Peripheral Neuritis causing Sudden Death.

Vacancies.

Armagh Union—Kendy Dispensary.—Medical Officer. Salary £120 per annum, with fees, and £20 per annum as Medical Officer of Health. Election—Jan. 17th. (See advt.)

Central London Ophthalmic Hospital, Gray's Inn Road, W.C.—House Surgeon. Rooms, coals, and lights. Applications and testimonials to the Secretary on or before Jan. 10th.

Cheshire County Asylum, Upton, near Chester.—Junior Assistant Medical Officer (unmarried). Salary £120 per annum, with board, lodging, and washing. Applications and testimonials to the Medical Superintendent on or before Jan. 15th.

City of Manchester.—Medical Officer of Health. Salary £850 per annum. Applications and testimonials to the Lord Mayor on or before Jan. 18th.

Hospital for Consumption and Diseases of the Chest, Brompton.—House Phyiscian. Applications and testimonials on or before Jan. 18th.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary £70 per annum, with residence and maintenance. Applications and testimonials to the Chairman on or before Jan. 16th.

Salford Royal Hospital.—House Surgeon. Salary £80 per annum, with board and apartments. Applications and testimonials to the Secretary on or before Jan. 15th.

University College of South Wales and Monmouthshire.—Lecturer on Materia Medica and Pharmacy. Stipend £50 per annum. Applications and testimonials to the Registrar on or before Jan. 27th.

Appointments

ASHBY, A., M.B.Lond., F.R.C.S., Medical Officer of Health to the Reading Town Council.

BARTON, S., M.D.Dub., M.Ch., L.M., Medical Officer of Health for St. Faith District of the Norfolk Union.

BAINTON, R. D., B.A., M.D.Cantab., M.R.C.P.Lond., Assistant Physician to the Grosvenor Hospital for Women and Children, Vincent Square, Westminster.

CAMERON, W. S., M.B., Ch.B.Edin., a Medical Officer for the Mildura Shire, Victoria, Australia.

HOLMDEN, F. A. A., M.A., M.B., M.C., Surgeon-Captain to the Bechuanaland Border Police.

HOOPER, F. L., M.R.C.S.Eng., a Health Officer for the New Mornington Shire, Victoria, Australia.

JONES, F. F., M.R.C.S., D.P.H. Lond., Medical Officer of Health for the Combined Sanitary Districts of the Llanfyllin Union.

MCILRAITH, C. H., M.A., M.B., C.M. Glas., Resident Medical Officer to the Hospital for Diseases of the Throat, Golden Square, W.

REID, R. S., L.R.C.P., L.R.C.S.Edin., Surgeon-Major to the New Zealand Artillery Volunteers, New Zealand.

SINCLAIR, W. W., M.B.Aber., Senior House Surgeon to the Birmingham and Midland Eye Hospital, Birmingham.

STANFORD, W. B., M.R.C.S., L.R.C.P., Assistant Medical Officer to the Islington Infirmary, Upper Holloway.

TEMPLE, L. D., M.B., C.M. Glas., Medical Officer of Health for Saddell.

WATTERSON, J. W., M.B., C.M.Edin., Medical Officer of Health to the Morecambe Local Board.

WOOD, W. R., L.D.S.R.C.S., Dental House Surgeon to Guy's Hospital.

Births.

DODSON.—Jan. 3rd, at Hughenden, Earlsfield, S.W., the wife of Arthur E. Dodson, M.R.C.S., of a daughter.

POWELL.—Dec. 27th, at Round Hill Villa, Brighton, the wife of Walter A. Powell, M.R.C.S., L.R.C.P.Lond , of a son.

STROVER.—Jan. 4th, the wife of Herbert C. Strover, L.S.A., L.A.H., of Ivel Lodge, Sandy, Bedfordshire, of a daughter.

WELLS.—On Dec. 28th, at 8 Belsize Park, London, N.W., the wife of Poulett Wells, M.B., of a son.

Marriages.

BINDLOSS—BRUCE.—Jan. 2nd, at Christchurch, Lancaster Gate, Arthur Henry Bindloss, B.A., B.C., M.B.Cantab., M.R.C.S., L.R.C.P.Lond., of Harrow-on-the-Hill, to Lucy Veronica, daughter of the late Colonel Edward Bruce, Royal Artillery.

EMMET-CHASEMORE.—Jan. 1st, at St. Peter's Church, Croydon, John William Emmet, M.R.C.S., L.R.C.P.Lond., to Amy, third daughter of the late Henry Chasemore, J.P., of Croydon.

LANGRAN-POWNE.—Jan. 4th, at St. Mary's Church, Chard, Somerset, Bartholomew Langran, L.R.C.P.Ed., of Liverpool, to Agnes, third daughter of William Powne, L.R.C.P.Lond., and niece of Dr. R. L. Powne, Chard.

PALK-BARRON.—Dec. 18th, at the Cathedral, Bombay, Surgeon-Captain Charles H. Leet Palk, Indian Medical Service, 2nd Infantry, Hyderabad Contingent, to Eliza E. Gordon Barron, widow of the late John Barron, D.P.W., and only daughter of Colonel E. Gordon Lillingston, Indian Staff Corps.

Deaths.

BROWN.—Dec. 30th, at Gloucester Place, Edinburgh, James Kemp Brown, M.B., C.M., B.Sc., aged 28.

FORBES.—Aug. 14th, at sea, Charles Frederick Forbes, M.B., C.M., second son of the late Charles Forbes, M.D., Fleet Surgeon, R.N., aged 36.

GOOD.—Jan. 5th, at St. Neot's, Huntingdonshire, Frederick Thomas Good, M.R.C.S., aged 83.

GORE-GRAHAM.—New Year's Eve, at Assouan, Egypt, Isabel, wife of Surgeon-Captain Gore-Graham, Egyptian Medical Service, and eldest daughter of Sir T. Longmore, M.D., C.B., of Woolstone, Hants, aged 31.

MARSHALL.—Dec. 31st, suddenly, from an accident, near Wastwater, Arthur Milnes, aged 41, Professor Owens College, Manchester, and second son of W. P. Marshall, Birmingham.

GULL.—Jan. 2nd, at 2 Gloucester Street, London, W., Susan Anne, Dowager Lady Gull, widow of the late Sir William Gull, M.D. aged 74, after two days' illness.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

THE ETIOLOGY, SPREAD, AND PREVENTION OF DIPHTHERIA. (a)

By THORNE THORNE, C.B., F.R.S., M.B.,

Medical Officer of the Local Government Board, Lecturer on Public Health, St. Bartholomew's Hospital, &c.

BEFORE discussing the etiology of diphtheria we shall find it very useful to study its incidence, and this I propose to enable you to do by the aid of a map on which the shading indicates roughly the extent to which it has prevailed in the various parts of the kingdom. The depth of the shading indicates the incidence of the disease, and where this has been greatest it has been calculated at from 150 to 190 per 100,000 of the population, for England being taken at 100. In other parts less deeply shaded it falls as low as 50 to 80 per 100,000. The dark portion of the map lies in the main down the Eastern coast of England, and the next large patch of black covers the principality of Wales. You will see that the great midland centres have been to a great extent free from the disease, a fact which is of considerable importance, as you will see when we come to consider the distribution of the disease in rural and urban districts respectively. This distribution favours the view that the occurrence of diphtheria is favoured by cold and wet. You all know what the climate of the Eastern coast is like. This part of England is exposed in the first instance to wet and cold from the North Sea, and the East coast is certainly the most wet and the coldest part of the country. Wales, on the other hand, comprises both high lands and low lying valleys. The higher parts are cold, but in Wales it is probably more damp than cold that encourages diphtheria. The absence of diphtheria down the centre of England is the more remarkable seeing that the area comprises the valleys of several of our largest rivers where there is necessarily much moisture. There is the Thames, the Severn, &c., yet in spite of this these regions, as you see, rejoice in a certain degree of immunity from the ravages of diphtheria. What the reason of this may be I do not know, but my conviction is that running water is a very different thing so far as disease production is concerned, to permanent and stagnant wetness of the soil. We have several allusions in the Bible to the advantages of "living waters," as they are called, meaning of course running waters. These have health-giving properties which the other does not possess.

The first fact that must strike one's attention is that diphtheria has considerably increased among us since it was first recognised in this kingdom. That was in the 'forties when it was imported from France under the name of "Boulogne sore throat." It was at first an essentially rural disease. It spread mostly in the hamlets and the sparsely populated districts. By and bye there came a change in the incidence of the disease. At the present moment we find that diphtheria is raging in our large urban communities, in our great centres of population which were originally almost free from the disease. There is still an excess in the rural districts, taking the population as a whole, but a change has come to pass in virtue of which cities which were formerly almost exempt from the disease now suffer in a steadily increasing degree, and diphtheria bids fair to become one of the diseases of urban centres. This, I need hardly point out, is a very serious state of affairs. Recently we have had a very exceptional amount of diphtheria in London. The Registrar-General's returns for a series of weeks show that the deaths from diphtheria have ranged from 80 to 90 per 100,000, amounting during one week to 103. Such a thing has never happened before in the history of London since the disease made its appearance in the metropolis. The disease has now abated to some extent, and this fact enables me to point out that diphtheria has its seasons. The diphtheria season commences about the middle of September and goes on to the end of November. It decreases during December and continues to do so until March or April when there is another elevation, though much less in amount, the so-called spring incidence, finally there is less diphtheria during the summer than at any other time of the year.

Age affects the death rates from diphtheria in a very remarkable manner, as is shown by the Registrar-General's reports. Taking the proportion of deaths per 100,000, the deaths under 10 years of age vary from 15 to 70. The moment you pass 15 years of age, up to 20 or 25, instead of 43, 70, 64, 71, the deaths drop suddenly to 1, 2, 2, 2, 1, and so on, and after 25 years of age diphtheria ceases to be very fatal in this country. Moreover, the deaths from diphtheria over that age occur principally among those who are brought into close contact with those suffering from the disease, such as nurses and medical men. The greatest age incidence then is between 3 and 10 years of age.

Sex appears to have some slight influence in determining a liability to the disease, though this influence is not well marked. More females die from the disease than males, but this may arise from the fact that females are more exposed to infection than males. Little girls when they are sick are not nursed by boys, but little boys who are ill are often nursed by girls, and the same holds good later on in adult life. Men do not usually nurse women suffering from diphtheria, whereas men are necessarily nursed by women. A fallacy therefore underlies the figures bearing on the incidence of the disease as it affects the sexes.

Another very important point is the effect of unfavourable sanitary surroundings in favouring outbreaks of the disease. I have expressed an opinion on this point which is by no means universally received, though the matter has been discussed at great length in the columns of the medical press by various well-known authorities. Some observers think with me that the influence of insanitary surroundings has been greatly exaggerated; others hold that too much importance cannot be attached to insanitary conditions in its causation. One eminent medical man was heard to remark that he had never gone over a house in which a case of diphtheria had occurred without finding some defect in the drains or sanitary arrangements, but I doubt if I could visit any house except my own that did not present defects of some sort. I wish it to be clearly understood, however, that I have not taken up a position antagonistic to the view that the sanitary condition of a dwelling may influence the disease, but I do maintain that this influence is overwhelmed by other and more important conditions.

(a) Delivered at the Sanitary Institute on January 10th, 1894.

To make this clearer, let us consider some facts in relation to the mortality from typhoid fever in the country, in London, and, for a shorter period, in some of our large towns. Typhoid fever is essentially a disease associated with bad sanitary circumstances, and it responds more than any other disease to improvements in sanitary arrangements. The saving of life in this country, owing to this diminution in the enteric fever death rate, has gone hand in hand with the improvements in sanitary legislation. England is the admiration of the world as the country in which comparative immunity from typhoid fever has been purchased by extensive sanitary improvements, and I hope we may continue to merit the palm in this respect. Early in the seventies the death rate from enteric fever was practically 40 per 100,000. It has since gradually fallen to 20, 26, 23, then still further to 17 or 18, where it now is. This means an annual saving of many thousands of lives, and the general mortality has followed the same lines. The same decline has taken place in London, where the death rate now varies between 12 and 15 per 100,000 per annum. We have therefore a great drop from 37 per 100,000 in the seventies to 19 in 1893. This period of twenty years, I need hardly remind you, has been characterised by enormous progress in sanitary administration. If, therefore, diphtheria be due to faulty sanitary conditions, we ought to be wiping it out, a little at any rate, whereas we find that it has, on the contrary, gone up by leaps and bounds. In 1872 the mortality was 9 per 100,000, while in 1890 it was 18, that is to say, just double. In London it began by killing 9 in 100,000, then 12, 14, 17, then 22, 23, and finally 39 and 33, and it has been even higher than this during the last two years, in fact, it has nearly trebled, and this, if you please, during the very period that sanitary circumstances have been undergoing every kind of improvement. I will not go so far as to say that sanitary conditions have nothing to do with the production and spread of the disease, but it is certainly curious, to say the least of it, that coincidently with our boasted improvements, the mortality from this cause should have doubled and even trebled. I was asked before a Royal Commission not long since what I thought as to the influence of water in spreading the disease. I was told that a certain eminent physician had been to a house where diphtheria had broken out; he had found something wrong in the well, and he had pointed to the defect in the well and the disease as cause and effect. Now we have been working at the Local Government Board for twenty years on the subject of diphtheria, and in no single instance has it occurred to any one inspector to identify water as the probable cause of diphtheria. Bad water may of course prove harmful to individuals, and by lowering their standard of health, predispose them to any infection to which they may be exposed, but I am confident that there is no direct relationship between polluted water and diphtheria. As a matter of fact the diphtheritic organism finds it very difficult to live in water. It can indeed only live in very polluted water, and average water is to a large extent destructive of vitality.

Putting water infection on one side much more interest attaches to the possible influence of imperfect drains and sewers. The period over which our statistics extend is the period during which our sewerage system has been mended and amended and improved to an extraordinary extent. Millions have been spent in bringing them up to date, yet diphtheria has not diminished; on the contrary, it has gone on increasing. Again, it has been especially in our large towns that these improvements in sewerage have taken place. Early in the seventies, however, before they were commenced, there was not much diphtheria in our towns. It is since these improvements have taken place that diphtheria has made its appearance in our cities on a large scale and has carried everything before it. It is evident, therefore, that there can be no direct connection between bad sewerage and diphtheria.

Now, diphtheria is essentially an infectious disease. The emanations from the throat and mouth are intensely infectious. By expectoration and otherwise the poison gets into the sewers and cesspools, and in that way I do dare say they may become contaminated by diphtheria, and so the disease may be caused by emanations from a diphtheria-infected drain. Just in the same way as the sewers, the soil itself may become contaminated. I am convinced that there is some relationship between the influence of soil and diphtheria, and this influence appears to vary with movements in the level of the sub-soil water. In river valleys especially there are constant oscillations of the sub-soil water. When the water level rises the diphtheritic and other organisms in contaminated soil are washed up and their emanations are expelled, and so diphtheria may possibly be caused. The possibility of such a sequence of events may therefore be conceded. We hear sometimes of what is called "drain-throat." I do not know exactly what this may be, but it seems certain that people who inhale effluvia from drains (and the better the house the more pipes are there to convey the noxious vapours into the interior) do get a form of sore throat, just as medical students and nurses in hospitals get what is called "hospital sore throat." There are thus two ways in which the sore throat caused by sewer emanations may lead to diphtheria. I have a strong impression, though I might not be able to prove my contention, that diphtheria never attacks a healthy throat. I will not undertake to say what constitutes a healthy throat, it may be merely some change in the alkalinity of the secretions,

However this may be, from the moment you get an inflamed and denuded sore throat there is nothing the diphtheritic organism likes so much as to fasten upon it. Drain emanations, therefore, do not, strictly speaking, cause diphtheria, but they prepare the soil for the development of the specific organism of the disease.

I am credited with having started a diphtheria theory of my own. One can never be sure of the amount of originality that can fairly be claimed in such a matter, but it so happens that in making some investigations on outbreaks of diphtheria in certain parts of the country I have had my attention called to circumstances the like of which have been observed by others. Take, for example, the Welsh valleys. There we find houses built upon the slope of a hill, built right into the hill, so that the walls are always wet and the floor is always mud. During the cold weather the people all get sore throats, and if you look into their throats you will almost always find traces of ulceration due to past attacks of inflammation of the tonsils. The sore throat—an ordinary sore throat, so far—is passed from one to the other (for all forms of sore throat are apparently infectious), and by-and-bye—as I myself have observed over and over again—it gets worse and worse until it culminates in an outbreak of diphtheria. The explanation that occurred to me in respect of these circumstances is a progressive increase in the infectiousness of the organism which produces diphtheria. There is nothing irrational in such a view, although certain distinguished bacteriologists did not take kindly to the idea. They hold that just as cats, cows, and dogs always produce cats, cows, and dogs, so the various micro-organisms must also breed true. To some extent, and in respect of certain organisms, this may be so. If you go to a house where there is measles you do not expect to catch whooping-cough nor scarlet fever where a patient is suffering from typhoid, but it seems to me that some diseases are probably more stable than others, and I think diphtheria is among the unstable, and that it is capable of acquiring disease-producing properties which it did not previously possess. This is the property of progressive infectiousness to which I have alluded. We know that if you take a wild plant from the heath where it has great difficulty in keeping alive at all, and place it in a hothouse under specially favourable circumstances of temperature, soil, &c., it will in a few generations develop properties vastly different from those it originally possessed while growing on the heath, and if relegated to the heath once more after a time it gradually loses these properties and returns to its original condition. If we apply this train of reasoning to the organism of diphtheria it will be seen how, under favourable conditions of environment and soil, it may develop properties which it did not possess in the first instance. Dr. Adams, of Maidstone, who has given special attention to the subject, remarks that "again and again epidemics of diphtheria arise from a number of ordinary and apparently non-specific sore throats."

There is another form of sanitary circumstances which is more difficult to deal with, viz., manure nuisances, but there does seem to be some relationship between these and the production of diphtheria. Certain it is, by coincidence or otherwise, that outbreaks of diphtheria have occurred at places along the Thames where London manure is deposited, and it is quite possible that the manure may have been the vehicle of transmission of the poison, especially since it has become so general in our midst.

Before dismissing the assumed tendency of the diphtheria organism to settle down upon any sore throat, there to determine its own disease, I may mention that a definite relationship has been alleged to exist between scarlet fever and diphtheria. Now, I have never seen or heard of a case in which scarlet fever followed diphtheria, while there are hundreds of instances in which the patient convalescing from scarlet fever has contracted diphtheria. This, I maintain, is only another example of the tendency of the diphtheria organism to attack sore throats generally. The scarlatinal sore throat affords the organism the gate of entry where it can fix itself and develop under favourable circumstances.

Diphtheria, as I have already pointed out, is a disease specially prone to attack children between the ages of 3 and 10, or 5 and 12, but it is very difficult to determine for certain how far it is simply a question of age. We must remember that it is at the age of 5 or 6 that children begin to go to school, and 5 to 15 may be regarded as the "school incidence," though plenty of children go to infant schools even before that age. I remember my attention being called to this circumstance when inquiring into an outbreak in a village in Essex in which upwards of 1,400 persons were attacked, though it was spread out over a long period of time. There were 272 cases under 3 years of age, but between 3 and 12, the special age incidence, the number was 928, and between 12 and 15, covering the remainder of the period, the number was 210. This clearly shows the special incidence affecting children between the age of 3 and 12. But, of course, the majority went to school at that age, so I had to separate those who went to school from those who did not. I found that while among those who were known to go to school, the proportion was 59 per cent., the proportion between 0 and 3 (before the school age) was only 1 per cent, and only 5 per cent. among those, aged between 3 and 12, who for any reason did not go to school. That has been worked out in detail by my friend, Mr. Power, whom I consider to be the greatest etiologist of the day. He has succeeded in showing that not only is the incidence greater among those who go to school, but that by the mere aggregation of children in school it is easy to manufacture a marked degree of malignancy.

He went down to investigate the outbreak in a district in which it was possible to know every child and to follow their movements. The schools were in working order, and, taking the age incidence between 3 and 12, he found that 16·6 per cent. of those attending school had contracted diphtheria as compared with 3·8 per cent. among those who did not go to school. While dealing with this point, I must remind you that children who contract diphtheria at school may easily carry the infection to others who remain at home, so that this proportion of 3·8 per cent. is possibly susceptible of a reduction. The schools were closed for many weeks in order to try to get rid of the disease by eliminating all children with sore throats. Then came the second period. The schools were reopened and 4·8 per cent. of the scholars contracted diphtheria, whereas none of those who stayed at home caught the disease. Again, the schools were closed and greater precautions were ordered, no child being allowed to return to school whose throat on examination was not perfectly sound. Again the schools were reopened, and this time the proportion attained 7·1 per cent. among those who went to school, while only 2·5 per cent. of those who did not go were attacked. The schools were closed afresh, and this time the medical officer of health himself undertook to examime the children as to the condition of the throat, and the teachers were instructed to refuse every child who was unwell in the slightest degree. Nevertheless, on the fourth reopening, 4·1 per cent. of the children contracted the disease. Between these periods there was not a single case of sore throat known to exist anywhere. Now this seems very remarkable and the events show very clearly the influence which school life exercises on the spread of diphtheria.

The next step is to consider how and why schools should thus favour the spread of the disease? The first thing to notice is that it brings together the most susceptible members of the community under circumstances which are peculiarly favourable to this kind of infection. The children are close to each other, and in saying or singing their lessons they have every facility for breathing into the faces and mouths of their near neighbours. Consequently a child with a trace of diphtheria can easily infect the others. The Education Department requires so much wall space and floor space, but if you have ever been into one of these schools you will have observed that of the available floor space fully two-thirds are monopolised by the teacher while the children are piled up at one end, so that the object of giving so much floor space is frustrated. The greater the want of ventilation the greater the risk. Then too, children of young age are very fond of passing on sweets from mouth to mouth, and of drinking out of the same unwashed cup, thereby offering greater opportunity for serial infection.

It is the aggregation under these circumstances that recalls to my mind the experiment with plants removed to the hothouse. The children are brought together, they are aggregated in a sort of hothouse, there is a want of ventilation, there is overcrowding, in fact, special facilities are afforded for infection from one to the other—every circumstance that theoretically would tend to aggravate the virulence of the diphtheritic poison.

It may be advisable to say something as to the means of prevention. I am afraid the school attendance officers are largely responsible for spreading the disease. They stimulate attendance without inquiring whether or not the child had been kept at home on account of sore throat. This leads me to direct your attention to what has been going on in England during the last 20 years or so. During this period the organisation of elementary education has made vast strides. It began, of course, in the rural districts where the parson worried every child into attending school. Indeed, I am afraid the parsons have largely contributed to the spread of the disease in this way, though I willingly recognise the purity of their motives. It was years before the increase was seen in London, but some change has evidently come to pass in London and other great cities, whereby diphtheria has been enabled to take a hold among our urban populations, and this change, in my opinion, is compulsory education, acting, as I have said, by causing the aggregation of the most susceptible members of the community under conditions favourable to the spread of diphtheria. Of course we cannot stop elementary education, but it may be possible to modify the circumstances which I have shown to be potent factors in spreading the disease.

The next question is the possibility of infection by milk. A large number of outbreaks of diphtheria have been distinctly traced to milk, and many of the most obscure outbreaks in former years would have been easily explained had this method of infection then been recognised. The milk may be infected by reason of the presence in the dairy of a person suffering from the disease, for if the germ falls upon the milk this affords it an excellent medium for growth and development. I do not, however, think that this is often the case. A far more frequent cause in my opinion is the existence of a disease in the cow itself. In inquiries into certain outbreaks it has been shown inclusively that the disease followed particular "milk walks," that is to say, the *clientèle* of particular dairymen. It has even been traced to particular sheds and finally to particular cows. Of course you must allow for secondary infections, so your inquiries must bear on the first cases only. Of course, a considerable number of the persons who drink the milk escape, but this cannot excite any surprise. It is a common experience. It was, however, noticed that children who were habitual milk consumers suffered the most, whereas those who took little milk and that little either boiled or only in tea, &c., escaped. Again, those who took cream suffered more than those who did not, an observation I had already made in respect of typhoid infection. I took this to be merely the mechanical effect of the oil globules in rising, taking with them the germs to the surface. With regard to diphtheria however, Mr. Power has shown that this is not the case. He finds that those who take fresh milk suffer less than those who take skimmed milk or cream, and the point with him is the keeping the milk too long. If you partake of an infected milk while it is yet fresh you only take a certain, probably a small, dose of the poison, because the germs have not had time to multiply to any great extent. If, on the other hand, you take milk that has been standing 24 hours, the germs have had plenty of time to develop and multiply and the dose of poison is proportionally greater. The lesson to be learned is to leave off drinking raw milk altogether, and you will escape many diseases, diphtheria among the number. I believe we are almost the only nation addicted to drinking raw milk. Some tribes in India would no more think of drinking raw milk than of eating raw flesh, but whether they rejoice in any immunity from diphtheria from this cause I cannot say.

The relationship of the lower animals to man in respect of infection is interesting from every point of view. Many of the lower animals have been suspected of constituting a danger in regard to diphtheria—cats for example. The question may, of course, be asked whether it is the cat that gives the diphtheria to the child or the child to the cat. One thing is certain, viz., that the cat can be inoculated with human diphtheria and suffers from definite well-marked and specific symptoms typical of this particular disease, and that the diphtheria organism can be found in its dejections. Although I have little doubt as to the possibility of a diphtheritic cat passing on the malady to the child, I do not think much diphtheria is contracted in this way. But there is the cow! When these outbreaks were traced back to particular sheds there was always the possibility of finding cows suffering from some disease. Now, our knowledge of the diseases of cows is very vague. There is so much that is unknown with regard to diseases associated with vesicles and pustules of the udder that one is touching upon difficult ground. The fact remains that one frequently finds that the cows have been suffering from a disease associated with a rise of temperature and the formation of vesicles and pustules upon the udder, the animal being evidently out of health. You can often trace the disease actually to the particular cow, and the cow was always affected in this way. An objection that is frequently urged in such cases is that there was someone on the farm who was suffering from diphtheria and who might have contaminated the milk. But there is nothing extraordinary in some of the persons on the farm being affected. It would indeed be extraordinary were it otherwise, for they are naturally the first to be exposed to the infection. If you take diphtheritic matter from a sick child and inoculate a milch cow—it is essential that it should be a milch cow—Dr. Klein has found that the animal developes a disease which, he says, he is absolutely unable to distinguish from that found in the cow living in the sheds to which the milk has been traced. On the fifth day vesicles, pustules, and ulcerations make their appearance, and material from the vesicles contains the typical organism as found in the human subject. He inoculated a cat with it, and the cat developed diphtheria. Still further, some of the milk from this diseased cow was accidentally given to a cat, and the cat developed typical diphtheria. That alone I think is quite sufficient to show that there is a field calling for further investigation.

I have a firm impression that a large number—if not, indeed, the great majority—of our specific diseases come to us through the lower animals, or have come from them in the past. I have just said that diphtheria is not a stable disease like certain others, but for this very reason I think we ought to lose no time in taking the necessary measures to diminish its incidence before it has had time to become stable, and we must not allow ourselves to be deterred from taking these measures in a matter of such importance by the plea that they will interfere with somebody's trade.

Now as to prevention. We must bear in mind that diphtheria is essentially an infectious disease, and the most frequent source of infection in this country is certainly infection from one person to another. It is, therefore, necessary to isolate patients, and in most cases this can only be done by isolation in hospital. Those who have visited isolation hospitals on a large scale will admit that the system is not altogether satisfactory. The mortality, moreover, is terrible, without one being able to say why. This may be due in part to the fact that probably only the severer cases reach the hospital, but I am convinced that the principle of aggregating patients suffering from infectious diseases in hospitals is altogether wrong. On the other hand, the advantages to such infectious patients of special care, nursing, feeding, and medical attendance may more than compensate for the enhanced risk. Nevertheless, we must never lose sight of the fact that hospital construction entails one great evil—the aggregation of the infectious sick.

What we require is a large amount of air space, but that means money, in construction, land, management, &c. What we really want is linear space, and I care nothing for mere cubical measurement. A hospital may be as lofty as you please, but if the patients are packed closely together on the floor the ventilation will be deficient, and the place will be unhealthy. Efficient ventilation, which means a large amount of wall space, is the only way to avoid the evils of aggregation.

Where sore throat ends and diphtheria begins I cannot say, but no child who is suffering from any form of sore throat should be allowed at school, nor even anyone from the house in which that child resides. In regard to the closing of schools, the Education Department makes some allowance when the school is closed by order of the medical officer of health, so that the grant may not be lost on the ground of diminished attendance. It may not, however, be always desirable or necessary to close the schools altogether. Let us take the example of a particular district. There is a central village in which the church and school are situated together, with several outlying hamlets, A, B, C, and D. An outbreak of diphtheria may occur at C. Of course, no children from that hamlet ought to be allowed to attend school, but it would be a mistake to close the school altogether, because then the other children would have time and opportunity to frequent C and to catch the disease. While they are at school, at any rate, they are protected against this particular source of infection. Unfortunately, the Education Department makes no provision for this contingency, and the school suffers in grant by reason of the non-attendance of the scholars from C. This is a discrepancy which ought to, and probably will, receive immediate attention at the hands of the Department.

There are many other points which I should have liked to discuss, but the subject is as wide as it is interesting, and I have been obliged to restrict myself to a somewhat desultory sketch, necessarily brief, of some of the principal points concerning the incidence and spread of this terrible malady.

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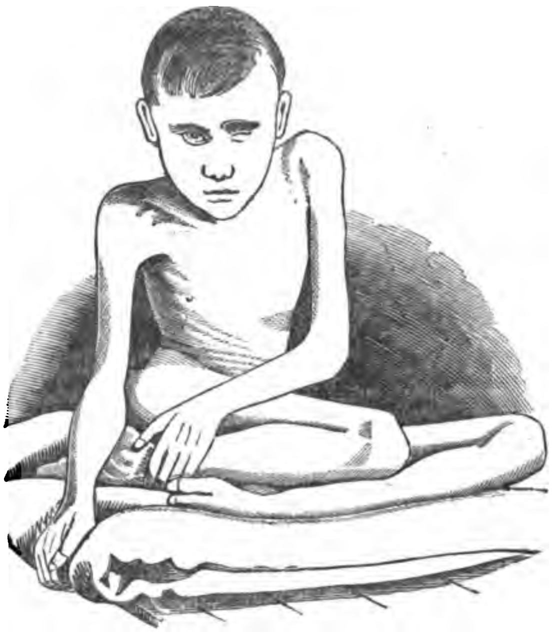
REPORT OF FIVE CASES
OF
PSEUDO-HYPERTROPHIC PARALYSIS OCCURRING IN ONE FAMILY.

By J. CHRISTIAN SIMPSON, M.B.

Pseudo-hypertrophic paralysis was first noticed by Sir Charles Bell in 1830, though it was somewhat confused with progressive muscular atrophy, which was presumed to be a later stage of the pseudo-hypertrophic condition. In 1847 Partridge recorded some cases, but it is to Meryon in 1852, and to Duchenne in 1861, especially the latter, that our present classical description is due. Since Duchenne's latter contributions, and Griesinger's description of the living pathology in 1865 and 1868, the knowledge of the disease, as regards its etiology and treatment, has not materially advanced, though the clinical features are well brought out in Dr. Gowers' collection of 220 cases recorded up to 1879, and during the next ten years the number came up to 280.

Samuel B., æt. 7, born at Wishaw, complained of weakness and enlargement of the calves of the legs, difficulty in rising off a seat or the ground. Duration about 21 months.

History.—Patient's relations are all healthy so far as known; no consanguinity in the parents, nor evidence of any neurosis. He is the sixth in a family of ten, there being two years interval between each member. The eldest is a boy, æt. 15, who was apparently well till he was ten years old, when he began to show some stiffness and awkwardness in rising off a seat, shortly after a severe attack of measles. Then waddling walking developed, the calves were seen to be enlarged, and spine curved and the shoulders prominent. He has gradually become weaker and has now been bedridden for two years. He is much emaciated, and only slight movement of the arms remains; legs very contracted, and atrophied; spine greatly curved antero-posteriorly and laterally when he is raised in bed, though not so marked when recumbent. The facial and lingual muscles appear still hypertrophied; organic reflexes are normal, and no sensory or trophic lesions of the skin are present; fair mentally. The second in the family is a girl, æt. 13, healthy; the third, boy, æt. 11, affected; the fourth, boy, died young of bronchitis; the fifth, boy, died young of bronchitis ; the sixth, boy, æt. 7, affected, the seventh, boy, æt. 5, affected; the eighth, boy, æt. 3, affected; the ninth, girl, 17 months, apparently well, and the tenth, boy, 6 months old in January, 1890, well.



State on Examination of Samuel, Oct. 17th, 1887.—Well-nourished as regards body generally, erect attitude is peculiar, the legs being wider apart than normal and one planted forward. There is lordosis and compensatory curves in the dorsal and cervical regions. He waddles much, and is awkward and inaccurate in most movements. The movements performed to attain the erect attitude are characteristic, as is also his method of rising off a seat and ascending stairs. Was at school when 4 years old but left 15 months later, when the waddling and enlargement of the calves began. The tongue is large, causes some thickness of speech, and is protruded between the teeth during sleep, he snores much. Other system normal. In examining the muscles, the order in which they are most often affected will be followed, and given in tabular form.

Region.	Muscles.	Condition.
Legs	gastrocnemius	hypertrophied
	vastus externus	,,
	hamstrings	,,
	gluteus maximus	,,
	adductors	normal (?) atrophied
	quadriceps extensor (rest of)	,,
	anterior tibials	,,
Arms	rhomboids	hypertrophied
	supra, and infra-spinatus	,,
	triceps	,,
	supinator longus	,,
	flexor sublimis	,,
	deltoid	atrophied
	pectoralis major	,,

Arms	latissimus doris	atrophied
	biceps	normal
	trapezius	"
	sterno-mostoid	"
Trunk	erector spinæ	hypertrophied
	rectus abdominis	"
Head & neck	sterno-mastoid, trapezius	normal
	masseter	hypertrophied
	facials	"
	linguals	"
	temporals	normal
Involuntary muscles		"

Muscles not mentioned are either normal or could not be definitely said to be atrophied, on account of their position. All found hypertrophied are noted.

The circumference of the right calf was 12 inches, and of the left, 11½. The circumference of the right gluteal fold was 12½ inches, and of the left 13 inches. Slight talipes equinus, more on the right side. The circumference of the right upper arm was 6 inches, as were also the measurements of the left upper arm, and right and left arms just below the elbow. Shoulder girth was 23½ inches. The atrophy of the latissimus dorsi allowed of alar scapulæ. A plumb line from the most prominent point of the back falls just behind the heels, and 3½ inches behind the extreme concavity of the lordosis. A plumb line from the most prominent point of the abdomen falls 7½ inches in front of the heels, when the patient stands easy—toes 12 inches apart and heels 7½ inches apart. Abdominal girth was 22 inches. Thus there is a simultaneous and symmetrical hypertrophy of some, and atrophy or normal condition of certain other muscles of the body, and those hypertrophied, though in different degrees, have all the same palpable characteristics. No gross or fibrillary twitching was seen in any muscle. Bones and joints normal except those involved in the talipes and spinal curvature.

Nervous System.—Common and special senses normal, though muscular sense doubtful. Pupils and their reactions normal. Organic reflexes normal. Superficial reflexes: plantar, cremasteric, abdominal and scapular normal, Central deep reflexes: no ankle clonus, front tap nor tendo-achilles reflex. Patella tendon reflex on both sides but no clonus. Brachial reflexes: no supinator, biceps nor triceps tendon reflex. Co-ordination normal, except where marked paresis. Electrical reactions mostly normal to both currents. Vaso-motor and trophic functions normal except in the muscles. Mental state fair.

Samuel's elder brother, æt. 11, the third in the family, is in a more advanced stage. Face broad and stolid looking, tongue more troublesome, lordosis and alar scapulæ more marked. Walking very waddling and unsteady, organic reflexes normal, sensory functions normal, superficial reflexes present, but deep reflexes absent. Muscles more hypertrophied or atrophied than in Samuel.

James, æt. 5, is less affected than Samuel, and a boy, æt. 3, has some of the primary symptoms, though no marked muscular change is evident. This completes the account of the five members affected. In 1890 I ascertained that the eldest boy died of bronchitis shortly after I saw him in December, 1887; John was bedridden, and the others all advancing.

Remarks.—There is no hereditary nervous or muscular complaint, no consanguinity, and the girls are so far healthy. Measles appears to have been the exciting cause in the case of the eldest boy, but there is no history of any exanthem preceding the appearance of symptoms in the other cases. Though the eldest boy was ten years old when attacked, the seventh and eighth in the family were æt. 5 and 3 respectively, and the symptoms seemed to develop more rapidly. The majority of recorded cases are said to be congenital or to appear before the age of six years.

The three stages are well shown. The first stage, altered function, a paresis before any gross muscular change is evident, is present in the younger two boys, who are awkward and have difficulty in some movements. The second stage, that of hypertrophy and atrophy of certain muscles with commencing compensatory deformity, such as lordosis, is shown in the next two boys, æt. 7 and 11. The third stage, that of secondary atrophy, progressive deformity and paralysis, is marked in the eldest boy, who was bedridden for nearly three years before his death, and whose sole voluntary movement of limbs or trunk, consisted in slight motion of the arms.

The muscles affected and not affected, though to some extent, erratic, are largely members of a group which has a definite action, and this distribution is to some degree independent of the apparent nerve supply. The antagonistic muscles are often in the opposite condition or appear normal. Thus, taking the muscles around the shoulder-joint and arm, we find that the deltoid, pectoralis major, and latissimus dorsi, which are atrophied, are supplied by nerves passing through the three cords of the brachial plexus, but through other branches of the same plexus and cords, muscles either normal or hypertrophied are also supplied, such as the biceps, brachialis anticus which are normal, and the triceps, supinator longus, and flexors which are hypertrophied. This is shown in the annexed table:—

Nerve.	Muscle.	Condition.
2nd sp. n. and sp. acces.	sterno-mastoid	normal
3rd and 4th and "	trapezius	normal
5th sp. n.	rhomboids	hypertrophied
Suprascapular and 5th and 6th	supra and infra-spinatus	hypertrophied
Brachial Plexus—		
Outer cord.		
Ant. thor., ext. div., 5, 6, 7	pectoralis major	atrophied
Musculo-cutan., 5, 6, 7	biceps	normal
Median ext., div., 5, 6 7	flexor sublimis	hypertrophied
Inner cord.		
Ant. thor., int., div., 8, *id.*	pectoralis major	atrophied
Median int., div., 8, *id.*	flexor sublimis	hypertrophied
Ulnar, 7, 8, *id.*	flexor ulnaris	hypertrophied(?)
Posterior cord.		
Subscapular, 5, 6, 7, 8	latissimus dorsi	atrophied
Circumflex, 5, 6, 7, 8	deltoid	atrophied
Musculo-spiral, 5, 6, 7, 8	triceps	hypertrophied
Musculo-spiral ext. div.	supinator longus	hypertrophied

If the cords are still more analysed, muscles innervated from the same spinal root are found to be in different conditions, and these states seem to correspond rather to the physiological action and co-operation in performing certain movements, than to the anatomical nerve supply, as is shown in the preceding table.

Facts such as these, especially when combined with absence of sensory, trophic or electrical changes, in the first and second stages at any rate, incline one to discard a purely nervous etiology. In many cases the spinal cord is normal, in some there have been observed collections of leucocytes and patches of inflammatory softening around the blood vessels, while in others there is some congenital malformation or deficiency. The patches of softening are most probably secondary, or occur in very advanced cases, and the congenital malformations are, may be, only an accidental extension of a more widespread embryological defect in the mesoblast, which accounts for the primary muscular changes. This is the more probable as the majority of cases are congenital or appear in the early years of life.

I have to thank Dr. Affleck, in whose wards in the Edinburgh Royal Infirmary some of these cases were, while I was his Resident Physician, for kind permission to use the notes on them.

Tunbridge Wells.

Vienna Clinical Lectures.

LEPROSY.

By PROFESSOR KAPOSI, M.D.,
Vienna University.

[SPECIALLY REPORTED BY OUR AUSTRIAN CORRESPONDENT.]

UNDER this term a disease has been isolated which appears from history to be of ancient origin, dating from the time of Moses. Though common, and probably often epidemic through centuries, no clear definition or description appears to have been on record until about the fortieth year of the present century. Its European history would seem to have commenced about the beginning of the Christian era, after which we hear of it becoming pandemic and isolating hospitals erected for the separation of the lepers.

It appears to have been viewed with considerable alarm, as very many stringent laws have been enacted in different States to protect the healthy; we read of the lepers being prohibited from marriage, that they shall not be allowed to speak to the healthy, when on the street or public road they must announce their presence by the ringing of bells, &c., &c.

From ancient history we must infer that its presence was widely diffused among the different nations and described in the Bible under the designation of "Zarad," a term which has undergone transformation by the Greek translation, but handed down to us now as leprosy. The Greeks translated the disease as Elephantiasis, but included under this term a number of diseases which are now known not to be leprosy at all. "Zarad" cannot be accepted as clearly describing all the cases of leprosy mentioned in the Bible. If a person got scalded or burnt the natural result would be a large cicatrix which under the Levitical diagnosis would receive the name of "Zarad" and be treated as such. The Greeks included under Elephantiasis, Psoriasis and other affections of that character allied to leprosy. In Arabia, on the other hand, the term was widely used and the disease often confounded as Elephantiasis Arabum. In Germany, the disease is known as "Aussatz," from the patient being exposed, which seems to agree with the Lepra Arabum, and Elephantiasis Græcorum. The Lypra Græcorum seems to be more closely in accord with Psoriasis, while the Elephantiasis Arabum corresponds with our Pachydermia. In the general public "Aussatz" includes itch owing to its transmission, while Lepra is reserved for the more severe forms of the disease.

Leprosy began to fade in Europe about the fifteenth century or shortly after the discovery of America, at which time another complication in the nosology of the disease arose in the form of syphilis, which was held to be a modified form of leprosy at that time, and the infected were similarly treated and confined in leprosy hospitals. The syphilitic attacks at this time seem to have been very numerous, and naturally excited terror in the whole districts where these so-called lepers were to be found. The healthy or unaffected fled in fear with the object of escaping from the infected inhabitants. These examples I merely relate to state the inherent feeling at that remote date of infection which is even now a burning question. About 1848 two men, Boeck and Danielssen, of Christiana and Bergen, published an extensive description of the disease, which led Boeck subsequently to visit the Mediterranean Coast, where a malady under the name of hospital disease was very common on the sea board districts. Since that time our scientific classification of leprosy has been arranged under the name Elephantiasis Græcorum. At the present time, however, leprosy is accepted as a more correct term of that specific disease which will be noticed later.

It has been recently observed that the disease is peculiar to many of the Eastern districts, South Sea, the Riviera, Marseilles, &c. Closer investigation with more correct diagnosis has confirmed its presence over a wide area, and in Europe the larger numbers are to be found in Greece, Norway, the Crimea, and Constantinople. A peculiar feature in the disease is its rapid development in a district where a few years before a single case may not have been known, of which North America is a good example. It is presumed that a few cases were imported to the Sandwich Islands where in a short time 4,000 were found congregated, which has now rapidly increased to 20,000. These facts tend to point to convection of a specific poison, although definite proof is not yet forthcoming. A few recorded districts in the neighbourhood of Riga and St. Petersburg have a similar history.

When we examine the symptoms of leprosy and endeavour to arrange them in types, I find that three groups can be clearly classified, although Danielssen and Boeck have only described two of these. First, *lepra tuberosa* is that form of tubercle which arranges itself under the skin in small particles ranging from the size of a pea or lentil to that of fine shot. The appearance of the skin at this stage may be unchanged, or it may have already taken on a brownish red or glazed colour, giving the patient the appearance of a gypsum statue painted brown. The skin is somewhat thickened and raised in the course of the disease, giving a false idea to the observer that the nodules are diminishing. The latter are usually between the size of the syphilitic and lupus nodules, selecting the eyebrows and forehead as their favourite site, where they are usually found closely set together, although other parts of the body are not unknown to their first appearance. After a case has developed itself for a year or so it is easy to make a diagnosis forty yards off from the striking appearance of these nodules and the colour of the skin. Two or three months may pass away without any apparent change in the nodule; after two days' fever the nodules may begin to diminish; on the other hand, after many years stationary, may again begin to increase. In the region of attack, which we have stated to be the eyebrows, the hair begins to fall off, exhibiting deep furrows between the incipient nodules, giving a morose appearance to the sufferer; next the genitals and hands are attacked, and finally the whole body. Apparent gumma begin to form in the throat, impeding the vocal cords, and produce aphonia. When the larynx is examined these nodules may be observed under the mucous membrane, having a greyish covering over the surface. All these forms of superficial infiltration are usually classed under the probably correct term of lepra tuberosa.

We may here note another variety, *lepra mutilans*, where it happens to appear over joints or succeeding other inflammations, with large gangrenous patches, which is also easy of diagnosis. There are some varieties of this class, however, that may lead to considerable doubt on the first examination, for instance, when a patient comes to you for the first time with a large nodule over the præputium; such a case I usually mark with caution, and note if it be diffused, or having the glazed infiltrated nature absent, which leads me to conclude that syphilis is not the cause.

After a few years' duration the phenomenon may assume an anæsthetic appearance sometimes in the region of the nodule, at others only in the region of the infiltration. In the course of the tenth or fifteenth year, complications usually arise of a fatal nature, as tuberculosis, &c., and death speedily ensues. The second form of the disease is *lepra maculosa.* It sometimes appears simple and undisguised, while on other occasions it is mixed up with lepra tuberosa. This is generally classed as a type of third form, the *lepra anæsthetica* which might as correctly be termed a type of lepra tuberosa which has the anæsthetica phenomena also.

Amongst the fixed forms between the tuberosa and anæsthetica the peculiar nature of lepra maculosa can be distinguished on the skin as white and brown patches with anæsthetic points, while the tactile sensibility in all the patients is normal. Next comes the true *lepra anæsthetica* without any patches or nodules from the beginning of the disease to the end of it. There are varieties of this form in which the patches originated with a vesicle and desquamation, leaving the site as an anæsthetic patch. There are other cases where the skin is perfectly normal with the exception of these anæsthetic areas. The anæsthesia appears to commence centrally and to extend by its circumference coinciding in this respect to the supposition that the bacilli form a central inflammatory point and extend peripherally by infiltration. All these forms may undergo change and assume different conditions according to the diminution of the infiltration. Besides these, are other cases where high fever is present, which, however, are far more frequent in the tubercular form, being distinguished by atrophy of the musculi interossei, &c., probably due to metastasis. In a close examination of the question of infection there is great diversity of opinion. The most recent hypothesis is founded on the lepra bacillus which must first gain admission to the person affected. Direct transmission by experiments have been made in both man and animals but as yet no positive proof can be placed before us; still less proof offers help in our general experience. In my daily visits I am constantly meeting with leprous patients who come from districts where no leprosy can or has existed, again, there are people who leave a region perfectly free from leprosy, go to South America and there reside two, three, or four years, returning home quite free of leprosy; on the other hand, people similarly free, go to reside in places where the disease is present and return in the course of a year affected with leprosy. It is evident from these facts that infection cannot be excluded, neither can we with confidence assert that it is included. We have other people living under the same conditions, and in so close communion with them, that the bacilli may be easily transmitted as in the case of food or clothing. We have other records from medical men practising in leprous regions who tell us that two married people having lived 20 years together, one of them contracts leprosy, the other is free and never takes it who is probably descended from a leprous free family. This hypothesis throws in our calculations the theory of heredity to some extent, but how far it can be depended upon is yet problematic. We may, therefore, conclude that infection is not clearly established and that the victims to this disease should be treated as humanely as circumstances will permit, and not as outcasts or loathesome exiles, as the past history of the disease can testify. On the other hand, it must not be forgotten that our fellow creature requires equal protection, and that authorities should be advised to be careful in the formulating of laws with respect to this disease. Whether it can be directly inoculated from a leprous nodule I am unwilling to deny, but must admit there are many exceptional cases. In regard to the treatment of this terrible disease, whether it be infectious or not, we have no known potent remedy against its progress. I think every possible drug has been tried, from creosote injections to the most innocent inunction to prolong life, but of all the efforts removal of the patient to a leprous free district seems to be the most reasonable and efficacious; but healing or recovery can scarcely be hoped for. Doubtless, there are many publications propounding different treatments that have met with perfect success and total recovery, but their confirmation can only be found in the printer's ink. In some cases temporary improvement may be observed by increasing the general nutrition, stimulating the appetite, open air exercise, general hygiene, and medicated baths.

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A NOTE ON

YAWS (FRAMBŒSIA):

ESSENTIALLY A DISEASE AFFECTING THE NEGRO RACE—ITS HISTORY—ETIOLOGY—PATHOLOGY—COURSE—SYMPTOMS AND TREATMENT.

By CHARLES FORBES, M.D., C.M., D.P.H.Cantab.,

Nazirah, Assam, late Surgeon Wassa Gold Mines.

This short note, for which I must apologise in the matter of its brevity, is an attempt to place a modern face on a complaint which was known to both English and foreign surgeons in the last century as being imported from the Guinea Coast of Africa to the West Indian Islands. It is a constitutional disorder attended often with fever and always by a peculiar papular eruption; sometimes, however, the button-like marks are elevated, and have an almost crimson appearance like that of a wild raspberry, hence its name. At this time the papules are very vascular and readily bleed, like condylomata. It is limited to West African negroes or those of negro descent, very rare among whites. These men taken as slaves to the West Indian Islands and Spanish Main.

John Hunter describes a case of yaws; this is proved to be of syphilitic origin by the very pains he takes to prove it is not. Then follow essays by James Thomson, Paulet, Rollet. Lancereaux, "Sur la Syphilis," has made a careful *précis* of the literature relating to this subject. J. W. Hulke, F.R.S., and Dr. Hebb have also discussed publicly some points of its resemblance to syphilis.

Etiology.—Its probable cause was syphilis being spread among the negroes of West Africa by European traders.

Proofs of its venereal origin are as follows, viz.:—

(1) That it is contagious and can be inoculated in the same manner as matter taken from an indurated chancre. Paulet inoculated a child with virus taken from a papule for two or three weeks; the marks persisted as red scratches; at the end of three weeks they became ulcers with an indurated base; at the end of seven weeks an eruption broke out all over the body, which persisted for nine months.

(2) That it is accompanied by ulcerated throat and pains in the bones.

(3) That the eruption is of a secondary specific type, though not of the usual lean ham colour but yellowish white, having, however, an ulcerative tendency.

(4) That it is transmitted by parents to their offspring.

(5) That such children infect those who suckle them.

(6) That the disease is much improved by mercurial treatment.

(7) The pathological histology of the papules resembles the tissues found in syphilitic gummata was stated by Dr. Hebb, and this I can fully confirm.

The above seems to me almost overwhelming evidence in favour of the theory that yaws is a disease of syphilitic origin.

Diagnosis.—Easy, once seen it is never forgotten. My first case was a Fantee; expression anxious, his body and limbs wasted, his voice metallic, and his whole body covered with yellowish white patches varying in size from a shilling to a florin ; these stood out in bold relief against his dark skin.

Symptoms and Course.—Negro complains of general malaise, fever, and pains in head and bones, which are worse at night, and ulcerated throat. The typical rash appears with the formation of papules which break down and ulcerate under a scab often with great loss of tissue. If patient is secluded carefully the disease may run its course in seven months. Some cases appear, however, even after treatment to redevelop symptoms markedly syphilitic ; occasionally intercurrent phthisis ends the scene.

Pathology is that of secondary syphilitic lesions well known to all.

Treatment, which I found most effective among natives of West Africa, being one tabloid of calomel, gr. j, three times a day, also with pulv. opii, gr. ⅛ for each dose, to be persisted in until patient's gums were affected. At this point the treatment should be changed. One tabloid of potassium iodide, gr. v., and two of soda mint being administered three times a day. For the cutaneous eruption an ointment:

℞ Ungt. hyd. ammon. dil., ʒij ;
Ungt. zinci oxidi, ʒij ;
Lanolin, ʒiv.
Ft. ungt. bis die utend.

is very efficient. For ulcerated throat, spray of corrosive sublimate lotion 1 in 1,000 by means of an atomiser. Should cutaneous ulceration prove extensive and phagedænic, dusting with dermatol powder greatly assists granulation and epithelial formation ; the diet should be nourishing and non-stimulating, the results being, under these conditions, most excellent in my tropical practice.

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Selected Prescriptions and Therapeutic Notes.

18. **Pruritus Vulvæ.**—The following are in use at the principal Paris hospitals :—

℞ Phenic acid, ʒj ;
Sulph. of morphia, gr. x ;
Boric acid, ʒij ;
Vaseline, ℥iiss.
or
℞ Cod-liver oil,
Oil of tar, } ʒiiss ;
Lanoline,
Nitrate of silver, gr. vj.
or
℞ Phenic acid cryst., grs. xx ;
Distilled water, gr. 100.

Inject every two days one drachm of this solution in the region of the trochanter. Very successful.

From our French Correspondent.

19.—**Sir Andrew Clark's Treatment of the Cough at Puberty** :—

R Glycerini boracis, ℥j ;
Bismuthi oxichlor., ʒij ;
Morphiæ hydrochlor., gr. 2½.
M. Fiat applic.

This application should be brushed over the whole interior of the throat after each meal, and also at bedtime. For internal administration the following are of use : A syrup of the bromide of quinine and iron, with small doses of arsenic ; also a pill of reduced iron, valerianate of zinc, belladonna and nux vomica. This latter, often successful in controlling the cough, must be given in doses slowly increased until the physiological effects of the belladonna become apparent, and then slightly diminished.

20.—**Local Application for Diphtheria** :—

℞ Camphor, ʒv ;
Castor oil, ʒiv ;
Alcohol, ʒijss ;
Carbolic acid (crystals), ℈iv ;
Tartaric acid, gr. xvij.
M. Sig. For local application.

La Tribune Médicale.

21.—**The following is a Good Ointment for Hæmorrhoids** :—

℞ Cocaine hydrochlor., gr. xx ;
Morph. hydrochlor., gr. v ;
Atropiæ. sulph., gr. iv ;
Pulv. acid. tannici, gr. xx ;
Vaseline, ℥j ;
Ol. rosæ, q.s.
M. Sig. Apply after each evacuation of the bowels.

22.—**Menthol in Pruritus** :—

℞ Menthol, gr. xxv ;
Lanoline, ℥j.
M. F. ung.

23.—**Tincture of Iodine as a Counter-irritant** :—

Hammond recommends a mixture of glycerine and tincture of iodine when the latter is required to be applied to the skin for the purposes of counter-irritation. The iodine acts more powerfully under these circumstances, owing to the fact that the glycerine prevents the drug from volatilising.

24. **Aconite in Cancer.**—Mr. Jonathan Hutchinson asserts that tincture of aconite is decidedly useful in the treatment of painful cancers. In one case, a lady took ten minims of the drug three times a day for a whole year. The drug never disagreed with her, and she thought the pain had to some extent been controlled in consequence.

25. **Local Application for Gout.**—The following will be found useful :—

℞ Flexible collodion, 5 parts ;
Ether, 5 parts ;
Salicylic acid, 4 parts ;
Hydrochlorate of morphia, 1 part.
M. This should be painted over the affected toe.

26. **Constipation in Infants** :—

℞ Manna, ʒxij ;
Calcined magnesia,
Sublimed sulphur, } āā ʒiiss ;
White honey, ʒviiss.
M. Sig. One or two tablespoonfuls in a cup of hot water.—DR. FERRAND.

27.—**For Whooping-Cough** :—

℞ Bromoform, gr. x.
Alcohol, ʒj.
Distilled water, ℥iij.
Simple syrup, ʒiij.
M. Sig. One or two teaspoonfuls daily.—*Revue de Therap.*

28.—**Pills for Hæmoptysis** :—

℞ Powdered ergot,
Powdered extract of rhatany, āā ʒj.
Extract of belladonna, gr. v.
Powdered digitalis, gr. x.

Make into forty pills. From four to six to be taken for a dose.—DR. DE MOUSEY.

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IN reply to a deputation which attended at the Treasury on the 12th inst., Sir William Harcourt promised to subsidise the Welsh University College with £3,000 for the present year, but would make no promise as to the future.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, Jan. 12th, 1894.

The President, Mr. J. W. Hulke, F.R.C.S., in the Chair.

Dr. Soltau Fenwick on a case of

ACUTE PHTHISIS FOLLOWING DESTRUCTION OF THE MUCOUS MEMBRANE OF THE STOMACH BY CORROSIVE FLUIDS.

A potman, æt. 34, was attacked with the symptoms of severe gastritis after swallowing some oxalic acid with intent to destroy himself. For six weeks pain in the epigastrium was a constant symptom, and vomiting ensued on every attempt to swallow nourishment. The patient's strength was fairly maintained by means of nutrient enemata, but he lost several stone in weight. After two months the stomach was found to be considerably dilated, the lower margin extending below the navel. Tenderness on pressure existed over the pyloric region, and vomiting occurred at intervals and resulted in the rejection of large quantities of a sour, fermenting fluid which was devoid of any trace of free hydrochloric acid. With the systematic employment of lavage considerable improvement manifested itself in the general condition of the case. The patient steadily gained flesh, and in the course of the next two months increased his weight by nearly 18 pounds. The vomiting was also relieved, and the gastric pain lessened in severity. Four months after the onset of the disease the patient caught cold, he shivered, and the temperature, which had previously remained at a subnormal point, rose to 102 deg. Cough, sweating, rapid emaciation, with recrudescence of the gastric symptoms, developed themselves, and death ensued within six weeks from acute phthisis. The autopsy revealed a condition of caseous tuberculosis invading both lungs from apex to base, with a small vomica in the right upper lobe. The stomach was greatly dilated, and its lining membrane converted into a shining layer of fibrous tissue with numerous radiating bands. No trace of glandular structure could be detected by the microscope. *Case* 2. A gentleman, æt. 32, accidentally swallowed some nitric acid in the spring of 1888. When he came under observation three months later he was found to be suffering from some degree of dysphagia, with pain in the epigastrium and occasional vomiting. The stomach extended about one inch below the umbilicus, and a distinct splash was audible on palpation, with marked tenderness on pressure over the pyloric region of the stomach. When a tube was passed a slight constriction was encountered at the lower end of the œsophagus. The contents of the stomach consisted of a brownish-coloured, sour smelling fluid, in which no trace of free hydrochloric acid could be detected. The stomach was subsequently washed out every day and food administered regularly by means of the tube. Under this treatment the patient rapidly improved, the vomiting and epigastric pain became less severe, and the body weight steadily increased. About seven months after the accident the patient began to suffer from cough, night sweats, and the temperature, which previously had remained below the normal point, now rose to over 102 deg. F. These symptoms rapidly increased in severity, the gastric phenomena reasserted themselves, and the physical signs of progressive consolidation of the lungs became manifest. Death ensued from exhaustion at the end of seven weeks. At the autopsy the lungs were found to be the seat of acute tubercular affection from lung to base. The mucous membrane of the stomach was completely destroyed, and was represented merely by a thin layer of fibrous tissue. The lower few inches of the œsophagus showed evidence of superficial cicatrisation of its mucous membrane, and at the pyloric end of the stomach a chronic ulcer was discovered, the contraction of which had caused stenosis of the pyloric orifice. In the "Bulletins de la Société Anatomique, of Paris," M. Robert gives the details of an almost precisely similar case, in which destruction of the secreting surface of the stomach by nitric acid, was followed by an acute tubercular affection of the lungs which proved fatal from pneumothorax in five weeks. These cases are of interest from the fact that in each a corrosive fluid had completely destroyed the digestive activity of the stomach with a fatal issue after an interval of a few months from acute pulmonary phthisis, in spite of the fact that there existed no family tendency to this disease. It would, therefore, seem that the sudden impairment of nutrition in these cases so diminished the resistance of the tissues as to render them peculiarly vulnerable to tubercular invasion.

Mr. Barker asked what means were adopted for the purpose of ascertaining the presence of free hydrochloric acid in the stomach contents?

Dr. Glover, in reference to the first case, asked whether there was any tubercular history either in the family or in the patient?

Dr. W. J. Tyson said the question was whether the phthisis was *post hoc* or *propter hoc*. He asked whether phthisis frequently followed gastric ulcer or abrasion of the gastric mucous membrane?

Dr. Longmore observed that in the absence of any history of tubercular disease it was interesting to endeavour to ascertain how the infection could have been conveyed. He doubted the existence of any direct connection between ulcer of the stomach and tubercular disease of the lung.

Dr. Chapman inquired if any raw meat juice had been given?

Mr. Hulke remarked that there were physiologists of the present day who taught that in some animals the stomach was an organ that could be dispensed with, *e.g.*, in dogs the stomach had been excised and the duodenum united to the œsophagus with no obviously harmful effects.

Dr. Fenwick, in reply, said that he had used Gunzburg's test to ascertain the presence of free hydrochloric acid. It was claimed for this test that a ten-thousandth part of the free acid could be detected. In the first case there was no phthisical history, and the patient had previously exhibited none of the physical signs or symptoms of tuberculosis, nor was there any phthisical history in the second case. No raw meat juice had been given. Dittrich had stated that 20 per cent. of the cases of gastric ulcer died of phthisis. His own view was that if a man in previously good health has had gastric mucous membrane destroyed with resulting emaciation he rendered himself much more vulnerable to tubercular infection.

Dr. E. W. Goodall and Dr. J. W. Washbourn on

CASES OF MEMBRANOUS INFLAMMATION OF THE THROAT DURING SCARLET FEVER.

The authors described a fatal case of a membranous inflammation of the throat accompanied by a rash. The diagnosis rested between—(1) Severe scarlatina anginosa with membrane ; (2) Diphtheria with rash ; (3) Co-existing scarlet fever and diphtheria. Subsequent desquamation and an absence of diphtheria bacilli on a careful bacteriological examination proved that the case was one of scarlet fever with membrane. The difficulty of diagnosis was due to the remarkable toughness and thickness of the membrane. Such a condition is uncommon, although it is well known that a membranous inflammation of the throat indistinguishable from diphtheria is quite common during the acute stage of scarlet fever. This condition has been found not to be true diphtheria by various bacteriological investigators. The authors examined four cases of this nature, and failed to find diphtheria bacilli. Clinically, too, it is not diphtheria, for out of 123 cases seen by the authors only 2 developed croup and 2 subsequent paralysis. On the other hand a membranous inflammation of the throat occurring during convalescence from scarlet fever is generally true diphtheria. In 4 cases examined by the authors they readily found diphtheria bacilli by cultivations, and they have notes of 11 cases in which the membrane spread to the larynx, of 3 cases which were followed by paralysis, and of one case in which the vulva became affected with diphtheritic inflammation. In 8 consecutive uncomplicated cases of diphtheria the bacilli were readily demonstrated. The conclusions drawn were that a membranous inflammation of the throat occurring during the acute stage of scarlet fever is generally not true diphtheria, but a similar condition occurring during convalescence is true diphtheria. These conclusions are in accord with the bacteriological examinations made by several investigators abroad and by Klein in this country.

Dr. Sidney Martin said that the nature of the non-diphtheritic membranous sore throat was an interesting question. Trousseau had recognised and described it, but it now appeared to be the habit to regard all membranous sore throats as necessarily diphtheritic. Diphtheria, he remarked, might be defined as an acute infective disease, the membrane from which on cultivation yielded a specific bacillus producing a poison which, on inoculation to animals, caused paralysis. He referred to a case in which there were patches of membrane on the fauces, tonsils, and pharynx. Cultivations from this membrane gave only a large diplococcus. Such cases yielded to local treatment with nitrate of silver. In another and severer case, in a young girl of 15, who was an out-patient at the Brompton Hospital, the symptoms were those of scarlet fever, with enlargement of the spleen and asthenia associated with some redness of the throat. She died, and post-mortem two patches of membrane were found, one on the rim of the epiglottis and the other on one of the tonsils. Microscopically there was found an abundance of micrococci, which had invaded the tissues of the tonsil and epiglottis. It differed in this respect from the diphtheria bacillus, which never penetrated below the surface. He believed that the membranous sore throats of scarlet fever were produced by micrococci and various other organisms not diphtheritic. The throat already attacked by scarlet fever was rendered less capable of resisting the invasion of other organisms.

Dr. Hale White asked when the membrane developed? He referred to the case of a medical student who was seized with a rigor at 4 a.m. He had been exposed to both scarlatinal and diphtheritic poison. By the afternoon his temperature was 103° F., the throat was red, and there were small patches of membrane on the uvula, pharynx, and posterior pillar of the fauces.

Dr. Glover asked whether the patient had been exposed to scarlatinal poison, and as to the proportion of diphtheria cases that presented a scarlet rash?

Dr. Benham admitted a doubt whether scarlet fever and diphtheria were really distinct diseases. He referred to an instance in which, in a house with three children suffering from scarlet fever, a man developed diphtheria, and he referred to the observations of Dr. Parsons, who, in a report of the Local Government Board on a certain epidemic, remarked that the two diseases seemed to be intercommunicable. He had recently seen a membranous sore throat develop in the course of a case of acute pneumonia.

Dr. Turney said that when the membranes were limited to the fauces it might possibly only be an exaggeration of the condition of ulceration which was often seen in scarlet fever, and which might even extend to the trachea. He had seen such ulceration recur two or three months after the scarlatinal attack.

Dr. Goodall said that it was important to determine the etiology of these cases, for if they were really a mixture of scarlatina and true diphtheria they might give diphtheria to the scarlatinal convalescents in a ward. He himself was strongly of opinion that the great majority of such cases were simple scarlatina. When there was membranous sore throat in scarlatina it did not spread to the larynx, and did not recur locally as was the case in diphtheria. The membrane usually developed exceedingly early. No history of exposure to scarlet fever could be obtained in the case. Rashes were uncommon in diphtheria, but they did occur sometimes, and were then limited to the trunk, and were darker than the scarlatinal rash.

Dr. Washbourn, in reply, said that true diphtheria and scarlet fever might sometimes occur concomitantly. The only way to differentiate between them was by bacteriological examination. He had seen cases of ulceration of the larynx in scarlet fever, but it was never accompanied by membranous exudation.

Dr. W. J. Tyson read a paper on

A CASE OF SUPPURATING HYDATID CYST OF THE LIVER OPENED THROUGH THE CHEST WALL.

F. G., æt. 31, a laundress. In 1888 she suffered from a slight attack of jaundice, and again in January, 1892, on the 8th of February following was admitted into the Victoria Hospital, Folkestone. On admission the liver was found to be enlarged, extending below the ribs for four inches; all other organs healthy; the evening temperature was 101° F. A week after admission signs of pleuritic effusion into right chest developed, and the liver had now reached as far as the pubes; the evening temperature remained high. On February 27th, 23 ozs. of serous fluid was drawn off from the right side; on March 3rd, the posterior part of the chest was again aspirated, and an ounce of puriform hydatid fluid escaped. March 5th.—An incision was made into the 8th intercostal space posteriorly, 3 inches in length, as soon as the pleural cavity was opened about an ounce of fluid flowed out, immediately an elastic swelling presented itself, the cyst wall of which was stitched to the external wound, the cyst was then laid open and 30 ozs. of thick pus full of skins of all sizes escaped; the cavity was not washed out; a large india-rubber tube, 6 inches in length, was put in. External dressings of gauze and wool were then applied. There was experienced no difficulty in putting in the uniting stitches between the wall of the cyst and the skin wound on account of the wide separation of the adjoining ribs. For the first three days after the operation about half a pint of pus and "skins" passed and the cavity was washed out with boracic acid solution through the tube. On March 13th, the breathing became audible over the base of the right lung, and the liver dulness had disappeared. The discharge gradually became less, but the tube, although shortened from time to time, was not finally removed until February, 1893. *Remarks:* The case when first seen was thought to be one of simple enlargement of the liver, but the rapid increase in its size with the high evening temperature pointed to a suppurative condition of the organ. The presence of the pleuritic effusion is worth noticing. There was never any sign of the liver contents entering the thoracic cavity after the operation. In such liver abscesses as the one described the opening through the chest wall posteriorly seems to be the proper route to take, as being more direct and better adapted for drainage.

Mr. Wallis remarked on the position of the hydatid in the convex or posterior wall of the liver. He observed that the position by which the hydatid had made its way through the diaphragm into the pleural cavity had not been clearly explained. He did not altogether agree with the method of operation that had been adopted and he suggested that it would have been better at first to have made merely an exploratory puncture with a hypodermic needle, and then later on to have excised a rib or two when they would have dealt radically with the hydatid. If the hydatids were still living the cyst wall could have been pulled out, or if suppurating, it could have been treated as an ordinary abscess.

Dr. Hale White referred to an almost exactly similar case under his own care. The chest had been tapped in August for what had been regarded as a simple pleurisy with effusion, but the patient presented herself at the hospital recently with indications of a thickened pleura. At a depth of three inches from the surface purulent fluid was drawn off by the aspirator. The liver extended well below the ribs. A portion of the eighth rib was removed and the whole pleura found full of dead hydatids. The liver bulged up into the wound and a needle inserted into it evacuated some thin pus. A knife was passed along the needle track and the incision enlarged, when an immense number of living hyatid cysts were turned out of the right hepatic lobe. Soon after the patient was seized with dyspnœa and died, and at the autopsy the right lung was found to be the size of a man's fist, lying against the upper part of the spine. The left lung was healthy. The diaphragm on the right side had become exceedingly thin and atrophied, and in its centre it merged into the top of the liver. The left hepatic lobe had become hypertrophied so as to be almost as large as the right, the latter being occupied by an enormous hydatid cavity.

Sir Dyce Duckworth objected to the practice of washing out these cysts, and preferred the policy of non-interference provided a sufficient exit were made, a large drainage tube put in and the patient kept in a proper position and surgical cleanliness adhered to. He thought that the majority of hydatid cysts and empyemata did better under this plan than when they were washed out.

Mr. Hulke pointed out that the great tendency in these cases was for the abscess to burst upwards. The cases which ruptured upwards could be divided into two classes, viz., those in which the hyatid burst into the lung first and caused a secondary empyema, and those in which the rupture took place primarily into the pleura. In the first class there was decided risk in washing out, for these cases resembled an empyema communicating with a bronchus. In one case which had been irrigated with iodine, traces of that substance were detected in the expectoration. He believed that the introduction of a small quantity of iodoform emulsion would naturally assist in keeping the cavity sweet.

Dr. Tyson, in reply, observed that the case was one of suppurating hydatid from the beginning. The first tapping emptied the pleura only, but the second entered the liver and evacuated the pus. A case of suppurating hepatic hydatid with ascites had been reported from Australia, but he believed that his was the first case in which the condition was associated with pleuritic effusion. He only commenced the washing out after a week when the pleural cavity had become shut off by adhesions.

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THE HUNTERIAN SOCIETY.

Meeting held Wednesday, Dec. 13th.

The President, Mr. F. Gordon Brown, in the Chair.

SPECIMENS.

Dr. **Charlewood Turner** exhibited two specimens of ileo-colic intussusception, obtained from patients both admitted on the third day, and both in collapse. In one case there was a tumour felt in the right hypochondriac and umbilical region.

Dr. F. J. **Smith** showed specimens of perihepatitis with abscess of the gall-bladder. The patient suffered from slight albuminuria and jaundice.

Dr. F. J. **Smith** also exhibited bacilli lepræ under the microscope; a specimen of enlarged gall-bladder due to impaction of a stone in the cystic duct; and a specimen of ruptured liver, kidneys, and fracture-dislocation of the lumbar column, due to being run over by a dray, where there had not been the least bruising of the skin.

Mr. A. H. **Tubby** showed the upper epiphysis of the humerus removed by operation from the shoulder-joint of a child suffering from abscess, rigor, and other signs of acute epiphysitis involving the joint. The head and bone lay loose in the abscess cavity. The child recovered.

Mr. **Charles Symonds** exhibited two appendices of young adults, one which measured 3 inches in length, was extruded from the aperture made for the relief of a perityphlitic abscess. The other was removed by operation in the interval between the attacks, from a young lady who had had three attacks of severe pain and threatening perforative peritonitis. The lady has since been free from any discomfort.

Dr. **Arnold Chaplin** exhibited a specimen of

AORTIC STENOSIS COMPLICATED WITH MALIGNANT DISEASE OF THE ŒSOPHAGUS.

The patient from whom the specimen was taken was a man, æt. 72, who was admitted into the Victoria Park Chest Hospital, complaining of pain over the cardiac region, palpitation, and dyspnœa. After being in the hospital some time, he improved somewhat, but complained of inability to swallow solid food. On making an examination the heart's apex beat was found to be displaced outwards and downwards, the cardiac dulness extended at the base of the heart across the sternum to the level of the second interspace. At the apex could be heard a short systolic murmur; at the base of the heart over the dulness there was a loud long rasping systolic murmur, conducted up towards the right clavicle. It was thought that slight pulsation could be detected to the right of the sternum. Behind, there was dulness to the left of the spine an inch or so above the level of the inferior angle of the scapula. The man subsequently died, after having suffered much from cardiac pain and increasing inability to swallow. Permission was obtained to examine the body, when it was found that the heart was enlarged and the left ventricle much hypertrophied. The aorta at its commencement was dilated, and the aortic valves were united together so as to form a slit-like aperture just large enough to admit the point of a knife; above this aperture and somewhat firmly adherent to the sides of the vessel a clot of fibrin was found about the size of a hazel nut, which still further closes the valvular opening. In the œsophagus opposite the commencement of the descending aorta there was a ragged ulcerated aperture, as large as a florin, and which was a mass of inflammatory tissue which has been removed. The bronchial glands were also infiltrated with this deposit which proved to be epitheliomatous. There was no deposit in other organs. The diagnosis in this case was the subject of much controversy, some maintaining it to be an aneurysm, others a new growth, while yet others believed it to be simply stenosis of the aorta. The symptoms were not indicative of one more than the other.

Dr. **Hingston Fox** showed the principal cerebral arteries, with numerous patches of atheroma upon them, taken from a man who died slowly of coma, with free hæmorrhage in the subdural space, and large clots pressing upon the convolutions of the middle third of the cerebrum. The pupil on the same side as the lesion was dilated, and there was rather less movement in the right arm and leg than in the left, though no actual paralysis existed.

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BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Tuesday, January 9th.

The President, Mr. John Appleyard, M.B., F.R.C.S., in the Chair.

Hypertrophy of the Breast.—Mr. Horrocks read the notes of a case of mammary hypertrophy in a young unmarried girl. There was considerable œdema of the under surface of the breast, the whole organ was enlarged, and the nipple also enlarged; histologically there was a very great increase in the connective tissues and a relative decrease in the glandular structures of the organ.

Unusual case of Retardation of Labour.—Dr. H. Bronner narrated the case of a primipara in which the last stage of labour was extremely protracted and had to be terminated by instruments; the right arm was fixed behind occiput by two turns of the cord, and the left was bent across under the chin with the left elbow opposite the right ear, thus preventing flexion of the head.

Auricular Fistulæ.—Mr. Althorp read a paper on a case of auricular fistulæ, and dealt with the various structures occasionally persisting through life, which are examples of persistence of fœtal conditions. Messrs. Appleyard, Johnstone, and Horrocks, discussed the paper.

Meningitis in Rheumatic Fever?—Dr. Major read a note on grave cerebral symptoms arising in the course of rheumatic fever. No post-mortem evidence of cerebritis or meningitis is to be found in cases of acute rheumatism; the onset of cerebral symptoms practically means onset of hyperpyrexia, and that is what one ought to be suspicious of. Drs. Goyder, Kerr, Shiach, Arnold Evans, Johnston, and Wood joined in the discussion.

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France.

(From our own Correspondent.

Paris, Jan. 13th.

Acute Rheumatism in Children.

Having had a certain number of cases of rheumatism in children under treatment in his wards lately, Dr. Jules Simon, one of the best authorities on children, took occasion to give a lecture on the malady, of which the following is a brief analysis:—

Like adults, children can have rheumatism under its three forms, acute, subacute, and chronic, but the acute form is by far the most frequent.

However, the rheumatism is chiefly localised in children and often in the articulations of the vertebral column. The malady also affects simultaneously all the tissues of an articulation, and not only some of the elements as in the adult. Muscular rheumatism is also frequently seen in children, but cutaneous rheumatism is by far more frequent, constituting the origin of many eruptions. Acute articular rheumatism is rare over five years and under thirteen. When an articulation is affected the heat swelling and redness are not well-marked, although the pain may be very great, the inflammation is chiefly found in the synovial sheaths of the muscular tendons, over which pressure cannot be borne. Such a painful affection has been frequently confounded with "growing pains" to the prolonged suffering of the little patient. Some fever is present, but of an intermittent type, and frequently the heart is touched, but the endocarditis, unlike what is seen in the adult, tends frequently to terminate by resolution. Rheumatism of the cervical vertebræ and the muscles of the neck is very frequent in the age of childhood, and is not seldom confounded with incipient Pott's disease or wry-neck. Cutaneous rheumatism is frequently manifested by erythema localised or generalised, or by profuse perspiration occurring especially at night, and giving great uneasiness to the parents. These symptoms disappear, however, quickly under proper treatment. The nervous system is also frequently affected by rheumatism, of which chorea, meningitis, paraplegia, &c., are sometimes manifestations.

The treatment in general should consist in frictions with belladonna oil, wrapping the parts in wadding, and the internal administration of salicylate of soda.

Resection of the Inferior Maxillary Nerve.

At the Académie de Médecine, M. Quenu called the attention of his colleagues to a method of intracranial resection of the inferior maxillary nerve which he considered superior to those generally employed. In 1891 he had occasion to resect by Horsley's method (extra-cranial) the nerve in a man suffering from tic douloureux of the face. Ease was obtained immediately, but after some time the affection returned with its usual intensity. A second operation was made, and it was discovered that several small branches had escaped observation in the first operation, consequently the nerve had not been desected in its totality. This oversight suggested to him the replacing of the long, laborious, and uncertain method of Horsley, by an operation which would permit the section of the maxillary nerve before its entry through the foramen ovale.

To arrive at this result, several authors before him followed different methods. Thus, Horsley and Krause penetrated into the skull by trepanning the temporal region, while Salzer, Kronlein, and Rose sought the foramen ovale through the deep and narrow zygoma fossa. His (M. Quenu) manner of obtaining the same result differs a little from the above. Its execution is easy, as the nerve can be reached in five minutes. He makes a curved incision from the extreme apophysis of the orbital bone to the auditory canal. The apophysis is sawn at both extremities, and the flap which comprises the temporal is detached and thrown down. The trephining instrument is applied and the finger passed through the aperture thus made to detach the dura mater. The roof of the zygomatic fossa is then freed from its membranes with the rugine, and the finger again passed in until the foramen ovale is felt, its exact position being defined by the apophysis of the pterygoid bone in front and the spine of the sphenoid behind. A curved Cooper's needle is then introduced and the nerve hooked up, when it is easily resected.

Hysterectomy for Prolapsus.

M. Segond brought forward the question of treatment of prolapsus by surgical interference, and said that in vaginal hysterectomy the age of the patient should be taken into account. However, if there existed a neoplasm or some lesions of the appendages, the operation might be performed without any scruple before menstruation had entirely ceased, as the patient would be much better off without an organ which would be a continual source of danger to her. He had performed three hysterectomies last year which were justified by the fact that lesions of the appendages existed.

M. Richelot said that the first hysterectomy that he performed for prolapsus was on a woman, æt. 60, and the result proved to him the ease with which he could operate and the benignity of the operation, but also the possibility of a prolapsus of the vaginal walls, so that in some cases he had remedied by operation this infirmity. Consequently he thought that in many cases hysterectomy might be replaced by resection of the vaginal wall, and fixation of the uterus by narrowing the outlet.

M. Lucas thought that no matter what method was followed, a relapse could occur. Sims' operation was not bad, but Le Fort's was excellent. Fixing the uterus to the abdominal wall succeeds *au début*, but a relapse often takes place. Discouraged by all these methods, he invariably practised hysterectomy.

Iodoform Salol.

Salol has the property of combining with different bodies, camphor for instance, iodoform, aristol. To obtain this combination it is sufficient to heat the mixture of these agents to 104° F., when a liquid is obtained which solidifies at 77°. M. Regnie utilises the combination of salol with iodoform for the dressing of wounds when it is desired to obtain immediate reunion without suppuration. He paints over the sutures with the liquid, and in solidifying an antiseptic varnish is obtained protecting the wound and assuring rapid reunion.

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Germany.

[From our own Correspondent.]

Berlin, Jan 12th.

The Influenza.

For the last two months the influenza has again been rife, and although its intensity has not been so great as in the winter of 1889-90, it has been greater than during the last outbreak. There is no doubt that a great amount of heavy work has been thrown on the doctors on account of it during the past few weeks. Between the dates Nov. 4th and Dec. 16th, 183 deaths from influenza have taken place in Berlin. An unfortunate victim to the epidemic has been Dr. S. Guttmann, as already announced, a Privy Sanitary Councillor and editor of the *Deutsch Med. Wochenschrift*. His illness was of a fortnight's duration, and he sank from cardiac paralysis following influenza. Like his cousin of the same name, Dr. P. Guttmann, Director of the Moabit Hospital, who fell a victim to the same disease in the early spring of last year, he was a man busily engaged both in practical work and in literature. Like many another well-known member of our profession, in early life he served in the army, and was engaged in the campaigns of 1866 and 1871, where he served with distinction. He received the Iron Cross of the 2nd Order, and was finally appointed Oberstabsarzt of the Landwehr. He came to Berlin soon after 1871 and commenced private practice. In 1874, however, he began writing for the *Deutsch Med. Wochenschrift*, which was founded in that year by Paul Börner. As collaborateur with this talented journalist he continued until the death of Hr. Börner in 1885, on which occurrence he undertook the sole management. Owing to his energy and talent this journal, which began with only a small list of subscribers, soon became a decided success, and one of the leading professional journals of Germany. It was a fortunate thing for it that it was the one selected by Koch for the publication of his discoveries with regard to tuberculine. In addition to this weekly Hr. Guttmann published the "Reichs Modizinal Kalender," the Year Book for Medical Practitioners, he also wrote largely on hygiene, professional questions, &c., and in 1889-90 brought out in connection with Prof. Leyden the large collective work on the influenza epidemic. He was also medical officer in chief to a life insurance society, and a busy practitioner among some of the leading families of the city. In the midst of this busy existence he unfortunately contracted the prevalent malady and cardiac failure, that typical scourge of the physician, put an end to his career. He was a comparatively young man, having been born in 1839. His successor as editor of the *Deutsch Med. Wochenschrift* is Prof. Guttstadt, Medical Statistician in the Royal Statistical Bureau.

NOTIFICATION OF PREMATURE AND STILL-BIRTHS.

A police notice has recently been issued to the effect—

1. That all births are to be notified by the midwife in attendance (*a*) of full time living children, (*b*) of all fœtuses that have lived, however short a time, even if only a few moments after separation from the mother, and irrespective of the stage of intra-uterine life and of viability.

2. That all still-births are to be officially notified (*a*) of full term children, (*b*) of all fœtuses of over the 6th month or 180th day of pregnancy, and of 32 or more centimetres in length, (*c*) of all fœtuses regarding which it is doubtful whether they have attained the age stated in (*b*) or not.

3. On the other hand the births of such fœtuses are not to be officially notified as are distinctly under the 6th calendar month or 180th day of intra-uterine life or as are of a less length than 32 ctm.

CAUTERISATION OF MUCOUS SURFACES AND MUCOUS SECRETIONS.

Prof. H. Köbner (*Berl. Klin. Wochensch.*) has a reference to this subject and points out that cauterisation of mucous surfaces of the buccal cavity, for instance, frequently fails of its effect from the eschar being wasted away too rapidly by the secretions. Making a note of this, he was next led to make the attempt to arrest the local secretion by the application of belladonna previous to the application of the escharotic. He succeeded in this by giving from twenty to forty minutes before applying the caustic, 20 minims of a 2 per cent. solution of belladonna, and repeated in from two to three hours, or at latest in the evening and the following morning. The procedure was found especially useful in ulcerations occurring in the course of treatment by mercury.

He was afterwards led to attempt the relief of the pain that followed injection of arg. nit. into the deep parts of the urethra, and succeeded by a qualitative change in the urine. Before the deep injections were made a teaspoonful of sod. bicarb. dissolved in a tumblerful of water was injected into the bladder. When the urine was thus rendered artificially alkaline the pain and painful desire to micturate no longer came on after the injections. The idea seems a useful one and deserving of being followed out in the case of other mucous surfaces and secretions.

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Austria.

[FROM OUR OWN CORRESPONDENT]

VIENNA, Jan. 12th, 1894.

HERNIA INFLAMMATA.

PROF. ALBERT, in his clinic, reviewed the various forms of hernia that had come under his notice during the last year, wherein he classifies three principal forms, adhesive, exudative, and purulent. Another group of such cases he is inclined to designate hernia inflammata, and produced a woman, æt. 56, to demonstate his views. She first came to him in February, 1889, with a large umbilical hernia of several years' standing. At that time all active phenomena had ceased, although the alimentary canal was still disturbed. The protrusion was as large as the head, the surface irregular and knotty, over all tympanitic, tense, and unyielding. Some of the knots appeared fluctuating, others hard and resisting. The sensation was various: some parts could stand pressure, others very tender. The colour of the skin around the hernia was normal, while over the knots it was reddish brown; one of these prominent fluctuating knobs was reddish blue and very sensitive. The bowels were confined, suffering from eructations and vomiting. The patient becoming worse from a new attack of exudative inflammation in the old protruding hernia, she was put to bed for three weeks, bowels treated with clysters till all the symptoms disappeared, the red parts over the knots becoming light. Shortly after another attack demanded operation. When the fluctuating sac was opened a large quantity of flocculent serous fluid containing hard pieces were emitted. On closer examination the colon was found to be discharging this serous flocculent matter. The wound was washed out and closed, but the vomiting still continued. The woman suddenly died one hour after the operation. The post-mortem examination of the omentum exhibited the appearance of chronic inflammation.

The second case was a man, æt. 63, who had suddenly been attacked with left-side hernia after a short walk five years previous. He often complained of constipation and colic, slight pain and increase of the hernia. On the 23rd December, 1893, after a stool, he was attacked with severe colic, the hernia enlarged and was tender with vomiting. Hockenegg attempted to reduce it, but in vain; it was suddenly reduced by a discharge of wind, followed by copious stools. On the 24th he was perfectly well, but about 5 p.m. the attack was renewed, and singultus supervened, relieved by opium, but vomiting increased. On the 25th singultus renewed, the hernia tense, gurgling and very painful, which induced us to operate. On opening the sac a red part of the bowel protruded, which at first appeared like the colon, but closer examination revealed a distension of the small intestine. After relieving all adhesions half a metre of the omentum was found protruding, hypertrophic surroundings, with inflamed reddening. On the first day after the operation the patient expressed himself perfectly well, but singultus soon followed. In both these cases we have large hernia and years of protrusion with irritation of the omentum. In both cases we have exacerabations with intermitting inflammatory periods. In both the contents were hypertrophied and complicated, resembling an inflamed joint where the capsule is distended and vegetating through mechanical operations even in loose hernia as well as strangulated.

The Bacteriological Institute.

The Hungarian Minister of Agriculture, in conjunction with the Veterinary College, has arranged to devote a certain sum of money to this particular branch of education, confining the investigations to an accurate examination of all infectious diseases respecting habit, history, and life duration of the microbe.

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The Operating Theatres.

THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET.

Amputation after Ununited Fracture.—Mr. **Edmund Owen** operated on a female infant, about a year old, whose left tibia and fibula had been broken at birth near the junction of the middle and lower thirds. He said that possibly the fracture had for a while passed unrecognised. When the child was admitted into the hospital some months ago, there was no attempt whatever at union, the lower part of the leg and the foot being flail-like. The lower fragment of the tibia was atrophic, and its upper end was somewhat pointed. Soon after admission he had cut down upon the seat of fracture, and having freshened the ends of bone, had adjusted them by a silver wire, and had secured the limb in a permanent and solid dressing. After this the child went on well enough and the wound soundly healed. But unfortunately the fracture eventually turned out as flail-like as ever, and now there was no treatment left but amputation, which he then reluctantly performed. He remarked that ununited fractures in children were of rare occurrence, and all that was known of them would be found in a valuable article on that subject in Sir James Paget's "Studies from Old Case-books." It so happened that this case of ununited fracture was the third on which he had operated recently, and in each instance his treatment had proved ineffectual. One of the other children, he stated was a little boy on whose tibia he had, indeed, twice operated. At the second operation he had had the kind help of Mr. W. G. Spencer, who supplied him with a graft from the diaphysis of the humerus of a puppy, with the idea of stimulating the child's bone and periosteum to form osseous cement; and though, for a time, this child gave excellent promise, the ultimate result had been absolutely disappointing. He hoped, however, to try another operation on that boy before resorting to what seemed to be an inevitable amputation.

ROYAL FREE HOSPITAL.

Operation to Restore the Bridge of the Nose by means of the Breast Bone of a Recently Killed Blackbird.—Mr. **Barrow** operated on a woman, æt. 27, in whom the bridge of the nose had been completely destroyed in consequence of a lift accident some two months ago; the bone had subsequently come away in pieces, as many as twenty-two having been removed. The wound had originally been in the shape of an inverted T, and had been sewn up; after the pieces of bone had come away a great deformity resulted, and the condition interfered very much with the patient's breathing. Mr Barrow commenced by incising the scar at the summit of the T, and next freed the skin and integuments all round the incision, a blackbird was then killed and its breastbone cut out, this, after having been carefully shaped with scissors, was placed in the wound at right angles to the incision, which was then drawn together over it, the bone of the bird taking the place of the bridge of the nose in the patient; the sewing up of the incision took some time and trouble as several of the stitches had to be taken out and the flaps loosened a little more with the knife before being finally brought together, this was in order to avoid all tension. The whole was then freely dusted with iodoform and orders given to apply no dressing but to leave it exposed. Mr. Barrow said he did the operation as an experiment, never having done it before himself nor having heard of its having been performed by any other surgeon. He instanced successful cases of the bone having been replaced in a trephine opening, so he thought it was as well to try and remedy a deformity by taking a piece of bone from a recently killed animal. In the present instance he had selected a bird because he thought the piece of bone utilised was of a convenient shape; there was, he imagined, no other reason for choosing a bird, as any other animal would do just as well; one disadvantage, he pointed out in the bird was, that the corpuscles of the blood were of a different shape to those in the human being, so perhaps there might be less chance for the vitality of the piece of bone after the operation.

ST. GEORGE'S HOSPITAL.

Painful Stump of Three Years' Duration.—Re-amputation.—Nerve Stretching.—Mr. **Bennett** operated on a man, æt. about 40, who had been suffering from acute neuralgic pain connected with the stump of a Syme's amputation performed at another hospital three years ago. The pain had been continuous since that period, and was greatly intensified by pressure over any part of the lower third of the leg, and, on the stump being manipulated, violent spasms were excited throughout the limb, these lasting for half an hour or more. Various anodynes and other medical means had been tried without success, and the patient's health was beginning to fail in consequence of the suffering he endured. It was therefore decided to re-amputate the limb at a higher point although it was by no means certain that this would effect a cure. The re-amputation was performed immediately below the knee-joint, and, with a view to render the chances of cure more probable, each nerve in the stump was seized with pressure forceps and stretched to the utmost extent. Mr. Bennett remarked that the prospects of the case so far as cure was concerned were unfortunately very doubtful, as it was not unlikely that some central changes had occurred in the nervous system which accounted for the pain, although there were no evidences of ataxia, &c. The treatment now adopted he said was therefore only carried out as it seemed right to give the patient the advantage of any chance of recovery, however slight, before resorting to severer methods such as division of the posterior roots of the spinal nerves. He further pointed out that the amputation immediately below the knee was selected in preference to amputation through the knee-joint after Stephen Smith's method, as rapid healing of the stump was regarded as essential, and in the operator's experience the union after Stephen Smith's method was sometimes extremely tedious.

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The Irish Pharmaceutical Society has expunged from its rolls the name of Farlow, otherwise known as "Dr. Franks," the Dublin quack, whose conviction for sending letters with the object of procuring girls for immoral purposes we have already recorded.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 17, 1894.

A BLOW AT NOTIFICATION.

To say that the notification of infectious disease is on its trial is to use one of the commonest phrases of current medical journalism. Nor could one be accused of straying far from the beaten track of commonplace if one were to remark that the various incidents of the encounter are being watched with keen interest alike by friend and foe. There is hardly any modern sanitary law which has excited more determined hostility than the Notification of Infectious Disease Act. At the present moment one is bound to say that the popularity of notification has received a heavy blow at the hands of its own advocates, who in the persons of a London Vestry and its Medical Officer of Health have illustrated one of the most burning objections urged against the Notification Act by its opponents. There can be little doubt that in the main a smooth working of notification can be secured only by a mutual forbearance and co-operation between general practitioners and medical officers of health. On the point of diagnosis especially ought there to be the fullest surrender of individual opinion on the part of the medical officer. An unguarded expression would be likely in many cases to injure the certifying practitioner. So firmly is this standpoint adopted by the profession generally, and also, we had believed, by the sanitary authorities, that it is with something more than an ordinary sense of astonishment and disgust that we read the report of a case which was lately the subject of a magisterial decision in the Clerkenwell Police Court. The facts of this extraordinary affair, as reported in the public prints, are simple. The Vestry of St. Luke's were summoned by a Dr. Evan Jones, of Goswell Road, for the non-payment of a fee of half-a-crown. It appears that in July last the plaintiff formally notified the Vestry of the existence of a case of erysipelas occurring in his practice. At the end of the year he sent in an account, and was surprised a little latter by having his list returned to him with the brief but pointed marginal note "not erysipelas" opposite the case in question. At the same time the Vestry declined to pay the fee, and the consequent discussion at one of its meetings was said to have reflected seriously upon the character of Dr. Jones. The medical officer supported his contention in court that the disease was not erysipelas. To endorse that view a medical man was brought from the West End to give his views upon the subject. This gentlemen is described as a "specialist in erysipelas," a title which must fail to present any definite position to the ordinary comprehension. Surely the recognition of erysipelas should be a part of the most elementary education in medical matters. This specialist, moreover, had never seen the case. His opinion therefore, was derived from hearsay only, and his evidence correspondingly worthless. Why he was chosen and brought into court on such an errand at the expense of the ratepayers is a question that the public press might take up with advantage. His presence in Court had the practical effect of backing up the medical officer in questioning the diagnosis of a medical man simply and solely on a petty difference of opinion. We are glad to say that the magistrates, after due consideration of the facts of the case, came to the conclusion that Dr. Jones had granted the certificate in perfectly good faith, and was, therefore, entitled to his fee. Now this case raises issues of great importance to medical practitioners. Into the vexed question of diagnosis it will be of little profit to enter. Everyone who has any extended experience in practice is aware that there are many borderland cases in which it is for some time difficult or impossible to diagnose with confidence the existence of erysipelas. In typical cases no such difficulty exists: it would be recognised at a glance by a first year's student. When we come to obscurer cases, however, we have no hesitation whatever in recording our conviction that a general practitioner is far more likely to be right than the Medical Officer of Health. The latter misses the practical bedside training that is absolutely essential to an adequate knowledge of the appearances of disease. He is likely to become scholastic, and to frame his opinion on book symptoms. He knows nothing of the marvellous faculty of diagnosis possessed by some men, which at first sight appears intuitive, but which is really the result of patient study and observation. At the best a diagnosis in a very doubtful case may be regarded as a purely tentative view founded on a summing up of probabilities. Such a diagnosis is always open to question, and certainly does not fall within the matters of fact on which a police magistrate may be called to give a decision. The result of the St. Luke's case is of much importance because of the valuable precedent which it has established as to the rights of general practitioners to maintain their own opinion in spite of the contrary statements of medical officials. The next step required for the consolidation of those rights will be to bring an action for libel against some over-zealous medical officer who has publicly questioned the diagnosis of a medical man in his district. In such a case it would not be difficult, one would imagine, to prove damage to reputation. Whatever may be the ultimate issue of these unfortunate differences, few will deny that such ill-advised acts as those of the St. Luke's Vestry are likely to irretrievably damage the cause of notification, but they may draw together the true friends of sanitary progress to take counsel betimes.

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LUNACY ADMINISTRATION IN AMERICA.

WE had occasion some months ago to indicate with a force of language which subsequent events have justified the iniquitous and cruel policy of the Lunacy Commission of the State of New York. It is a question of men and motives, and the average citizen needs no expert evidence to guide him in getting to the bottom of the matter. The facts are plain business facts, that may be called jury facts, and if the average intelligence of the State of New York is not competent to come to a sound jury decision on the matter we are much mistaken. It seems incredible that in this *fin de siècle* age, the State of New York, of all places on earth, should be completely at the mercy of three men in respect of its lunacy administration. One can scarcely conceive it possible that these three Commissioners have legally vested authority to control the commissariat of the eight State hospitals for the insane directly from headquarters, that the Managing Boards of these hospitals may submit schedules of requirements to the Central Board, but cannot contract for or order supplies for their own asylums. These institutions have been hampered and harassed in their work by the pettifogging practices of the Lunacy Commission. In one asylum the patients were deprived of oatmeal for a month because of failure to specify the particular brand desired, though quality and price were mentioned. Striking out requests for nails, timber, lime and bricks had stopped necessary repairs. In another case the complaint is, "We have gone weeks without tea, and then got permission to buy 2 lbs." &c. A conference of Asylum Managers and Superintendents at New York revealed these and other delinquencies of the Lunacy Commission. Numerous instances were given of the positive hardships suffered by the insane in the New York State Asylums, and to cut off the supply of tobacco is but one of many illustrations of the scandalous excisions perpetrated by the red-tape machinery of the headquarters at Albany. It might be supposed that a committee of three would be practically unanimous in working out its self-concerted scheme of economic reform, but it is not so, and though there might be some hope of playing one commissioner against another, in actual practice it does not work to the advantage of the asylums. For example, pipes, valves, fittings, &c., estimated for by direction of Dr. Macdonald, the Medical Commissioner, were disallowed by the Commission of which he is Chairman. An item for hoppers, disallowed, was an estimate for a special kind recommended by Commissioner Brown. Dealing next with the machinery of asylum administration, this absolute and arbitrary Board tries to reduce the strength of the staff, on the principle that insane labour is as good and reliable as sane labour. If an insane person can do without supervision, and can labour to maintain himself, why should he be kept in a State hospital? Why does this cheeseparing Commission not take a broad statesmanlike view of the matter, and shut out from asylum care the men who can apparently work for a living outside in the world at large? They ought to see the end from the beginning, and face the logical result of the fiscal policy and principles which they now enunciate. This Commission would have the patients make the soap, wash the clothes, mend them, herd pigs, do all the farm work, and in short, to use an American phrase, "run the machine" themselves. Did ever a more preposterous idea originate outside an asylum before, either in America or elsewhere?

Now, it may be asked, what is the composition of this remarkable Commission, what is its authority, and what are its duties? It is, as already stated, a committee of three, one medical man, with very little medical spirit or sympathy for the true wants of the insane, and two laymen. The authority of this Commission is absolute, and the history of its present position may be quoted from the *New York Medical Record*:—"Though the projectors of the law creating the Lunacy Commission of this State were governed by the conservative opinions which have made lunacy administration so successful in England, the Commission created by the law was from the first inspired with the idea that reforms in the management of the hospitals could not be effected through the local boards, by friendly advice and assistance, but must be accomplished by its own assumption of executive powers. Instead of making an exhaustive examination of all the institutions in order to discover defects of management, and attempt to remedy them by advice and friendly co-operation, the first notable act of the Commission was to secure an amendment of the entire law. There are three noticeable features in the amended law: (1) The salaries of the Commissioners, already liberal, were considerably raised; (2) The regular and systematic visitation of hospitals—made statutory in the English Act—were made discretionary, the reason of this change, as given by the Commission, being that the individual Commissioners had not the physical ability to make the required visits; (3) A much more simple and direct method of enforcing the orders of the Commission upon the hospital management." We need not quote further. This arm-chair Commission is a political machine, and a disgrace to the premier State of a great Republic. It utterly and ungraciously ignores all local authorities and all local considerations. It has degraded one of the noblest and most humane functions of the State—the care and hospital treatment of the insane—to the level of Profit and Loss accounting. Such a Commission has no *raison d'être*, it belongs rather to the Middle Ages, and we are sure of this, that outside the political machine of which it is a part, and which, if a healthy organism, would have ejected it long ago, there can be no true sympathy with this treatment of asylums for the insane among the people of the State of New York. It is one of the inconsistencies of a country which is the home of local government that such absolute and arbitrary centralisation of power should exist. What would be thought of the English Commissioners projecting and carrying a complete Lunacy Act in Parliament and superintending feeding, clothing, and physicing all the English asylums direct from their office at Whitehall. Compare the relation of the Scotch Commissioners with asylum superintendents as it is so favourably and justly described by Dr. Clouston in the October number of the *American Journal of Insanity* with the state of matters in New York. All interested in the well-being of the insane must sympathise with the Boards of Management and the Medical Officers of the New York hospitals for the insane. They have thrown down the gauntlet. They are backed up by the medical press of New York and Boston, and a long and severe struggle must ensue to have the present lunacy law cancelled, and a new and more enlightened one to take its place. For the sake of the unfortunate insane, and for the credit of New York heads and hearts, we hope this end will be soon accomplished.

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PRIORITY IN THE USE OF ANÆSTHETICS.

Fresh interest has been aroused in this subject by a paper in *The Century* magazine by Miss Simpson, daughter of the late Sir James Simpson. It is quite natural that the authoress should claim the fullest credit for her distinguished father's priority of discovery of the anæsthetic effects of chloroform. That she should be unfamiliar with the fact that anæsthetics were, in some form or other, known and used in surgery from the earliest ages is a curious fact. Few men did so much to trace the use of pain-nullifiers in surgery as the late Sir James Simpson, and his book on the History of Anæsthetics, published in 1871, is still read. The duty of recalling to professional readers the fact that chloroform was the discovery of Guthrie, of Brimfield, Mass., in 1831, and was first used by Ives, of New Haven, in 1832, as an anæsthetic, and was extensively used as a flavouring agent in Great Britain at the time Sir James Simpson first used it, is under the circumstances not a pleasant one. That a young student of medicine should be horrified on seeing a major operation, and at the moment resolve to give up the study of medicine, is not an unusual experience. The majority of our readers have had similar experience in surgery. Simpson has the credit of popularising the use of anæsthetics, but it is a remarkable fact that at the time he was being horrified by Liston's operation ether was being freely used as an anæsthetic, having been introduced into practice by Dr. Long, of Jefferson, Georgia, in March, 1842. The operation was the subject of an exhaustive article in the *Virginia Medical Journal* for May, 1877, by Marion Sims, in which he told the story of the introduction of anæsthesia as told to him by Dr. Wilbite, of Anderson. S. Carolina, who had been a pupil of Long's. In the discovery of oxygen by Priestley we have the genesis of modern anæsthesia, as Mr. Foy has shown in his well-known book on anæsthesia. The name of Sir James Simpson will always be honoured in Medicine; he did much to advance the science, but it is injudicious for his friends to put forward claims on his behalf to honours to which he is in no way entitled. Modern anæsthetics are the direct outcome of Dr. Beddoe's practice of pneumatic medicine by "factitious airs," and it was Beddoes who first experienced the anæsthetic effects of nitrous oxide gas, and soon afterwards he learned from Pearson, of Birmingham, that the vapours of sulphuric ether inhaled had a similar effect in deadening pain. Curiously enough Davy's name is still closely associated with the discovery of the anæsthetic effects of nitrous oxide gas, and Beddoes is comparatively unknown; few know anything of Pearson's letter on the anæsthesia of ether. Long, who first etherised in surgery, is not given the honour due to him; and by reiteration year after year Simpson's friends have persuaded the public and almost the medical profession that he is the discoverer of anæsthesia. It is against this we protest. Simpson was too great a man to desire to decorate himself with borrowed plumes. Granting him all the honour, and it is much, that he won, we nevertheless in honour of the mighty dead refuse to be silent when their works are being filched to enhance the reputation of others. Truth will in time prevail, and Priestley, Beddoes, Pearson, Guthrie, and Long will ultimately be honoured.

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Notes on Current Topics.

The Council of the Royal College of Surgeons and the Privileges of the Fellows.

The Report of the Committee of the Council of the College of Surgeons on the question of the regular meetings of the Fellows was considered at the quarterly meeting of the Council on the 11th inst. The report was to the effect that the meetings in question shall be for consultative purposes only, without having any official or corporate character efficacy; that the meetings shall be summoned by the Council at such times and for such objects as may by the Council be thought desirable, either with or without a requisition from the Fellows; that such requisition must be signed by at least thirty Fellows, and contain a statement of the objects for which the meeting is requested; that two meetings shall be held in each year on the following days, viz., the first Thursday in July and the first Thursday in January; that the subjects to be considered shall be (*a*) matters referred to the meetings by the Council, (*b*) motions introduced by Fellows; that the motions introduced by Fellows shall be signed by the mover, or by the mover and other Fellows, and must be deposited with the Secretary not less than twenty-one days before the meeting; that the President shall determine what motions are in order, and direct the arrangement of the agenda; that the quorum of each meeting shall be thirty, and if at the expiration of fifteen minutes from the hour for which the meeting has been summoned a quorum be not present, the meeting shall not take place; that if after the commencement of the meeting it shall be found upon a count that a quorum be not present the meeting shall be dissolved; that the President or one of the Vice-Presidents, or in their absence the senior member of the Council present, shall be chairman of the meeting, and the chairman's decision shall be final upon all points of order which may arise; that the secretary of the College act as secretary to the meetings and transact all the business in connection therewith. All these recommendations the Council have adopted, and the Fellows of the College will now be in a position to judge of the extent to which their status in College affairs has been improved by these concessions. We shall refer more fully to this subject in a future number.

The late Sir Andrew Clark and Consultants' Fees.

In the current number of the *Strand Magazine* is published an illustrated article concerning the late Sir Andrew Clark, with views of his grave at Essendon, Camfield House, his house in Cavendish Square, of the London Hospital, and others, and in addition an excellent likeness of his eldest son, Surgeon-Lieutenant-Colonel Sir James Clark, the present baronet. The article contains nothing very striking to medical readers, although doubtless the reference made to Sir Andrew and his fees will come somewhat as a surprise to many. The writer says that with respect to fees, Sir Andrew always took what was offered; sometimes he would receive £5,000 for a long journey, sometimes two guineas. For example, after a hard day's work he was urgently summoned to a place one hundred and twenty miles from London. It was a very wet night. There was no carriage to meet him; no fly to be had. After walking a mile or two he arrived at a small farm, and found the daughter suffering from an attack of hysteria. Sir Andrew did what he could, and evidently gave satisfaction, for when he left the mother said, "Well, Sir Andrew, you have been so kind that we must make it double," and handed him two guineas. He thanked them and said "Good-bye." The writer further says that Sir Andrew would never hear of charging more than his usual fee because a person happened to be rich. On one occasion, being in the country, he was asked to see a very rich patient, who was prepared to pay him his full fee from town, but as he informed the medical man that he had not come from London, Sir Andrew would only claim a third of the usual fee. Still he was not indifferent to fees, on the contrary, he rather took a pride in telling how much he earned. He is said once to have received £5,000 for going to Cannes. From Anglican and Roman Catholic clergy, sisters, nuns, and all engaged in any charitable work (unless rich men) he never would consent to receive a fee.

An Undesirable Practice.

Not long since we had occasion to animadvert on the persistency with which a whilom humorous contemporary sought to advertise a certain physician, thus affording incontestable evidence that someone on the staff had—to use Mr. Labouchere's expression—been "got at" by the physician himself or by some over-zealous friend. We are now constrained to believe that Mr. Labouchere himself has been "got at" in the same way, judging from the fact that scarcely a number of his magazine is issued which does not mention the name and speciality of a certain practitioner who is a "specialist on obesity." Whether this is a small token of gratitude for services rendered we cannot undertake to say, in ignorance of the corporeal tendencies of the editor of *Truth* and his major staff. In any event he does his *protégé* sorry service by this injudicious method of touting.

The Tyson Drink Cure.

It will be recollected that a few weeks ago we called attention to an attempt which was being made, under the auspices of certain temperance workers, to exploit this substitute for the nearly defunct Keeley cure in Dublin. The dodge was to get up a committee of inquiry as to the merits of the nostrum, and when, as anticipated, it reported eulogistically, to publish the report far and wide. The enterprise, in consequence of our explanations, failed in Dublin, but we note that the same method is being pursued in the other large towns, notably in Scotland. In Dundee it was recently tried on, when an agent from the Tyson Company came down from London to work up the inquiry. Unfortunately, however, he was anticipated by a report from the *Chemist and Druggist* of a prosecution of the Company in Australia for selling poisons. A patient had died suddenly after taking the "cure," and, though it had been decided the "cure" was not to blame, an analysis had been produced in court from which it appeared that the stuff, largely advertised as "purely vegetable and harmless," contained a large quantity of strychnia. The analyst assayed the value of the medicine which was sold at £10 10s. at 2s., and the judge gave a decree for £5 5s. fine and £10 10s. expenses. This revelation disposed of the chances of the Commission of Inquiry as far as Dundee was concerned, and as reported by our Scotch correspondent last week, ex-Provost Hunter vacated the chair in disgust at the meeting held to promote the "cure." Nevertheless, a show was got up, and 17 irreclaimables were invited, of whom only 6 turned up. They each got a bottle of medicine and a box of pills, and took a dose of each then and there. We are surprised to observe that none of them have yet announced their perfect cure: this generally followed after the first dose as a matter of course.

Poisoning Made Easy.

The London papers observe, with good reason, upon the fact that a servant girl who poisoned herself with strychnia experienced no difficulty at all in getting the drug from an oilman, though she would have found it impossible to get it from a qualified pharmaceutist or druggist without a doctor's order. The fact is so, for under our laws an oilman is subject to no limitation or penalty such as is imposed upon the more regular and better-educated trader. This law is a specimen of several of our statutes, like the Compulsory Notification Acts, which restrict and punish regular practitioners, but leave it perfectly open to irregulars to do as they like. Classes (for instance, nurses and plumbers) who aspire to the distinction of State recognition ought to recollect that if they get what they want the boon will necessarily be accompanied with rigid limitations upon their freedom of money-earning by their trade, while other persons who do not ask for such recognition can continue the same business without any restriction whatever, and can thus beat in life-competition those who are bound down by registration.

The Medical Practitioners' Association.

The Medical Practitioners' Association had a meeting last week at the house of the President, Dr. F. H. Alderson, at Hammersmith, which was largely attended. The reunion was for the purpose of hearing a paper on the subject of "Medical Clubs" by Dr. Johnstone. The reader strongly urged the necessity of establishing medical clubs for the working classes, and drew attention to the advantages to be derived by the medical officer being allowed to discharge his duties unfettered by a committee. A long discussion arose in respect to the various important points to which reference was made in the paper, and in the end the following resolution was unanimously carried: "That this meeting considers that district associations for the medical care of the working classes are desirable, and that a committee of the Medical Practitioners' Association be appointed to consider the matter with a view to carrying it out." The committee was then appointed, and a vote of thanks to the reader of the paper, as well as to Dr. Alderson for presiding, brought the business of the meeting to an end.

Epidemic Disease on Board H.M.S. "Howe."

The *Howe* has not proved a healthy ship since her accident. It will be remembered that last year she ran on some rocks at the entrance to Ferol Harbour, where she lay for months partially submerged. After being brought to England and repaired, she was again placed in commission, and at present this fine battleship is on duty at Malta. However, a great deal of sickness has since her re-commission taken place on board, mainly in the form of an epidemic throat disorder, the precise nature of which has so far not been definitely explained. The naval authorities seem to have become fully alive to the seriousness of the condition of affairs, and it has consequently been decided to renew the whole of the *Howe's* woodwork, the impression being that owing to the long immersion at the time of the accident the wood now gives off foul emanations which have been the cause of the illness among the crew. Surely this proposition is somewhat radical in its nature if the real cause be as that stated. Has everything been done in the way of disinfection? and what reasons are there for supposing that the woodwork especially is at fault? Quite possibly the whole ship requires nothing more than thoroughly disinfecting, which the Admiralty would do well to try, if they have not already done so, before proceeding to expensive works of alteration.

Registrar-General's Weekly Returns.

The returns of Sir Brydges Henniker are now founded on a new estimate. The populations of the thirty-three great centres of industry are now calculated prospectively. For the week ending 6th January, influenza shows a decrease, and also small-pox, although the latter is still raging in Birmingham. Diphtheria has killed 89 persons, as compared with 107 in the preceding week. More than two-thirds of the fatal cases were registered in London. In the "inner ring" of London the deaths from influenza numbered 87, as compared with 164, 147, 108 for the three preceding weeks. The Metropolitan Asylums Board had 2,855 scarlet fever patients as against 3,102, 2,993, and 2,988 on previous Saturdays. No less than 15 infants under one year of age were smothered by suffocation in bed in Inner London alone. In the "outer ring" 8 deaths from measles, 5 from scarlatina, 13 from diphtheria, 22 from whooping-cough, and 5 from "fever" were recorded.

Damp Cellars.

The fact is often overlooked that a damp cellar in a house is a very serious drawback to the healthiness of the residence. Strictly speaking, after the drains, nothing is more important than to ascertain the condition of the cellar. For the most part, architects are content to pay little or no attention to the sanitary principles which should guide them in its construction. If a cellar be damp it is the last place in which food should be kept. The moist air is so favourable to the growth of the micro-organisms of putrefaction that the food is apt soon to become contaminated: moulds grow most luxuriantly, milk turns sour with every thunderstorm, fruit will not keep, and the cook finds herself continually obliged to throw away decayed vegetables. But all the emanations, foul and otherwise, generated in a damp cellar are always certain to pass into the house, owing to the higher temperature of air in the latter. This, of course, means that the inmates must suffer—so much so, that cases of indefinable malaise have been recorded in this connection in which the symptoms caused suspicions that it was the drains hich were at fault. Practically, most cellars are nothing more than a hole, equivalent to a shallow well. There is seldom any provision made for ventilation, and thus from week to week the air contained in the "hole" remains unchanged, and ultimately finds its way into the house.

Lunatics in Workhouses.

Stimulated by a correspondent, the *Irish News* reprimands a coroner for going out of his way in commending the lunatic department of an Irish Workhouse. By a recent order of the Local Government Board, inquests may be held on the insane who die in workhouses. This was the occasion of the coroner's offence against those who are anxious to see lunatics confined in asylums only. A new asylum is necessary, and naturally there is a strong feeling in the Corporation, and an inclination to avoid the expense if Workhouses can meet the requirements and provide for supplementary and harmless lunacy. The question is one which can best be decided by the Government Inspectors and the local authority working harmoniously.

Asylum Abuses—the Old Story.

A correspondence calculated to inflame public sentiment and disparage the justice and humanity of asylum committal and treatment has been inaugurated with the New Year by the *Echo* newspaper, which has an unenviable reputation for its anti-everything proclivities. "One swallow does not make a summer," nor does one case of misadventure justify the spreading of a public *fama* against asylums generally. We cannot vouch for the facts, but an accusation is made against the Lewisham Workhouse, and some person or persons whose names are not published, to the effect that the complainant was sent to Canehill Asylum, and the medical superintendent failed to detect the slightest sign of insanity, so that the individual was discharged within a month, after being brought before the Committee. (In a Scotch Asylum, the patient if found not insane would be discharged at once.) The result of this letter is the appearance of others containing the usual catalogue of grievances. It is a somewhat curious fact that asylum officials rarely receive any kindly words of acknowledgment from patients discharged recovered, and men and women who have been insane and have afterwards done their work in the world well for years may, and not in a few instances do, retain a grudge against the asylum and all concerned. It may be a symptom of the insane diathesis which can never be wiped out, though the patient is cured of his insanity, and the fact that this diathesis exists in the great majority of the patients who have been discharged recovered should make journalists careful not to lend an ear too readily to tales of asylum abuse and ill-treatment.

The Tuberculosis Report.

Still this much-longed-for report hangs fire, and the date of its probable appearance cannot be even approximately fixed. This delay, we hear, is due solely to the fact that Dr. Sims Woodhead, who had undertaken to carry through an important series of observations, is unconscionably behindhand in communicating his results to the Commissioners. We are, of course aware that Dr. Woodhead is a very hard-worked man, but we hope that if the delay be entirely his, he will do his best to expedite matters and set this vexed question at rest, or as nearly at rest as present knowledge and means of investigation will admit of.

Self-destruction Aided by Science.

It matters not in what manner persons bent on suicide proceed to this purpose, the end is the same, namely, self-destruction. The uneducated are satisfied to resort to the common methods of carrying the act into execution, such as hanging, poisons, bullet wounds with firearms, and so forth. But the case is very different when, as it occasionally unhappily occurs, members of the medical profession place themselves in the same category with unreasonable beings who purposely destroy themselves for some imaginary grievance or trouble. Not always, however, can it be said that these suicidal acts are committed by persons who can be held to be responsible for what they do, and especially is this the case when any declension of the moral nature has followed the habitual abuse of some powerful drug. Charitably, we would be disposed to adopt this latter view in the case of a sad, though desperate, suicide of a promising young medical man in Berlin last week. He was addicted to the morphine habit, and being about to become engaged, he became despondent at ever being able to leave off the habit. Resolving, therefore, to destroy himself, he effected his purpose, so the newspaper report runs, by opening all the principal arteries in his head, neck, hands, and feet, making altogether fourteen incisions. Even if for "arteries" one reads "veins," the determined nature of the act would still show that very little reason could have been left in him with which to realise his position. He was found "swimming" in blood, and on a table near was found a bottle half full of morphia, together with a note stating the time at which the last dose of the drug had been taken.

"St. John's Hospital in 1894."

Under the above heading *Truth* testifies to the reformed system of finance and general management now in vogue at St. John's Hospital. The editor of that journal had been appealed to last year by a number of people who were anxious to know whether the present arrangements of the hospital were such as to entitle it to the confidence of the charitably disposed. The same gentleman, as readers will remember, attacked the management in 1888 and 1889, and in the libel actions that ensued the existence of serious financial irregularities was admitted. After personal investigation, Mr. Labouchere has arrived at the conclusion that "subscribers now have as good security for the proper application of the funds they contribute as they can have in any charitable undertaking." At the same time he states explicitly that he does not withdraw opinions previously expressed upon past occurrences at the hospital. There can be no doubt that the enterprise of a lay journal has been the means of bringing to a termination what was, to say the least of it, an unsatisfactory system of management in this hospital, which has for many years past been the subject of more or less recurrent scandal. These and similar affairs simply emphasise the need of a central control of medical charities not only in London, but also in provincial towns.

Hydrophobia.

We have many times endeavoured to make manifest to our readers that rabies is, notwithstanding the occasional recrudescence of a craze about it, so scarce a disease as to be almost unknown and, therefore, that the elaborate laws for the muzzling of dogs are monuments of stupidity and ignorance. In the record of the work done in the month of November last by the Pasteur Institute in Paris, we find additional proofs of our contention. It is reported that, within the month, 129 patients were treated in the Institute, of whom none died. This would, indeed, be an incredible record of success but for the context, from which it appears that in only 5 out of the total number was the animal from which the bite was proved, by experiment, to be rabic. In all the others the only evidence of the fact was the certificate of a veterinarian, a policeman, or of the patient himself. We do not at all desire to discredit Pasteurism. Quite the contrary. Assuming that even two out of the five patients (out of 129) bitten by animals proved to have been mad had received the infection, Pasteur has done much if he saved the lives of these two by his inoculation. Our object is to show how truly ridiculous is the action of Government departments and Boards of Guardians who decree the muzzling of all dogs for no better reason than that 5 persons out of 129 have been bitten by dogs proved to have been mad. As for the other 124 we say that we do not attach the slightest confidence to the statements of policemen, veterinarians, or patients, and that we do not believe that even 1 per cent. of the animals stated to have inflicted bites were rabic. But surely, if the muzzling is to be effective it should be universal, and we shall be amused to see the effort of Mr. H. Gardner, M.P., and his department to muzzle 17 cats, a horse, a sheep, and a pig, all of which were returned to M. Pasteur as the centres of the infection.

The National Leprosy Fund.

Practically speaking, this Fund has now been dissolved, and out of its remains has arisen a small committee consisting of Sir Joseph Fayrer, Sir Guyer Hunter, and Mr. Jonathan Hutchinson, to whom have been handed the balance remaining from the Fund, amounting to upwards of £500, to expend as they may deem best in promoting further investigations into the nature and causes of leprosy. Apparently the idea is to offer honoraria of 50 guineas for papers on certain subjects in connection with the disease. Without, however, agreeing with this plan, which seems to have been decided on, we should like to know what is intended to be done with these papers after they have been written, and the prizes, if any, awarded. Before this scheme was thought of, we believe that a prevalent feeling in the defunct committee was that the money should be expended in bringing out further numbers of the *Leprosy Journal*. This publication, of which four parts have been issued, has proved to be a most valuable storehouse of leprosy literature, and regret can only be felt that the decision should have been arrived at to discontinue it. More especially is this the case, because of the loyal support which the *Journal* received throughout the world from all the best known and able writers and authorities on the subject with which the *Journal* exclusively dealt. It became at once the medium in which the workers on leprosy were glad to record their opinions and experience, and the high standard of the contributions was a sufficient proof of its scientific value. We must express a doubt whether it will be found that the leading leprologists will take kindly to the idea of being asked to compete for prizes by contributing papers on the subject which they have made their own. In all probability they will rightly hold that it would be *infra dig.* to do any such thing, whereas we may reasonably conclude that there would be no difficulty in getting them to contribute to the *Leprosy Journal*, carried on under the same auspices as before.

Physiciancy of the City of Dublin Hospital.

We understand that the physiciancy of this hospital has become vacant by the resignation of Dr. Hawtrey Benson, who succeeded his distinguished father Professor Charles Benson, in this office 17 years ago, and has since been a favourite teacher in the hospital. Dr. Benson, we are glad to know, retires for no other reason than a desire to devote himself solely to private practice. Mr. Broomfield, assistant physician to the hospital, will, we understand, be a candidate for the position, and we have not yet heard that any other competitor has entered the lists. Mr. Broomfield has served the hospital for several years as junior on the physicians' staff, and is certainly entitled to promotion to the physiciancy unless some candidate of special merit presents himself. He is known to be a very competent teacher and an industrious physician.

A Peculiar Gunshot Fatality.

Mr. Elliott, of Aughamillar, near Derrygonnelly, in the co. Fermanagh, lost his life last week by an unusual gun accident. He was cleaning the outside of the barrels of a muzzle-loading gun which was loaded and capped, when he let it fall, and the cap striking against a stone, the charge exploded and lodged in his thigh, blowing away the lower part of the femur and entering the joint. Dr. Kennedy, of Derrygonnelly, was on the spot within an hour, and Drs. Walsh and Gunning, of Enniskillen, afterwards, and the limb was amputated, but, as might be expected, Mr. Elliott died of shock and loss of blood.

The third International Congress of Hydrology and Climatology will be held in Rome on March 29th next, at the same time as the International Medical Congress

Latest Arrangements for the International Medical Congress at Rome.

We are officially informed that in order to meet the convenience of members and their friends accompanying them on the journey to Rome, the Central Committee of the Congress has officially deputed Messrs. Thomas Cook and Son to provide for their accommodation at Rome, and to organise excursions at Rome, at Naples, and to Sicily. Messrs. Cook will charge exceptionally reduced fares for the excursions, and in addition to their regular agents in Rome and Naples, they will send a competent *employé* from London to attend to the arrangements.

Very good hotel and pension accommodation in Rome before, during, and after the meeting will be provided at from 12.50 fr. upwards per day for each person, comprising bed, food, service, and candles.

Excursions from Naples to Vesuvius, Pompeii, Capri, Sorrento, Castellamare, and Baiae for three days, including lodging, food, boats, carriages, and guide, will cost about 70 fr. Excursions to Sicily, ten days, with the following itinerary: Naples, Messina, Taormina, Catania, Girgento Siracus, Palermo, and Naples, including steamers, railways, carriages, guides, boats, and full hotel accommodation, about 280 fr. These prices include 1st class railway fares and hotel accommodation; 2nd class railway fares will be arranged for those who wish it. Intending participators in these excursions should apply at their earliest convenience to the nearest Cook's agency, if possible on or before February 15th next. A programme with full particulars will be appended to the instructions for the journey issued by the Central Committee and forwarded to all enrolled members.

For instructions, cards of identification for the journey at reduced fares, and programmes, application should be directed to the Secretary-General, XI. International Medical Congress, Genoa, Italy.

The great Annie Ruppert has again suffered a fine of £5 and costs for selling her solution of corrosive sublimate as a face wash. This time she made, practically, no defence, but pleaded that her agent had supplied, in mistake, a bottle of the original wash which contained the mercuric chloride instead of her new concoction which is innocent of this drug. The letters, produced did not, however, sustain this plea, but rather showed that she was still trying to carry on the trade, which is very foolish, considering that the people who buy the stuff will buy it just as readily if it contained only sugar and water.

The Local Government Board has sanctioned the borrowing of £2,000 for the erection of an infectious diseases hospital for Rhyl and district at Towyn, Abergele.

The Socialists in the German Reichstag have framed a bill abolishing compulsory vaccination in Germany.

A Cottage Hospital is to be erected at Crewe on ground given by the London and North-Western Railway Company. Mr. F. W. Webb, chief mechanical engineer at Crewe, has promised £1,000, and two further sums of £1,000 each are promised towards its erection. The trustees of the late Alderman Heath have also expressed their willingness to give £650 to the same object.

The mother of a girl employed as a servant at the Fever Hospital, Edinburgh, has made a claim for damages upon the City on account of the death of her daughter, who was accidentally poisoned by one of the nurses at the hospital

In Newcastle, on the 12th inst., two young women, each 19 years of age, domestic servants, living in different parts of the city, committed suicide by drinking carbolic acid, owing to disappointment in love.

A death from an overdose of "bromida" has taken place at the North Kensington Infirmary, but it was not the fault of the drug. A nurse, by mischance, gave twice the prescribed dose.

On the occasion of his 71st birthday M. Pasteur was presented by the Association of Students in Paris with a large silver medal, inscribed as follow: "Presented to M. Pasteur, President of the Association of Students, December 27th, 1893."

Inspector-General of Hospitals E. T. Mortimer R.N., who has just been placed on the retired list, has been succeeded at Haslar Hospital by Inspector-General Duncan Hilston.

The Paris Faculty of Medicine has started a movement to raise a memorial to perpetuate the memory of the deceased distinguished neurologist, Prof. Charcot.

The George Henry Lewes Scholarship in Animal Physiology, tenable for three years, has been awarded to Mr. John W. Pickering.

The names of Dr. W. Gibson Bott and Dr. W. Job Collins have been placed upon the Commission of the Peace for the County of London.

Mr. J. W. Hulke, F.R.S., President of the Royal College of Surgeons, England, has undertaken to deliver the Hunterian Oration at the College in February, 1895.

Professor Virchow has been ill with a severe attack of influenza, but is now making favourable progress.

At the University of Moscow the fees for the curriculum for five years amount to only £80.

Scotland.

[From our own Correspondents.]

Edinburgh University.—From the Annual Report of this University we extract the following figures:—The total number of medical students attending last year was 1,641, 666 (41 per cent.) of whom belonged to Scotland; 557 (34 per cent.) to England and Wales, 74 to Ireland, 79 to India, 229 (14 per cent.) to British Colonies, and 36 to foreigh countries. The degree of M.D. was conferred on 60 candidates, that of M.B., C.M. on 277. The handsome bequest of £5,000 by the late Mr. A. L. Bruce to assist in the foundation of a Chair of Public Health is intimated.

Royal Edinburgh Infirmary.—Last week the two members of the staff appointed by the College of Surgeons as its representatives on the Managing Board took their seats, it is said, under protest from the other members of the Board. Although in many hospitals the acting staff is directly represented on the management, yet in Edinburgh this has never been so, members of the honorary staff having been considered preferable. It has been thought, and is still the opinion in many quarters, that the fact of colleagues being at the same time masters might lead on occasion to some bad feeling, especially if any provisional arrangement as to prolongation of the period of service such as recently came before the Board were again to be brought forward; and again it is pointed out, that if the staff themselves had the right to elect two of their number on the Board to directly represent them, it would not be so bad, but for the members of an outside college, who know that it is against the unwritten rule, to elect two members of the staff as managers seems wrong. Are they to represent their college or the staff? If the staff, what members of it? It is open to the managers to take the drastic step when the annual appointment on the acting staff of the two new managers comes up for ratification to deprive them of their posts. Another reason for the appointment, however, has been suggested. The College of Surgeons as a body is notoriously antagonistic to the women. Its last representatives, who had not served their full time, were thought to be too forbearing to the sex. Two members had to be appointed, strongly anti-feminine, to stiffen the board; the two strongest happened to be members of the staff. *Voilà tout!*

Whooping-Cough in Dundee.—The Medical Officer of Health for Dundee, in his last report regarding the health of the city, refers specially to whooping-cough. He states there were 40 cases of whooping-cough reported during December, and within the same month the disease caused 35 deaths. The obvious inference was that only a small fraction of the cases were reported. Whooping-cough was not included in the list of infectious diseases notifiable under the Act 1882, and therefore the duty of reporting devolved upon the householder alone. In view of the manner in which the householder evaded that duty, it was quite clear that notification by the householder alone, whether voluntary or by statute, was practically worthless.

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Correspondence.

HYSTERECTOMY BY THE CLAMP OPERATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Tait's objections to the operation I use and recommend are so purely hypothetical, and the dangers he appears to apprehend have been shown by experience to be so groundless, that I cannot but think his supposed acquaintance with the operation is more imaginary than real.

The peritoneum included in the clamp separates with the rest of the included stump, and therefore the peritoneum is finally divided at a somewhat lower level than in the usual operation of hysterectomy, and there is nothing to prevent the (granulation) union of muscle with muscle, or tendon with tendon, and skin with skin.

The accurate closure of the peritoneum, which Dr. Bantock and Mr. Tait endeavour to obtain by the use of a single stitch, I obtain absolutely by the wire of the clamp, and there can be no doubt, as Mr. Tait himself suggests, that the perfection of closure is the secret of success. No suture below the clamp is necessary when my practice is followed, and this is a decided advantage, as a suture in this situation is occasionally a source of danger from hæmorrhage.

Less than two years ago (in 1892), when writing our Hospital Medical Report for 1891, Mr. Tait said: "The most serious operation of all those which are performed at this hospital is that for the removal of uterine tumours, technically known as hysterectomy. Since 1879, 48 of these cases have been performed with 20 deaths, giving a mortality percentage of 41·6, a result so disastrous that the operation has been practically given up, only 3 having been performed during the years 1889, 1890, and 1891."

Since this date, and Mr. Tait's retirement from the acting staff of the hospital, some six or seven of these operations have been performed, nearly all of them by my method, and all have been successful. So far there has been no sign of hernia in any case.

I am to some extent concerned about the question of priority. Every surgeon who thinks he has found a good thing likes to have the credit that is just. I have carefully searched all generally available literature and failed to find any description of an operation containing the essentials of my method. I have also asked my friends to do the same with similar result. When a clearer reference than Mr. Tait's is given me I shall be pleased to investigate it.

The method of operation I have introduced and recommended is, I believe, of real advantage, and will prove permanently useful. It is already been copied by others who have seen me operate, and, with a fair field, will find an increasing number of advocates.

I am, Sir, yours, &c.,
John W. Taylor.

59 Bath Street, Birmingham,
10th Jan., 1894.

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SURGICAL PITFALLS—DRUNK OR DYING?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As you have amongst your "Notes on Current Topics," in last week's issue of the Medical Press and Circular, in referring, under the above heading, to the case of the late Mrs. Lyons, which has been so recently brought to notice in connection with two Dublin Hospitals, mentioned the name of Dr. Elliott, who is House Surgeon to this Institution, would you, in justice to that gentleman, kindly ask the profession to refrain from forming any judgment or making any comments about him until such time as he will be in a position to defend himself? Dr. Elliott has, I am sorry to say, been confined to bed, not with severe influenza, as you stated, but with a very serious attack of blood-poisoning, contracted in the discharge of his duties. He is still very weak and prostrate, and is thus prevented from in any way refuting the charges made against him or of defending himself.

On Dr. Elliott's recovery, he will, I believe, be able to give a very satisfactory explanation of his conduct on the night on which the alleged ill-treatment of the late Mrs. Lyons took place here.

I am, Sir, yours, &c.,
R. Hill Shaw, M.B.,
House Surgeon *pro tem.*

Mercer's Hospital,
11th January, 1894.

[We have already pleaded for a suspension of judgment on Dr. Elliott, and expressed the opinion that, when his case comes to be heard, it will be established that he has been hastily judged by the Governors of his hospital, and that his action has been misconstrued by the public. We regret to learn of his serious illness.—Ed.]

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Obituary.

DR. HARKIN, BELFAST.

The not unexpected death of Dr. Harkin last week deprived Belfast of one of the Fathers of the profession in that city. He received his first qualification, M.R.C.S., from the London College of Surgeons in 1840, his M.D. in Aberdeen in 1859, and was admitted to the Fellowship of the London College in 1859. He served for long as surgeon to the Belfast Dispensary, and afterwards as consulting physician to the Mater Infermorum Hospital. His professional position was recognised by his brethren in the appointment of him to the Presidency of the Ulster Medical Society, and he was the contributor of many papers of interest evidencing much medical acumen in the *Dublin Medical Journal* and *Medical Press and Circular*.

SURGEON-COLONEL HILSON.

The death is announced of Surgeon-Colonel A. H. Hilson, C.I.E., retired list, Indian Medical Service, at Norwood, at the age of 58 years. The gallant officer, who was in possession of a distinguished service reward, entered the Army in 1851, and retired in 1891. He served with distinction in the Indian Mutiny campaign, being present at the actions of Sahunpore, Phoolpore, Belwah, Amorah, Doomerajagunj, and Judepspore (severely wounded), granted medal. He also served in the Bhootan campaign, receiving the medal with clasp.

He became surgeon in 1869, surgeon-major in 1873, brigade-surgeon in 1884, and surgeon-colonel in 1888. He was honorary surgeon to the Agra Volunteer Rifle Corps, Inspector-General of Civil Hospitals, Bengal, and on retiring from active service was awarded a distinguished service reward. He was created a C.I.E. only last year.

DR. MATTHEW J. TURNBULL.

The death is announced at Tweed View, Coldstream, of Dr. Matthew J. Turnbull, who was one of the oldest medical practitioners on the Borders, where he had an extensive practice, and was well known and much respected among a large circle of friends and acquaintances. Dr. Turnbull was originally in partnership with the late Dr. Alexander Brown, surgeon, Coldstream, but since the death of Dr. Brown many years ago he had conducted the practice himself. At one time Dr. Turnbull was one of the medical officers under the Berwick Board of Guardians, acting for the western portion of the district, but this appointment he resigned. He took considerable interest in the public affairs of Coldstream, and at the time of his death was Parochial Board representative on the Middle District Committee of the County Council of Berwickshire.

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Medical News.

Hydrophobia in Liverpool.

Hydrophobia has appeared again in Liverpool, and quite recently five persons have been bitten by a St. Bernard dog in the adjacent village of Wavertree. The disease was declared to be present in the dog by Dr. Barron, and the patients have been under the care of Dr. Wearing. The persons bitten were a servant girl, about twenty, and four boys about eight years of age. One of the boys was taken off almost at once to Paris to undergo treatment at the hands of M. Pasteur. The rest followed a couple of days later, a fund having been formed with commendable rapidity for that purpose. A special meeting of the local magistrates was immediately held, and the muzzling order is to be put in force in the district.

Manchester Medical Society.

At the annual meeting on Jan. 10th the following were elected office-bearers for 1894:—President: Dr. John en Maun. Vice-Presidents: Dr. Simeon Holgate Owen, Dr. Thomas Carleton Railton, Dr. William Japp Sinclair, and Dr. William Yates. Treasurer: Dr. Charles Edward Glascott, M.D. Ex-Officio Members of the Committee: Dr. Henry Browne, Dr. Julius Dreschfeld, Dr. Charles Edward Glasscott, Mr. James Hardie, Mr. Frederick Ashton Heath, Dr. Thomas Jones, Dr. Daniel John Leech, Dr. David Little, Mr. Edward Lund, Dr. Arthur Ransome, Dr. David Lloyd Roberts, Dr. Sir William Roberts, Dr. Henry Simpson, Mr. Alfred William Stocks, Mr. Walter Whitehead, and Mr. Thomas Windsor. Elected Members of Committee: Dr. Judson Sykes Bury, Dr. Abraham Matthewson Edge, Dr. Alexander Hill Griffith, Dr. Thomas Harris, Dr. James Mackenzie, Dr. James McNaught, Dr. Siegmund Moritz, Dr. Ernest Septimus Reynolds, Dr. Frederick A. Southam, Dr. John Prince Stallard, Dr. Alfred Harry Young, and Dr. W. Thorburn. Representatives of the Council of the Owens College: Adolphus William Ward, Litt. D., and Edward Donner, B.A. Secretary: Mr. William Coates. Auditors: Dr. Edward Vipont Brown, and Dr. Joseph Collier.

Liverpool Medical Institution.

At the annual meeting held on Thursday, January 11th, the following office-bearers, members of the Council, and Pathological and Microscopical Committee were elected:—President: *Chauncey Puzey. Vice-Presidents: J. Armstrong, P. Davidson, *C. G. Lee, and J. W. Warburton. Hon. Treasurer: *A. Bernard. Hon General Secretary: W. Macfie Campbell. Hon Secretary to Ordinary Meetings: *C. H. Shears Hon. Librarian: T. Bushby. Council: J. M. Chisholm, T. Grimsdale, Richmond Leigh, Percy Marsh, J. Tawse Nisbet, E. J. Phillips, *R. S. Archer, *T. R. Bradshaw, *J. E. Gemmell, *J. M. Hunt, *R. Parker, and *G. S. Stansfield. Pathological and Microscopical Committee: J. H. Abram, F. H. Barendt, A. Barron, *A. W. Campbell, T. B. Grimsdale, G. G. Hamilton, F. C. Larkin, J. R Logan, R. W. Murray, Frank T. Paul, W. T. Thomas, and J. Wiglesworth. Journal Committee: R. S. Archer, W. Mitchell Banks, F. H. Barendt, James Barr, J. E. Burton, William Carter, *J. R. Logan, and *W. Permewan. Auditors: *T. B. Grimsdale and *R. J. Hamilton. Those marked with an asterisk did not hold the same office last year.

Christ's Hospital.

At a recent meeting of the governing body of Christ's Hospital, at which the Duke of Cambridge presided, it was resolved to approach the City Commissioners of Sewers, who are the sanitary authority for the City, with modified plans for the drainage of the hospital, to enable it to be re-occupied by boys until the new school at Horsham is erected. These plans, while admittedly not meeting all the requirements of Dr. Sedgwick Saunders, the Medical Officer of Health, will, it is believed, satisfy every useful purpose without putting the already greatly impoverished resources of the institution to the enormous expense which a complete reconstruction of the drains would necessitate. The Duke of Cambridge will, it is expected, head the deputation to the Court of Sewers. As an evidence that the condemned system of drainage has not been productive of evil results in the past, it is stated that with a constant residential population of 800 boys and staff, 12 deaths have occurred in twenty-four years, and only one of these resulted from an illness originated in the hospital itself.

Odontological Society of Great Britain.

The following office-bearers have been elected for the year 1894:—President: Frederick Canton. Vice-Presidents: London—R H. Woodhouse, Ashley Gibbins, A. W. Barrett; Provincial—F. H. Balkwill, Plymouth; W. E. Harding, Shrewbury; George Henry, Hastings. Treasurer: S. J. Hutchinson. Librarian: W. A. Maggs. Curator: Storer Bennett. Editor of Transactions: Edward Lloyd-Williams. Honorary Secretaries: Cornelius Robbins (Council); J. F. Colyer (Society); Clayton Woodhouse (for Foreign Correspondence). Councillors: London—John Ackery, Arthur Underwood, Harry Rose, C. D. Davis, C. E. Truman, W. R. Humby, W. B. Paterson, Harry Baldwin, John Gartley; Provincial and Foreign—H. C. Quinby, Liverpool; D. W. Amoore, St Leonard's; Wilson Hogue, Bournemouth; G. G. Campion, Manchester; J. McKno Ackland, Exeter; J. H. McCall, Leicester; T. Arkövy, Budapest; A. W. W. Baker, Dublin; F. E. Huxley, Birmingham.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price, 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor

DR. RENTOUL'S letter on "Unqualified Medical Missionaries" is unavoidably crowded out "at press."

MR. ED. EAST is thanked for his note.

MR. G. C. T.—Thanks, but the material would be more suited to the columns of a lay journal. Try the *Family Doctor* or such media as the *Weekly Echo*. We do not give "hints on health" for the edification of the public.

DR. WATSON.—We are not surprised you have received no "satisfactory reply" from the Medical Council. It is not in the province or power of this body to carry such a suggestion into effect.

DR. W. B. (Assam)—We are obliged to our correspondent for the copy of the *Doctor*, a Hindu medical journal, which he sends us. We have seldom seen a more bare-faced quack publication than this appears to be. It is quite possible to understand, as our correspondent expresses it, that "a roaring trade is done in India by the scamps who bring out publications of this sort."

DR. WILSON.—1. Dr. Dawson Turner's work is the most practical work on medical electricity with which we are acquainted. 2. The work of the late Dr. Hilton Fagge will best answer your purpose.

SIR ANDREW CLARK'S DEFINITION OF GOUT.

"WHAT it [gout] exactly means to other people I do not pretend to know; what it means to me I can tell in a few words. By the gouty state I mean the state brought about in certain constitutions by the retention in the blood and tissues of the body of certain acid and other waste stuffs, and their effects thereon."

SANITARIAN.—The infectivity of tuberculosis is being generally admitted in America now, and several States have already passed a law making it a notifiable disease. Our correspondent will find some reference to this subject in another column.

DR. F. C. M.—The matter is not yet officially notified, but we understand it has been decided on, and that an announcement will be made in the course of a few days.

OFFENSIVE HANDBILLS.

A MOST suggestive and objectionable bill has been lately distributed broadcast, some in the letter-boxes of medical men. It advertises a mixture for females ("the strongest on earth") to be obtained at half a crown a bottle. The name of a "consulting medical botanist" is appended, with an intimation that consultation and advice may be obtained free. There can be no doubt whatever that much more is meant than meets the eye in actual print, and one may reasonably assume that this botanist will fleece any women who are foolish enough to walk into his trap. But surely there must be some way of stopping these disgraceful practices. If not, the sooner this subject is brought forward in Parliament the better. We shall be happy to furnish any Member of Parliament with one of the bills in question.

GENERAL PRACTITIONER (Manchester).—An analysis has been made of the much advertised "cuticura ointment," and it has been found to consist of a base of petroleum jelly, coloured green, perfumed with oil of bergamot, and containing two per cent. of carbolic acid.

DR. S. S.—We had a similar application some time ago, and the matter was referred to the firm in whose name the advertisement appeared.

TALIPES.—Our correspondent, we think, has been treated with scant justice. We should strongly urge him to bring the facts of his case under the notice of the governing body of the institution to which he refers. Usually the claim for travelling expenses is one which is determined by arrangement beforehand.

Meetings of Societies, Lectures, &c.

THURSDAY, JANUARY 18TH.

SOCIETY OF ANÆSTHETISTS (20 Hanover Square).—At 8.30 p.m., Dr. Dudley W. Buxton: A Note on Cardiac Asthenia under Chloroform.

SOCIETY OF ARTS.—At 8.30 p.m., Mr. R. D. Oldham: The Petroleum Fields of India: their Present Condition and their Probable Future. (This meeting will be held at the Imperial Institute, S.W.)

FRIDAY, JANUARY 19TH.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Medical Section, in the College of Physicians, at 8 o'clock. Papers:—Dr. H. T. Bewley: Cancrum Oris in Typhoid Fever.—Dr. J. W. Moore: An Unusual Case of Facial Palsy.—Dr. H. C. Tweedy: Notes on a Case of General Obstruction of the Portal System.

ROYAL INSTITUTION.—At 9 p.m., Prof. Dewar: Scientific Uses of Liquid Air.

MONDAY, JANUARY 22ND.

ST. JOHN'S HOSPITAL FOR SKIN DISEASES.—At 6 p.m., Dr. Morgan Dockrell: Lecture with Clinical Demonstration on General Points of Diagnosis in Diseases of the Skin.

Vacancies.

Bradford Infirmary.—Dispensary Surgeon (single). Salary £100 per annum, with board and residence. Applications and testimonials to the Secretary on or before Jan. 23rd.

Buckinghamshire General Infirmary, Aylesbury.—Resident Surgeon and Apothecary (single). Salary £80 per annum, increasing by £10 per annum to £100, with board, lodging, washing, coals, and furnished apartments. Applications and testimonials to Mr. George Fell, Solicitor, Aylesbury, before Jan. 29th.

East-end Branch of the Children's Hospital, Sheffield.—House Surgeon. Salary £70 per annum, with board, lodging, and washing. Application and testimonials to the Hon. Secretary on or before Jan. 24th.

Liverpool Infirmary for Children, Myrtle Street.—House Surgeon. Salary £85 per annum, with board and lodging. Applications and testimonials to the Secretary on or before Jan. 22nd.

St. George's Hospital, London.—House Physician. Also an Hon. Assistant Physician. Applications before Feb. 12th.

Appointments

COWPER, J., M.B., C.M.Edin., Medical Officer of Health for the Shanklin Urban Sanitary District of the Isle of Wight Union.

DIXON, F. J., M.B., B.C.Camb., Assistant House Surgeon to the General Hospital, Birmingham.

FARQUHARSON, G. S., M.B. Lond. Univ., M.R.C.S.Eng., L.R.C.P.Lond., Sanitary Surveyor of the Board of Trade for the Port of Southampton (jointly with Dr. Grange).

GODWIN, A. H., L.R.C.P.Lond., M.R.C.S., House Surgeon to the Wallasey Dispensary.

GOVER, L. D., M.R.C.S.Eng., L.R.C.P.Lond., Resident Assistant to the Wolverhampton General Hospital, Wolverhampton.

GRANGE, F., M.D. Lond. Univ., D.P.H. Camb., Sanitary Surveyor of the Board of Trade for the Port of Southampton (jointly with Dr. Farquharson). Also Medical Superintendent of Quarantine under the Privy Council.

HANN, R. G., M.R.C.S., L.R.C.P.Lond., Resident Medical Officer to the Leeds Public Dispensary.

HENRY, R. W., M.B., B.Ch.Dub., Junior House Surgeon to the Birmingham and Midland Eye Hospital.

HILL, C. A., M.B., B.C., B.A.Cantab., M.R.C.S., L.R.C.P.Lond., House Surgeon to St. George's Hospital.

JAMES, W. D., M.R.C.S.Eng., L.S.A., Surgeon for Skin Diseases to the Sheffield General Infirmary.

LOVETT, W. L., L.R.C.P., L.R.C.S.Ed., L.F.P.S.Glas., Medical Officer of Health for the Colne and Marsden Urban Sanitary Districts.

ROOK, A. E., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for the Eastbourne Union.

THOMPSON, S. R., L.R.C.P.Lond., M.R.C.S., Medical Officer for the No. 1 Sanitary District of the St. Olave's Union, Southwark.

VINCENT, H. B., Medical Officer of Health to the Mitford and Launditch Rural Sanitary Authority.

WILEY, A. D., L.R.C.P.Edin., L.R.C.S.Irel., Medical Officer of the Knaresborough Workhouse.

Births.

BARNETT-BENTLIF.—Jan. 11th, at 50 David Place, Jersey, the wife of P. Barnett-Bentlif, M.R.C.S Eng., L.S.A Lond., of a daughter.

STOCKEN.—Jan. 12th, at Winchester House, Ealing, the wife of Leslie Maury Stocken, M.R.C.S., L.R.C.P., of a son.

Marriages.

KERR—HENDERSON.—Jan. 11th, at Booterstown Church, co. Dublin, by the Very Rev. Dean Dickinson, D.D., assisted by the Rev. Prof. Stokes, D.D., T.C.D., Norman Kerr, M.D., F.L.S., London, to Edith Jane, daughter of the late James Henderson, Esq., Belvidere Lodge, Newry, co. Down.

VICARS—HASKETT-SMITH.—Jan. 10th, at St. Mary's Church, Cadogan Square, S.W., Frederic George Vicars, M.R.C.S., L.R.C.P., son of the late Colonel W. H. Vicars, to Eugéne Matilde, daughter of Captain Haskett-Smith, late Cameronian Highlanders.

Deaths.

BOYD.—Jan. 6th, John W. Boyd, M.D., of New Ross (suddenly, of syncope), while in the discharge of his medical duties, aged 78.

BRADY.—Jan. 6th, at his residence, Ross Lawn, Clonmellon, Dr. Patrick Brady.

GRAVELY.—Jan. 6th, at Cowfold, Sussex, Thomas Gravely, M.R.C.S., aged 76.

HUTCHINSON.—Jan. 11th, at 35 Clanricarde Gardens, London, W., Surgeon-General R. F. Hutchinson, M.D., Indian Medical Service, retired, aged 62.

SAUNDERS.—Jan. 7th, at Woodside, St. John's Park, Ryde, Surgeon-General George Saunders, Bengal Staff Corps, retired, aged 74.

STOWERS.—Jan. 13th, at 41 Finsbury Square, London, Adeline, daughter of J. H. Stowers, M.D., aged 4.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY, JANUARY 24, 1894. No. 4.

Original Communications.

INHALATION OF OXYGEN
AS A
MEANS OF MEDICAL TREATMENT.

By G. NEWTON PITT, M.D., &c., &c., &c.

ALTHOUGH I cannot pretend in the present instance to offer any new indications as to the circumstances under which oxygen gas should be administered I have thought it worth while to insist upon the fact that there are various conditions of extreme gravity which may be most successfully combated by its administration. I would also call attention to several cases in which I failed to obtain any marked benefit from its use, and shall hope to elicit the experience of others in this matter. Like many other new remedies its reputed uses are innumerable; and if used indiscriminately we are apt to miss the right opportunities for its use.

The cylinders of compressed oxygen, as prepared by Messrs. Brin, form an extremely convenient method of administering the gas. The oxygen can be diluted with air by means of the bag and tube supplied, and inhaled for a few minutes at a time; but, if care and intelligence be used, and the tap turned on but slightly, the oxygen may be allowed to escape slowly undiluted from the indiarubber tube which may be held close to the patient's mouth. If the inhalation is to be continued for any length of time the tube should lie on the pillow by the patient's face. I am sure that in many cases to obtain benefit, the inhalation of the oxygen should be continued for a long time, and where marked benefit is obtained it may be desirable to administer as much as 10 to 20 feet in the day, or even more.* The 10 foot cylinder is sufficient for temporary use, but otherwise the 20-40 foot size is preferable. The amount of oxygen remaining in a cylinder is estimated by the weight—five gallons weighing one ounce and costing 5d., and a cubic foot of gas may be reckoned as six gallons.

RESPIRATORY CASES.

Mrs. B., æt. 35, had been confined six weeks previously. She had returned from Brighton five days ago, and while tired on the journey home was wetted through in the rain. Next day she had a rigor and was seen by Mr. Capes. Pneumonia developed at the right base with a temp. 103°-104°. On the fifth day the temperature fell rapidly, and was below normal at night. The patient became very collapsed and exhausted, and when I saw her the pulse, which was feeble and running, reached 140, and there was considerable dyspnœa. The patient was very emaciated and feeble, and her countenance livid and bathed in sweat. At the right base the impairment of resonance was very marked up to the 8th rib, the râles were consonating, breathing slightly bronchial in places. A patch of bronchial breathing had recently developed over the 8th space on the right side as well, with some pectoriloquy. The breathing was very rapid and shallow, and the patient in such a lethargic and barely conscious condition that it appeared as if a fatal termination was almost inevitable. Brandy ℥viij., and champagne nearly Oj., were given during the next 24 hours, and a mixture of nux vomica, ammonia, and tolu were ordered every three hours.

As soon as a cylinder of oxygen could be procured the gas was inhaled at intervals. The disappearance of the lividity and the extraordinary improvement in her appearance was most marked. The gas was then inhaled continuously with the tube resting close to her mouth, and by the morning her condition was quite changed. The lividity was much less, and she was more conscious. From this time she continued to improve, and ultimately recovered. About 20 feet of oxygen in all was consumed.

The beneficial effect of the inhalation of the oxygen was so obvious and marked at the time that there can be little doubt it was the means of saving the patient's life.

Man, æt. 25, a drunkard, who had pneumonia at the left base, which spread up rapidly, giving the following physical signs: Dulness up to 8th rib, bronchial breathing with crepitation and widely spread râles over both chests. He took his food well, but had severe diarrhœa, and slept badly. On the 5th day the pulse was 120, and his strength was failing. In spite of stimulating treatment he died. Oxygen inhalations more or less continuously for some hours did not benefit him. The whole chest was filled with râles on the last day.

A man, æt. 65, a drunken bargee, came in on the fourth day of pneumonia at right apex. He was mortally ill, and oxygen did not avert his death within twelve hours.

A sickly child, æt. 3, with broncho-pneumonia, had been ailing for some time. Numerous râles over the chest with two patches of bronchial breathing; temp. 102°, pulse 120, respiration very rapid. The child became very drowsy, was bathed in sweat, and extremely ill on the 3rd day. With stimulation and oxygen inhalations it was kept going, and after two days it improved and recovered. The effect of oxygen at times was to afford great relief, but not always.

Miss C., æt. 25, with early phthisis of a fairly quiescent type at the right apex. After exposure she developed an acute attack of dyspnœa, with temperature 105·6°. Upon examination there was found at the right apex, as before, deficient resonance with a few crackling râles and diminished voice sounds, but at the root of the right lung there were some fresh râles, with deficiency of breath sounds over the base. The lividity, pain, and dyspnœa continued in spite of all treatment, and were very severe. Oxygen inhalations were found, however, to give more relief than anything, and at first were employed for ten minutes at a time, but after a short time continuously. The relief afforded by it was very great, and was most marked when the temperature was high. The pulse was over 150, and for many days the patient's condition was most critical. The signs pointed to an acute tuberculosis, but when seen nine days later, it was clear that there was a pyopneumothorax, the contents being sero-pus with very little gas. The chest was aspirated, and as soon as possible drained, to the great relief of all the symptoms. Previous to this drainage, about 10 feet of gas were inhaled each day with marked relief to the symptoms, with diminution of lividity, and a great improvement in the pulse. Gradually the condition improved so much that the patient was able to get about a little, but the sinus never closed up. As the phthisis progressed the inhalations were frequently tried for the relief of the dyspnœa and of the lividity, but they were then of little benefit.

In the case of a young girl, æt. 21, with steadily progressive phthisis and emaciation with physicial signs of consolidation followed by cavitation at the right apex, there were attacks of dyspnœa which were very distressing. These came on after midday or at night. The temperature varied from 102° to 104°, and gradually moist, and ultimately consonating râles developed over the left chest behind.

Inhalations of oxygen certainly relieved these attacks and quieted the pulse, the patient generally asking for the oxygen.

In two other cases of advanced phthisis with dyspnœa, rapid pulse and emaciation, oxygen was frequently administered, but without relief. The dyspnœa was more constant in these cases.

Uræmia.

I administered oxygen frequently to a patient, æt. 55, with chronic Bright's disease, the kidney probably being a contracted and granular one. She had a albuminuric retinitis, and at times passed into a dull state of semi-stupor with great drowsiness, occasionally there were slight muscular twitchings, but never any convulsion. Her bowels were kept freely open, and she was on a farinaceous diet. It has been stated that such conditions of chronic uræmia are much benefited by the frequent inhalation of oxygen, in this case no decided effect was produced. On one or two occasions only did she appear to be in any way improved.

Two cases of uræmic coma, in which I administered oxygen, were not benefited by it; my personal experience of it in such cases is not in its favour.

Coma.

Dr. C. Cripps has urged the great value of its use in other forms of coma, particularly that due to toxic agents, such as opium. It undoubtedly, in cases of apoplexy, relieves the extreme lividity due to the engorgement of the lungs, as in one case of mine, where, however, it in no way retarded the fatal ending.

Where coma was profound and it appeared likely that the pulmonary aeration would be very defective, it might be worth while to administer the gas continuously from the onset.

Convalescence.

In cases of convalescence from severe illness with a very feeble cardiac condition, in some cases of neurotic patients with small pulse and a liability to syncope, and in cases of mitral stenosis with considerable pulmonary engorgement and a barely perceptible pulse I am sure that oxygen inhalations will be found a considerable adjuvant to other treatment. From seeing an account of the great benefit received by a convalescent patient from oxygen, I used it in a case of a very feeble patient who was very liable to attacks of syncope and palpitation after an illness, and we found that the patient brightened up and the attacks of cardiac failure could be staved off, while it seemed to act as a general fillip to her appetite and to all her functions.

Anæmia.

In cases of anæmia, and especially of chlorosis, Hayem has shown that oxygen inhalations improve the appetite, digestion, and general condition, increasing the number of red-cells, but not the amount of hæmoglobin; the patient is better able to tolerate iron and so recover sooner. The effects of oxygen are only temporary, and it is only useful as an adjuvant; the patients fall back when it is discontinued.

Albrecht found that 50 anæmic, but convalescent children lost their anæmia, while their appetite and digestion improved when oxygen inhalations were administered regularly. The question of expense and trouble, however, will prevent its frequent use, but in exceptional cases its value must be borne in mind.

Cases are recorded of pernicious anæmia and leucocythæmia which have been markedly benefited by oxygen, but of this I have no personal experience. Dr. Taylor will, perhaps, kindly give us his views, as I believe he had a case in which the results were very obvious, but most are agreed that the benefit is seldom permanent.

Anæsthesia.

Another valuable use for oxygen is in cases of troubled respiration when it is necessary to administer an anæsthetic. Here it has in several instances been of the greatest value, and has greately diminished the risk of operating upon large empyemata where it may be necessary to turn the patient on his side.

In laryngeal diphtheria with obstruction and with collapsed lung or membrane passing down the bronchi, I have in several cases administered oxygen. In no case with any marked benefit, and in some without any appreciable effect. In two the lividity was slightly diminished, but the fatal termination was not appreciably postponed.

The absorption of the full amount of oxygen that the blood in the capillaries can take from the alveoli is so rapid and complete that it is not increased by substituting oxygen for air. This would appear to afford a partial explanation why the inhalation of oxygen has failed to relieve the respiration in cases of laryngeal obstruction, but of course the over-distended right side of the heart, induced by the inability to expand, is a most potent cause of dyspnœa which remains unaffected.

Still, when the air remains unrenewed for long in the alveoli the volume of oxygen must ultimately fall below 12 per cent., which is that of venous blood; this stage would be postponed it would appear if oxygen had been inhaled and so the patient would benefit. It must be allowed that there is still uncertainty why the oxygen often fails to relieve lividity in cases of respiration obstruction, and in what way such cases differ from others in which relief is so marked.

To sum up. The inhalation of oxygen is of marvellous value in some cases of severe pneumonia, especially when there is much lividity and cardiac failure and at the crisis.

It fails in other cases, and I should be inclined to suggest that where the condition is one of mainly cardiac failure and collapse more benefit is obtained than in cases where the serious condition is especially due to a widespread œdema or bronchitis; but on this difference between the two classes of cases I should be glad to learn the experience of others.

Some cases of severe bronchitis and asthma have, however, been benefited by oxygen. In one case of acute upon chronic bronchitis in an elderly lady I saw some, though not very marked, relief of the dyspnœa.

2. In cases of empyema, pneumothorax, and pleuritic effusion great relief can be afforded to the dyspnœa and cardiac failure until operative measures are undertaken.

3. Cases of feeble patients with phthisis may be relieved, but more often there is no marked change.

4. Cases of weakly convalescents and feeble cardiac cases will often derive great benefit, and inhalations may be given periodically for weeks; but oxygen will not restore to health, it must simply be used as an adjuvant.

5. Cases of chlorosis, pernicious anæmia, and leucocythæmia receive great temporary benefit, but the oxygen must be supplemented by other drugs.

6. Conditions of asphyxia and lividity from respiratory engorgement due to cerebral failure and also coma from various cases may be relieved.

7. Its value in uræmia, though insisted upon by French writers, is still problematical.

8. It may also be of value in diminishing the risks of anæsthesia.

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NOTES ON A CASE OF
VENTRAL HERNIA FOLLOWING LAPAROTOMY.

By JOHN J. M'ARDLE, F.R.C.S.I.,
Surgeon to St. Vincent's Hospital.

B. M'G., æt. 27, was sent to me from Louth, labelled urgent. I must say I never saw any urgency about the case, and the details given by the patient as to the origin of her trouble only proved how little we laparotomists are appreciated by the ordinary public. The man who avulses a toe-nail, or passes a Eustachian probe, is a genius in the estimation of the ordinary run of observers, while if we safely guide a case through the dangerous stages of a prolonged laparotomy, and she afterwards gets a curable though enormous hernia, all the credit of a brilliant performance vanishes, and she calmly tells us, or more likely some one else, "The operation ruined me." We know the value to set on such statements. This was such a case, and I approached it with some concern, especially as Drs. Horne, Smith, and myself concluded that a hydrops peritonei was present, and that the patient was not over-vigorous.

I operated on this case on Nov. 14, 1893, assisted by Dr. Smith. Reaching the neck of the sac at one point, I attempted to follow it round, but I failed to do this owing to a sacculation, and was, therefore, obliged to dissect out each sac separately. After examining the interior of the sac I passed a purse-string suture round its neck, and tied it firmly; section of the sac half an inch above this suture was rapidly carried out. While this was being done Dr. Smith held sponges firmly against the cavities from which I had removed the sacculi. I now passed six silk sutures through the firm and freshened aponeurotic ring, drawing the edges well over the fulness produced by the purse-string suture of the peritoneum. These were cut short, and I applied myself to checking bleeding from the subcutaneous tissues. Owing to their great vascularity I was obliged to pass a double thread from the extreme limit of the dissection on one side, and bring it along under the tissues of the floor of the incision and out on the opposite side, so that when I tied down a pledget of gauze on each side the entire centre of the cavity, from which I removed the hernial sac, was obliterated. This deep supporting suture and the skin sutures, applied as I shall hereafter describe, effectually checked the hæmorrhage and completed the operation. A very free discharge of clear serum, amounting to more than half a gallon, took place from the peritoneum when the sac was opened.

There is a disposition to complete operations on the abdomen by passing a row of deep sutures embracing the entire thickness of the abdominal wall, and intermediate superficial sutures usually securing skin only.

(*a*) How often do we in passing the deep sutures revert to the fact, that there is a great tendency to retraction on the part of the essential constituents of a sound abdominal wall. My motion is that many cases depend for complete restoration of the abdominal wall on contraction of a very extensive cicatricial deposit between the widely separated lips of the aponeurotic opening. The failure of one or two sutures to engage a considerable mass of the mid-stratum of the abdominal wall would account for many of the protrusions which follow laparotomy.

(*b*) In the conduct of abdominal sections there is a tendency to use ordinary catch forceps for the support of the peritoneum. I have noticed that many of these bite very hard, and seriously reduce the vitality of tissues subjected to such vigorous pressure. The parts supported by the forceps are drawn at times well up between the layers of the abdominal wall and fixed there by the sutures. During repair these points become the seat of vigorous tissue change, with the object of remedying the ill-effects of over-pressure; if lymph accumulates it must separate the tissues, and as the peritoneum unites rapidly behind the effusion the fluid presses forward and separates those layers which are slow of healing, the aponeurosis being last of all to firmly unite, the tendency is to thus cause a faulty union. To avoid this I have used sharp-pointed forceps so bent that they lie flat on the abdomen, and do not interfere with the further steps of the operation.

(*c*) Occasionally, too, unless all the layers of the abdomen are drawn together, a hæmorrhage occurs during reaction, the skin-wound is closed accurately, exudation has glued the peritoneal surfaces together, and the blood remains between the layers of muscle or aponeurosis, as the case may be, preventing early union, and any vigorous effort causes rupture.

(*d*) Again, low vitality permits lymph exudation to break down, or possibly direct infection sets up a circumscribed suppuration. This prevents the edges of the mid-stratum uniting, and hernia follows.

There are thus many causes of want of union of this essential layer of the abdomen, and I would place them in order of importance—

1. Failure to engage the different layers of this stratum sufficiently in the sutures.
2. Interposition of contused peritoneum.
3. Hæmatoma not becoming soundly organised.
4. Suppuration from inherent or extrinsic causes.

The remedy for this is to suture the abdomen in all laparotomies as we do for hernias, to obliterate all cavities in which blood or serum could collect, and to avoid contusing the peritoneum by using catch forceps such as I suggest, with sharp points.

The steps of the operation, as I believe it should be conducted, are—Incision of skin on one side; isolation of the neck of the sac along this side, then undermining not only the skin, but all the tissues on the other side of the neck, making it possible to cut cleanly through everything down to the neck of the sac with a strong scissors with long handles. This done, and being satisfied by opening the sac that no omentum or bowel remains in it, a Hagedorn's needle is carried round in the sub-peritoneal tissues, like a purse-string. This being drawn and tied, numerous sutures carried with the same needle through the aponeurosis, close the wound over the mouth of the purse after cutting away the sac a quarter of an inch or so above that ligature. Skin sutures passing deeply, and taking up the floor of the wound, are now applied and knotted, and the operation thus completed.

I may add that I consider subcutaneous wire sutures to be ineffectual and dangerous.

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COLECTOMY
FOR ADHESION OF CÆCUM TO AN OLD OVARIAN PEDICLE AND TUBERCULAR APPENDIX.

By A. J. SMITH, M.B., R.U.I.,
Ex-Assistant-Master Rotunda Hospital, Dublin.

A young married woman, name Mrs. G., æt. 24, was sent up from Westport to my gynæcological wards in St. Vincent's Hospital towards the end of September, 1892. She had been then married four years, and had three children, each at full term and healthy. About a month after the first confinement she complained of pain in the right inguinal region, referred to a point midway between the umbilicus and the anterior superior spine of the ilium.

The ovary, when removed, was found to be a fine specimen of hydrops folliculorum. It is preserved in the Museum of the Royal University. [Engraving of specimen was shown.] Pain continued after operation, which necessitated a second exploratory incision six months after, revealing an enlarged left ovary, with cystic degeneration and extensive adhesions between cæcum on old right pedicle.

Adhesion was so intimate that resection of intestine was necessary to separate it, but Mr. M'Ardle agreed with me that such an operation in the patient's present condition would militate against her recovery, so we reluctantly closed abdomen after removing left ovary and tube.

After the second operation in May it was hoped that the intolerable pain would be benefited. Such was not the case. At first there was temporary relief, but soon the old dragging pain returned with renewed intensity, specially at night, and the patient was confined to her bed, a burden to herself and her family. Nothing was left to be done except to separate the adhesion.

I again admitted her to St. Vincent's Hospital in the second week of November last and made a careful bimanual examination. The uterus was still normal in position; the right pedicle, with its adherent intestine, could be easily felt as a thickened indefinite mass; it was distinctly tender. Nothing calling for note was felt on examining the left pedicle. I inverted the patient on Tredenlenberg's table and opened the abdomen a little to the right of the mesial line. There was a slight omental adhesion along the track of the old incision. Before I could put my finger into the pelvic cavity I had to draw aside the omentum and the small intestines—they had become anchored to the pelvic organs by fine adhesions. There was some difficulty in getting the adherent pedicle well into view, but eventually it was brought well up to the abdominal incision. A narrow sponge held by an American forceps was placed under the arch formed by the adhesion; the intestines were protected by sponges wrung out of a warm saline solution. The pedicle and cæcum were now held tense by Mr. M'Ardle whilst I separated the adhesion. To our surprise pus welled up; this was mopped up with moist corrosive wool, and the separating process continued, revealing an extensive ulcerating cavity, formed by the end of the old pedicle, a portion of the wall of the cæcum, and the vermiform appendix. I carefully disinfected the ulcerating surfaces with corrosive sublimate solution 1 in 1,000, and proceeded to deal with each affected portion in turn. The pedicle was short, quite close to the uterus; it was swollen to the size of the last phalanx of the thumb. Many large veins could be seen around its border; they looked like hæmorrhoids, and concealed the ulcerating surface like a monk's cowl. On unfolding the cowl the old silk ligature was found lying quite loose, and apparently unchanged. [Specimen here shown.] The substance of the stump was very rotten, and gave way easily on the least tension. I transfixed it with a stout silk ligature and tied cautiously, and then cut away the ulcerating surface. I ligatured the vessels separately.

The vermiform appendix was next treated. Its behaviour was decidedly interesting—it was quite turgescent like a semi-erect penis, and beat regularly, the rhythm of the beat synchronised with the pulse. Its crown or apex was eaten away by an ulcer of tubercular character, and its stem greatly thickened. The appendix was now held upright whilst I made two oblique incisions through its peritoneal covering, then peeled the peritoneal layer back, as one does the prepuce in circumcision, and amputated the central portion. The tops of the two flaps were next inverted and brought together by two No. 4 silk sutures (as diagram). The ulcer on the cæcum was the size of a two-shilling piece, with undermined edges; it was tubercular; its base was slit across to find its extent, and it was found to penetrate as far as the submucous tissue. The intestine was held up by Mr. M'Ardle, and the entire ulcerating surface was snipped off with scissors, leaving healthy tissue on all sides. The submucous tissue was brought together by a purse-string suture (see diagram); then the muscular layers by interrupted (No. 4) silk sutures, taking in the edge of the peritoneum (see diagram); and, finally, the peritoneum by Lembert's sutures (see diagram); the pelvis was dried and a drainage-tube inserted. The operation, now complete, was performed under sixty minutes.

On recovering from the ether very excessive and persistent vomiting set in, which was so distressing and accompanied by such great abdominal pain that, contrary to my usual practice in abdominal sections, I was compelled to administer ¼ gr. of morphia hypodermically, fearing that the exertion and strain of vomiting might do some damage. About three hours after the operation it was noticed that the temperature was 97° F., pulse 110, and the dressing was soaked with blood. I dressed the case and aspirated out of the drainage-tube about a tablespoonful of very dark blood. I hoped that this dark-coloured discharge pointed to a cessation of the hæmorrhage, and I gave orders for the pulse and temperature to be taken every half hour, and the dressing to be watched. The patient was under morphia, but on the effects passing off, vomiting again returned about 9 o'clock p.m. I happened to be present, and noticed the patient got very pale; pulse 120; temperature subnormal. She complained of severe pain in the abdomen and the sacral region. Her appearance showed much distress. I considered the pedicle ligature must have slipped, so telephoned to Mr. M'Ardle, who kindly came at once. Both of us took extraordinary care to render our hands thoroughly aseptic. The patient was too weak to be removed from the bed, so, with the aid of candles held by nurses, I reopened the abdomen. Blood welled up, just like the hæmorrhage in a ruptured tubal pregnancy. Two fingers slipped down to right side of uterus engaged all the tissues, and effectually checked the hæmorrhage, while the large blood-clots were rapidly removed. We then saw that the silk ligature had cut through the rotten pedicle and was hanging on to a shred. How were we to stop the hæmorrhage—there was no pedicle left? We accomplished it by transfixing part of the uterine wall with a stout silk ligature, tying in two bundles; this controlled the hæmorrhage. For extra safety separate ligatures were put on the vessels. I took the opportunity of examining the intestinal suture, and found the suture track well glazed. I then flushed the abdomen with a warm saline solution and left in a drainage-tube; the excess of saline fluid was not aspirated—it was left to be absorbed by the peritoneum, the anæmia of the patient was so great.

Her recovery was uneventful, and was remarkably afebrile. The pains are all gone. All the incision stitches were removed on the eighth day, except the suture in the drainage tube track, which was taken out on the tenth day; union perfect.

What was the cause of the pain—I believe now that there was originally a tubercular deposit in the appendix; a low form of inflammation was set up, and it became adherent to the cæcum, infecting it; its subsequent adhesion to the pedicle stump was a mere accident. Critically, I believe this to be the case, and the severe pain suffered by the patient was the same in position, intensity, and character as that for which she was originally operated on; and that the coincidence of an enlarged and painful ovary, accompanied by severe menstrual floodings, caused the condition of the appendix to be overlooked.

I beg to call attention to the fact that this case illustrates—

1. The value of drainage.
2. The rapidity of glazing after suture of the intestine.
3. The rapidity of suture by the purse-string and Lembert's method.
4. How, even after very copious hæmorrhage, death may be arrested by prompt treatment.

And 5. The necessity for careful examination of the vermiform appendix in cases of persistent right side pain.

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A MECHANICAL TREATMENT OF PHTHISIS.

By NOBLE SMITH, F.R.C.S.Edin.,
Surgeon to the All Saints' Children's Hospital, and Surgeon to Out-patients, City Orthopædic Hospital.

I AM about to describe, as an entirely new remedy for tubercular disease of the lungs, a method of mechanically expanding the thorax and of permanently enlarging the aerial capacity of the lungs.

The *modus operandi* of this treatment is based upon facts long established and accepted by physicians, and although I am for the first time publishing this method, I have been for many years watching the effects upon a variety of patients suffering from various troubles of the respiratory apparatus.

I will, in the first place, assume that the following statements are accepted facts:—

(1) That the deposit of tubercle is more prone to occur at the apices of the lungs than at other parts.

(2) That in a large majority of cases of phthisis, disease commences in these situations.

(3) That the reason of tubercle deposit occurring firstly in the apices, is the less liability of those parts of the lungs to be fully aerated.

(4) That this lessened liability to aeration depends upon (*a*) the mechanism of respiration; (*b*) upon the general want of physical stamina of the patients, leading to a lessened effort of respiration, and a lessened liability to hold the body erect.

(5) That all measures which tend to increase the vital capacity of the lungs—such as outdoor occupations and exercises which develop the thorax—also tend to lessen the progress of tubercular disease, and even materially to help to cure that disease when it is dealt with in the early stages.

(6) That whatever other remedies may be desirable, the increased aeration of the lungs with pure air is of immense value in the treatment of consumption. Physicians have aimed at killing the tubercle bacilli, and they have failed. It remains for them, however, to render the soil unfit for the cultivation of these bacilli, or, in other words, to so increase the patient's vitality that tubercle cannot thrive upon them. To increase the vitality to the greatest extent we have to employ various remedies—climatic, dietetic, medicinal, and hygienic—and we all know how much depends upon the careful application of these measures.

It is difficult to imagine that any very notable improvement in the above remedies, unless it be under the head of "medicinal," can be effected. As regards the greater expansion and more thorough aeration of the lung cavity, very little has yet been done, and I think that the plan of treatment I am about to describe is incomparably superior to all other methods that have ever been advocated for the attainment of the same object. In fact it is the only method by which a sustained condition of greater expansion can be effected while the patient is at the same time getting about and carrying out all the other details of treatment which come under the heads already quoted.

Dr. Sylvester, who, as the author of "The Physiological Method of Inducing Artificial Respiration," has a world-wide reputation, recognised the great importance of this object of treatment. He wrote a pamphlet entitled "The Physiological Method of Treating Consumption," in which he urged most strenuously the value of increasing the vital capacity. He referred to the inability of phthisical patients to use sufficient exertion to fully expand their lungs. He described how he had inquired as to the weight of the upper extremities, and that according to experiments carried out for him by the late Mr. John Wood, the average weight of the arms in males was 7 lbs. 7 ozs., and in females 5 lbs. 10 ozs., and that when the individual was deficient in strength the influence of these weights caused a depression on the upper ribs, and materially impeded the aeration of the apices of the lungs. He experimented with the spirometer, and found in a certain number of individuals that with the arms hanging down, the number of cubic inches of inspiration being from 150 to 180, this volume was directly increased to 190 when the arms were supported upwards. Even when the patient retains an upright posture the arms tend to slide forwards and depress the thorax, and it will be found that the scapulæ are then drawn forwards from the central line of the spinal column, as shown in diagram A, which represents the shoulders looked at from above downwards, whereas the appearance should be as in diagram B.

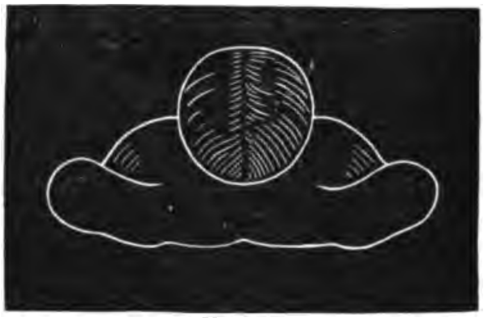

FIG. A.

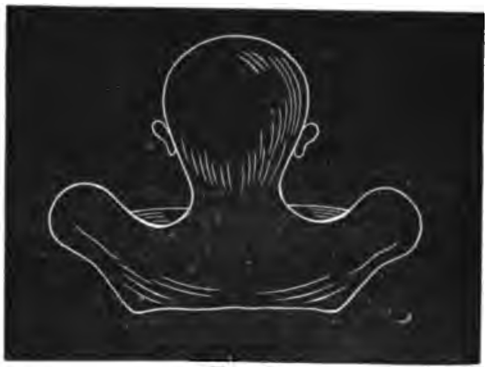

FIG. B.

These two figures are copies of sketches which I made from a patient (A) before and (B) after treatment had been carried out for a few weeks. This is only one case out of a large number. There is frequently also a great inclination to stoop, and the stooping position greatly increases the depressing effects upon the thorax. It is upon patients where there has been a stoop that my experiments have been chiefly made, and I have already described the pernicious effects of persistent stoop upon the respiration. Phthisical patients have a great tendency to stoop. The stooping attitude prevents the proper action of the ribs, and so lessens thoracic respiration, and impedes the breathing to a very serious extent. The abdominal muscles are also relaxed, and the power of acting upon the abdominal visceera in the processes of expulsion are interfered with. The chest is invariably flattened, and the action of all the viscera interfered with.

The researches of the late Dr. Hutchinson upon the movements of the thorax show conclusively how important a matter is the maintenance of a natural "vital" capacity. This is, of course, a large subject, and one which I will not trouble you by dilating upon.

Dr. Sylvester, in devising a plan of treatment to deal with this difficulty in cases of consumption, advocated a chair with arms sufficiently high for resting a patient's upper extremities, and with a frame-work above with pulleys for the patient to exercise the arms held above the head. He also suggested a plan by which the patient could stand erect and use two slender poles about six feet long, one in each hand, placed perpendicularly, one on each side of him, the lower parts of the poles resting on the ground a little in advance of the heels, and by raising his hands, clasping the pole as high as he could conveniently reach, so as to allow the weight of the upper extremities to be borne by the poles instead of by the patient. Then, expanding the chest, he was to draw a deep inspiration for about two seconds. He remarked that tubercular deposits in the air cells were practically outside the body, and that by the free entry of the air to the parts affected the tubercular matter might be eliminated, and the site undergo a sort of repair, the cavities gradually contracting, and ultimately becoming obliterated.

I am now, however, treading upon ground which is far better known to my readers than myself, and regarding which I cannot pretend to speak with their authority, but I think they will admit that whatever may be the exact process of benefits derived from complete aeration, there can be no doubt that such benefits are very great. The results obtained by Dr. Silvester were of a very encouraging kind. As far as this treatment went it seems to have been beneficial, but although Dr. Silvester's plan effected in the treatment of phthisical patients, such treatment continued necessarily only for very short periods at a time. If a patient will rest in a chair with the lumbar part of the back supported, and the shoulders thrown back, and the elbows resting upon very high arms, the chest may undoubtedly be placed in a good position, but for how long a time is this to be maintained?

Whenever the patient moves from that one position, or stands up, or does anything else but sit in that one constrained attitude, the chest falls down to its old position, and not only is the effect removed for the time, but there is very little probability of a greater development of the thoracic capacity. Then, again, as regards exercises, undoubtedly Dr. Silvester's method is a good one, and tends very much to develop the chest; but let us consider the amount of time which a patient can devote to this exercise. Even if the health be good, and the patient comparatively robust, he cannot be always sitting in a chair exercising, or walking about with poles to support him, let alone the peculiarity and irksomeness of the occupation, and therefore one cannot expect to get more than very limited results.

There is another point which has to be considered: the physical strength of the patient, which in cases of phthisis, or threatened phthisis, is considerably depressed; so much so, that they are generally unfitted to go through sufficient physical exertion to correct the depressed condition of the chest, and they are very often harmed by any attempt to use such exertion. Gentle exercises—which in their case will be found beneficial—will be very much exceeded by attempts to forcibly increase the chest capacity.

My plan of treatment consists in drawing the shoulders backwards by soft shoulder straps to a pad placed centrally between the scapulæ, and permanently held so. There are many so-called *braces* largely advertised in the present day for effecting this purpose, and if my plan consisted in nothing more, it would be open to the grave objections which I raise against these patent braces. They pull the shoulders back, and give a false appearance of improvement, but they do nothing to relieve the chest from the weight of the arms themselves. Consequently, you will find upon a close examination, that the chest is little—if at all—increased in capacity, while there is so much constraint due to the enforced position of the shoulders, and the spine is almost sure to curve in one or other direction. The braces, moreover, tend to pull the shoulders downwards, and so increase the weight which has to be sustained by the trunk. My plan consists in keeping the central pad to the level of the shoulders, and so producing a somewhat upward support, by carrying a light steel rod down the back to the level of the seat, there to be maintained by a pelvic belt.

With this alone we find that there is a tendency in sitting for the spine to project backwards, and in standing, for the abdomen to sink forwards, causing a condition of lordosis. To obviate these postures a pad is placed in the centre of the back to prevent the backward projection in sitting, and a belt is placed in front of the abdomen to limit its projection while the patient is standing.

My practical experience of the results of this treatment is of the most satisfactory kind. Although I have not dealt with patients simply for the treatment of phthisis, the cases which have come before me clearly indicate the benefits which such patients would derive from the method.

On May 11th, 1886, a young lady, æt. 16, was sent to me by Dr. Charles Myers, of Louth. She had been very delicate from the age of 4, after measles and dysentery. The weakness increased during the summer of 1885, exaggerated again during the first months of 1886. She had drooped her head forwards during the last three years, the spine curved backward, the chest was flattened, so that it formed a vertical line with the abdomen. Her appearance was that of a phthisical person; she was ashy pale with a hectic blush, and as several members of her family had died of tubercle it was naturally feared that this patient was similarly affected. She had suffered from almost constant cold and cough during the last two and a-half years. Upon percussion I found some dulness over the apex of her left lung. There was pain in the region of the eighth, ninth and tenth dorsal vertebræ, and the seventh projected slightly. I treated this patient in the manner described above, allowing her to get about as much as she liked.

By gradual adjustment at intervals I brought her into an upright position, care being taken never to cause discomfort to the patient. Great relief to all the symptoms was experienced almost from the commencement of treatment.

In a week the dulness at the left apex was gone, showing that the air now entered the lung fully. The improvement in the whole health was very rapid; the cough ceased, pain in the back went away, the appetite improved, and on July 27th—less than six weeks from the commencement of treatment—I was able to note, "No pain, looks better, stouter, and brighter," in fact, the change in her appearance and health was very remarkable. She has continued to improve, has become stout and robust, with good colour. I have seen her within the last few months.

Another case was that of Miss M. F., æt. 9, sent to me by Mr. T. E. Parsons, of Wimbledon, September, 1885. She had been subject to a spasmodic cough for several years, and could not sit up straight. She had been seen by many eminent physicians, but the exact cause of the cough was obscure. The chest, however, was much contracted, and phthisis was feared. From the day on which the apparatus was applied this child began to get better, and in a few weeks the cough left her. I saw this patient about two months ago (June, 1893); she had grown to be a fine girl, perfectly robust; her health is perfect, and she is an excellent figure.

I could add dozens of similar cases, but I have selected these two because they are some of the earlier cases of which I have full records, and because I have recently seen these patients and can report on their present condition.

In advocating this new plan of treatment, or perhaps I ought to say *item* in the treatment of phthisis, I wish it to be most thoroughly understood that I am not advocating it in the place of other measures. We all know the value of a combination of every remedy to counteract the ravages of tubercular disease, and to do the best for any patient undoubtedly involves a large amount of trouble and attention. A high and dry situation, a comparatively mild atmosphere, pure air, carefully selected foods, probably also massage, and various medical remedies, are all necessary, but I would add that until we have mechanically increased the vital capacity of the lungs, and have taken measures to keep the patients in an upright position, with their arms supported without great muscular effort on their part, we have not given those patients the best chance of improving their health or recovering from one of the most prevalent diseases with which this country is afflicted.

The question may still occur to some of my readers—Why not develop the chest by exercises? I have already answered that question, but I may reiterate that a great many of the patients are far too feeble to be able to carry out prolonged or systematic exercises. If they are strong enough, by all means let them be drilled and taught to take prolonged inspirations, but the effects thus produced will be infinitesimal in comparison with the result of mechanical development. The effect of the latter is *immediate*, is *continuous*, and is without the effort of the patient. The former process is *slow*, is *interrupted*, and is only produced at considerable and generally harmful expenditure of muscular exertion.

The apparatus which is necessary to carry out this treatment is comparatively light; is felt as a great support and help by the patient; it does not interfere in the slightest with development; it allows perfect freedom of use to the muscles, and upon the whole is fully appreciated by the patient on account of the personal comfort derived from using it, and the immediate and rapid benefits to the general health.

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Selected Prescriptions and Therapeutic Notes.

29—For Insomna in the Acute Infective Maladies of Children:—

℞ Chloralamide, gr. xv;
Liq. ammon. acetatis. ʒijss;
Syp. simplicis, ℥ss;
Aq. distill ad ℥viij.

M. Sig. One teaspoonful every four hours (for a child of three years.)—M. MARCUS.

30.—Carbolic Acid in Pruritus.—The following preparation is highly spoken of:—

℞ Acid carbolic, ʒjss;
Liq. potassæ, ℥j;
Ol. lini, ℥j;
Ol. bergamot, ʒiij.

M. Shake well before using.—DR. BRONSON.

31.—For Acute Articular Rheumatism:—

℞ Acid, salicylic, ʒjss;
Alcohol. absolut., f℥j;
Olei ricini, f℥ij.

M. Sig. Apply topically morning and evening by means of saturated compresses, covered by an impermeable dressing and held in its place by a flannel bandage.—RUEL, *Rev. Méd. de la Suisse Rom.*, 1893.

32.—A Simple Remedy for Coryza:—

In the *Revue Medicale*, the following is given as an excellent remedy for coryza. A ripe lemon is taken and some of its juice squeezed into the palm of the hand. The juice is then forcibly inhaled up the nostrils. Two or three such inhalations will suffice, it is said, to cure an ordinary cold.

33.—Nitro-Glycerine in Sciatica:—

Dr. Lawrence (*Revista de Ciencias Medicas de Barcelona*) reports the case of a carpenter, æt. 52, who suffered for several weeks with sciatica. In order to alleviate the pain he had become a morphine user and could not abandon the habit. After trying a multitude of drugs he gave him a 1:100 solution of nitro-glycerine, one drop three times a day, gradually increasing the dose to five drops. Relief was almost immediate, and in ten days he could resume his work, completely cured.

34.—Epistaxis.—Plethoric cases are relieved by:—

℞ Tinct. aconit., gtt. viij;
Liq. ammon. acetat., ℥i.

M. Sig. Teaspoonful every half-hour.

In anæmic cases may be employed:—

℞ Strychniæ sulphat, gr. $^1/_3$;
Tr. ferri chlor., ʒij;
Vini ergotæ, ℥ss;
Syr. simplices, ℥iss;
Aq. destill. q. s. ad ℥vj.

M. Sig. Teaspoonful three times a day.
Medical Bulletin.

35.—Ascites from Cirrhosis:—

℞ Resinæ copaibæ, ʒiij;
Spiritus rectificati, ℥j;
Mucilaginis acaciæ, ʒij;
Aquæ, ad ʒxij.

Misce et fiat mistura.
A tablespoonful to be taken three times a day.
The Practitioner.

36.—For Neuralgia:—

℞ Exalgin, gr. i-ij;
Sp. chloroform, ♏x;
Aquæ, q. s. ad ℥j.

M. Sig. For one dose. Repeat every four hours.
Dr. G. G. YOUNGER.

37.—A Good Nerve Tonic in Debility.:—

℞ Liq. strychniæ, ♏v;
Liq. arsenicalis, ♏iij;
Tinct. aurantii, ♏xx;
Tinct. zingiberis, ♏x;
Sp. chloroformi, ♏x;
Aq. distill. ad ℥j.

M. For one dose. Twice daily after meals.

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WE regret to hear that Mr. Walter Rivington, Consulting Surgeon to the London Hospital, has during the past fortnight been confined to his house with a Pott's fracture. Fortunately the fracture is a simple one, but some weeks will have to elapse before he will be able to resume his professional duties.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Obstetrics.

Meeting held Friday, December 22nd.

The President, Dr. **Andrew J. Horne**, in the Chair.

EXHIBITS.

Dr. **Andrew J. Smith** exhibited—1. Tubes and ovaries removed for rapidly growing fibro-myoma accompanied by profuse hæmorrhage. On rotating the tumour to get left ovary, the mesentery was bruised. The patient's pulse before operation was 90. Directly after operation it fell to 36, and remained between 36 and 40 for forty-eight hours. The pulse was slow, deliberate, non-compressible, like the slow pulse of digitalis poisoning. He attributed the slow pulse to an inhibition of heart through the crushing of the mesenteric nerves. She made a good recovery. 2. A hydrosalpinx removed from a patient who, eighteen months before, had a severe attack of puerperal blood-poisoning. Her temperature before operation was 100° F. at night. The tumour was covered with very extensive adhesions. The points of interest are—The attack of puerperal fever, the presence of a cystic tube, with temperature of 100°, and still contents of cyst clear serum. Recovery of patient perfect.

Dr. W. J. **Smyly** exhibited—1. A ruptured tubal pregnancy. The patient had borne one child, and had a miscarriage—the former about eighteen months, and the latter about ten months previous. For about two months before the accident she complained of pelvic pain, a bearing down sensation, and a constant though moderate red discharge. The rupture was attended by violent pain and repeated faintings. The abdomen was opened four hours later, and the right Fallopian tube, together with the ovary and a large quantity of blood, removed. The specimen consisted of the right Fallopian tube and corresponding ovary, and showed a small crack on the posterior surface of the tube, which was distended to size of a small sausage, about half an inch from the fimbriated extremity. 2. A myoma about as large as a fœtal head, which had been embedded for about a quarter of its surface in the fundus of the uterus. The tumour having been enucleated, the cavity left was stitched up from the bottom, and the abdomen closed. The patient made a good recovery. 3. This specimen was a uterus about as large as a fœtal head infested with myomata and with cancer of the mucous membrane. The organ was removed by the mixed method. The cervix having been freed per vaginam the entire organ was extracted by abdominal section. The patient recovered. 4. Two tubes removed for pyosalpinx.

VENTRAL HERNIA FOLLOWING LAPAROTOMY.

Mr. **M'Ardle** read some notes on and brought forward some cases to support the view that the mid-stratum of the abdominal wall was the essential one to secure in completing operations for ventral hernia, or after laparotomy then continued. These will be found in another column. In the discussion that followed

Dr. W. J. **Smyly** said when a congenital umbilical hernia was cut down on, a very thick ring was found at the edge of the aponeurosis, and it was very easy to split it up with scissors. One could then turn one flap down and the other up so as to get flat surfaces of aponeurosis opposed to each other. He did two operations of the sort by the flap-splitting method of Tait, but as he had not seen the patients since he could not speak as to the ultimate result. Hernias that occurred after abdominal section were a great trouble, and brought discredit upon the operation of abdominal section. In order to avoid them one had to make the incision in a certain way and in a certain place, and stitch it with certain precautions. All these certainties were nothing more or less the uncertainties, and if different books were consulted they would see that different men laid emphasis on points totally opposed to each other. He thought it was a matter of importance not to make the incision through the linea alba, but to one side of it, so as to lay open the sheath of one rectus muscle. Good union would be the result, and especially so in cases where the tissues were stretched by large tumours. The incision should also be as high up in the abdomen as the circumstances of the operation would permit, and the incision itself should be clean-cut and not bruised. He had given up gradually the use of the pressure-clips, and he was struck lately by how little the most successful operators had used them. There were a great many different methods of suturing, but he thought the simplest method, that of Dr. Martin, the best, especially when the results were equal.

Dr. **Parsons** inquired as to the advantages gained by suturing the abdominal wound in layers.

Dr. A. J. **Smith** said that he had adopted Mr. M'Ardle's method. He thought that the layer directly over the elastic layer retracted considerably. He thought more attention should be given to the middle stratum than to the peritoneum or skin. In all the hernias he had seen it was owing to the non-approximation of this stratum. They should examine carefully each suture and see that it went through the stratum, as sometimes the superficial layer retracted.

Dr. F. W. **Kidd** thought it was admitted that often there was damage done to the tissues by the pressure forceps. It would be of interest to him to know what other means were adopted to check hæmorrhage from bleeding points.

The **President** referred to the greater likelihood of hernia occurring after suppuration in the suture track. He mentioned the case of a patient from whom he removed the appendages, and who, several months afterwards, during an attack of severe bronchitis, suffered from a considerable protrusion.

Mr. **M'Ardle** said if he had done nothing more than elicit those valuable remarks of Dr. Smyly he would be well repaid for his trouble. He said flap-splitting was the only operation where the peritoneum was fixed to the ring—it was the only one where they could have material for their sutures. He was glad to hear that the use of clips was lessened considerably, and he did not believe that a great number of sutures were necessary. With reference to Dr. Parson's question, he said the importance of the third layer of sutures was that it leaves no space in which fluid could accumulate.

Dr. A. J. **Smith** read a paper on

COLECTOMY,

Which will be found in another column.

In the discussion that followed—

Dr. W. J. **Smyly** thought the method Dr. Smith adopted with regard to the appendix a very neat one. In one case where he removed the appendix he simply pushed in the stump and stitched the peritoneum over it. While in Germany lately he had seen an appendix removed, and the operator simply tied it as if it were an ovarian pedicle, and snipped it off.

Mr. **M'Ardle** said he belived that in the peculiar movement of the appendix they saw the cause of the spasmodic pain that the patient suffered from. It was the contractions of it which caused the pain, and there were many cases of intestinal obstruction where attachment of the vermiform appendix set up either spasmodic or paralytic obstruction.

Dr. **Parsons** inquired whether Dr. Smith's statement as to tubercular ulcer of the appendix was made from a naked-eye or a microscopic examination? As far as he was aware tubercular ulcer, confined to the vermiform appendix, was comparatively rare.

Dr. A. J. **Smith**, in reply, said he found the method of amputating the appendix exceedingly quick, while it was a very secure method also. He thought the pain was due to these curious contractions of the appendix. In reply to Dr. Parsons, he said he had not yet had time to make a microscopic examination, but in the opinion of experts it was a typical tubercular ulcer, and there was no evidence of any concretion.

STRICTURE OF TRANSVERSE PORTION OF COLON.

Dr. **Doyle** exhibited a specimen of stricture of transverse portion of colon, and said the specimen was taken from an old lady who had previous attacks of enteritis and gastritis. In June last she suffered from partial intestinal obstruction, and he proposed some operative procedure which could not be carried out. On making a *post-mortem* he found both sides of the stricture distended, showing that it was not completely occluded. At the point of the stricture there was a band going towards the right side. He would account for the symptoms of intestinal obstruction occurring every week, thus—when the contents of the upper portion of the bowel passed into the descending portion, the transverse portion was weighed down, and so caused greater narrowness of the stricture, with the result that symptoms of intestinal obstruction were set up, and these passed away according as the lower colon was relieved of its contents.

Mr. M'Ardle said he had seen the case in consultation with Dr. Doyle, and at the time he diagnosed the obstruction as being in the large intestine. He said the tag prevented the passage of the vermicular contractions over that spot; consequently, emptying the bowel was brought about by stimulation of the rectum, which caused contractions of the lower part of the bowel to be set up.

The section then adjourned.

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HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, January 4th.

The President, Mr. Malcolm Morris, in the Chair.

Dr. Sidney Phillips showed a patient with syphilitic gumma associated with a secondary eruption.

Dr. Gibbon, who only saw the legs of the patient, doubted whether the sparse pustular eruption was at all due to syphilis. It did not follow that, because a healthy-looking young woman, like the patient, had a primary sore, any and every eruption on her skin must necessarily be syphilitic. He said the supposed gumma on the leg was very different in its appearance and feel to any gumma that he had met with. It was hot, inflamed and tender and surrounded with œdematous cellular tissue. The healthy colour and appearance of the patient belied the assumption that she was suffering from secondary and tertiary syphilis. The best test for the nature of the tumour in the leg would be specific treatment.

Mr. Lockwood said the so-called gumma had run a very unusual course. When a gumma softened it was quite unusual to have so much inflammation and cellulitis. With regard to the pain in the head nearly all young females have cephalalgia at the commencement of syphilis.

Dr. Sidney Phillips replied.

Mr. C. B. Lockwood read a paper on

TRANSIENT APHASIA OCCURRING DURING THE COURSE OF SYPHILIS.

Dr. Gibbon said that he believed such cases were not uncommon and could be cured or at least much benefited by specific treatment together with a rigid abstention from alcohol. One of these cases was said to have been worse "after cigars and brandies and sodas." He had a case of recurrent aphasia due to syphilis, without any symptoms whatever of paralysis. The patient was a skilful gas-fitter in the city, and could work quite well at his trade during the attacks which always followed indulgence in alcoholic drinks. At other times he could speak slowly but correctly. These cases seem to show that the localisation of speech was not identical with any portion of the motor tract.

Dr. Leonard Guthrie believed that syphilitic aphasia was usually due to occlusion of the left sylvian artery or of its branches which supplied Broca's convolutions. Sir William Broadbent attributed such occlusion to periarteritis rather than to syphilitic endarteritis. If this were so, sudden increase of vascularity in the growth encircling the vessel might produce sudden but temporary obstruction and transient aphasia, or irritation of the blood vessel by such perivascular growth might set up passing spasm of its walls and thus produce anæmia of the speech centres and consequent aphasia. Here the pathology approached that of migraine. Mr. Lockwood negatived the idea that migraine was present in his cases mainly because headache did not accompany or follow the symptoms, but in people who suffered from migraine the premonitory symptoms, which often included aphasia, sometimes cleared up without the occurrence of headache, just as an epileptic "aura" sometimes occurred without a fit. Mr. Lockwood's second case might have been of this nature. Both his cases were those of temporary verbal amnesia rather than true aphasia, and resembled those of simple functional aphasia, to which all, especially nervous self-conscious people were subject. Functional aphasia closely resembled organic. It usually took the form of sudden forgetfulness of the names of persons, places, and things, at the most critical and inopportune moments. Sometimes just as in true aphasia, a word resembling in sound, though not in sense, was substituted for the word wanted. Familiar instances of such verbal amnesia and "malapropisms" were cited, and similar instances of functional "word-deafness" and "word-blindness" might be adduced. Such symptoms were not regarded as morbid as a rule. But it was well known that those who had had syphilis often became extremely hypochondriacal and developed syphiliphobia. In such cases the most trivial symptoms caused great alarm, being regarded by the patients as fresh proofs of the spread of the disease.

The President and Dr. Sydney Phillips also took part in the discussion.

Mr. Lockwood replied.

Mr. Watson Cheyne read a paper on

THE TREATMENT OF CANCER OF THE BREAST,

and in the first instance discussed the question of the constitutional or local origin of the disease. He pointed out that the pathology shows that sarcinomatous tumours only begin in epithelial structures, and that, therefore, where scirrhus is found in the glands, muscle, &c., after removal of the breast it cannot mean a fresh manifestation of a constitutional disease, but must imply that the attempted removal has been incomplete, and that portions have been left behind at the time of the operation and grew subsequently. He referred also to the marked increase in the percentage of cases where no recurrence has taken place since, as the result of recent researches, the operation has been made more extensive and complete. He further mentioned with regard to the subsequent appearance of cancer in the second breast, a point made much of by the supporters of the constitutional view, that it has been recently demonstrated that in some cases a communication exists between the lymphatic systems of the two breasts, and that thus it is probably a direct infection from the one first affected. He emphasised the fact that for success operations must be done early and thoroughly. As to early operation he referred to the diagnosis of cancer, and asked why, if there was any suspicion of cancer, a lump in the breast is watched. He insisted on the great importance in suspicious cases of an exploratory incision so as to settle the diagnosis at once, and pointed out that if the swelling should turn out to be inflammatory a free incision was the quickest and surest method of cure. In discussing the method of operating he stated that the old place was wrong in every particular, and said that it was of the utmost importance in all cases to remove the whole lymphatic area up to and including the axillary glands, the skin over the prominent part of the breast and over the tumour, the whole breast which is in reality very extensive, the pectoral fascia beneath, with a thin layer of the surface of the muscle, the fat and fascia leading to the axilla, and the whole of the glands and fat in the axilla should be dissected away in all cases. Mr. Cheyne then referred to his results, and stated that of the first twenty cases operated on in this way during 1890, 1891, and 1892, fourteen to his knowledge had remained well and four had recurred. Taking only those done in 1890 and 1891, that is to say more than two years ago, fifteen in number, ten remained well, four had recurred, and he had not yet heard from one. This gave a percentage of recovery lasting two years or more, of sixty-six per cent., and as recurrences generally take place in from six to eighteen months there was a great probability that a considerable proportion of these ten cases would remain permanently well. He did not assert that this was at all the ultimate probable percentage of success, but it indicated a greatly better prospect than by the ordinary imperfect operation. He did not think that allowing for accidents, intercurrent diseases, &c., the mortality of the complete operation might be more than two to four per cent. In conclusion, he referred to the cases suitable for operation, and those in which operation was contra-indicated.

Mr. Lockwood quite agreed with Mr. Watson Cheyne that operations upon cancer of the breast ought to include a thorough removal of the whole gland, subpectoral fascia, and axillary lymphatic glands and fat. He never operated without opening the axilla. Doctors were not always to blame for delay because women shrank from such a mutilation as removal of the breast.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Thursday, December 21st, 1893.

The President, Mr. Richard Favell, M.R.C.S., in the Chair.

Specimens.

Dr. Wilkinson showed for Dr. Laver a specimen of sarcoma of the uterus, and gave an account of the case. The specimen had been obtained by vaginal hysterectomy performed by Dr. Laver. The patient died 2½ months later from extensive secondary deposit in the lungs. Attention was drawn (1) to the rarity of sarcoma in the uterus, only 81 cases having been recorded; (2) to the similarity of the temperature chart with that of a case of pyæmia. Microscopic sections of the growths were exhibited.

Dr. Burgess showed—(1) a heart from a boy of 15 years in which the membranous septum between the ventricles was not closed, and the aorta sprung from the right ventricle; (2) the large bowel from a case of severe ulcerative colitis.

The President showed a specimen of fibroma of labium.

Dr. Knox showed a specimen of congenital atresia of the small intestine. There was a complete interruption in the continuity of the bowel about the junction of the jejunum and ilium, the gut above the malformation being dilated and hypertrophied, that below small.

Case of Supernumerary Mamma.—Dr. Arthur Hall showed a case of a woman who had been attending at the Public Hospital for gastric trouble at the climacteric, and happened to mention that she had a third breast which secreted milk during each period of lactation, except that which followed after the birth of the first child. On examination a well-formed nipple was found under the left breast situated in the nipple line, four inches below the left nipple and four inches to the left of the middle line, lying over the end of the 8th left costal cartilage. No gland could be felt connected with it. The nipple measured 1-6th inch in diameter, with a transverse slit at the summit, and had an areola of about ¼ inch round it. Dr. Hall then alluded shortly to the literature of recorded cases, and showed that, whereas accessory nipples were by no means uncommon, if carefully sought for, yet a physiologically active accessory breast was distinctly rare. He also discussed the question of their being remains of an ancestral type, and whilst admitting that such was not altogether improbable, was not satisfied that such an explanation applied to all cases.

Dr. Hall also showed the following:—

1. *A Case of Lupus Erythematosus* in a woman, æt. 60, which began 5½ years ago, on returning from a visit to the seaside. It began with swelling of the nose, cheeks, and eyes, which was very irritable. This gradually subsided, but left the present condition. The whole face above the naso-labial folds was more or less affected, also the scalp in parts.

2. *A Case of Adenia, or Chronic Hodgkins' Disease*, in a young woman, æt. 24, in which the cervical and axillary glands were enlarged, especially in the right axilla, where there was one the size of an orange. The condition had lasted some time, and there was some anæmia.

3. *A Case of Cerebellar Tumour* in a boy, æt. 9. He had begun, six months before admission to the hospital, with "brain fever"; this was followed a few weeks after by difficulty of walking, headache, and vomiting. The gait on admission in February, 1893, was very curious, the boy always falling over towards the left and backwards; it resembled the movement of a man balancing on a tight rope with a weight fixed to the back and left side. During his stay in the hospital, with the ophthalmoscope, signs of optic atrophy were observed, and the field of vision was found to be very small. The vomiting ceased, and the headache was less severe. He left the hospital in the spring of 1893, and was not seen again until October, 1893, when his difficulty of walking had quite disappeared and the field of vision largely increased in size. He still suffered from some headache and had occasional "fits."

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BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held January 11th.

The President, Mr. F. Bowreman Jessett, F.R.C.S., in the Chair.

Annual Meeting.

After the election of office-bearers for the ensuing year —a list of whom will be found under the heading of "Medical News"—Dr. Schacht read for Dr. Benington the notes of a case of

RUPTURED TUBAL GESTATION

operated on 18 months previously for a similar condition.

[This paper we hope to publish in an early number.]

Dr. Mansell Moullin agreed with Dr. Benington's view that when an operation was undertaken for the removal of a ruptured tube, the appendages of the other side ought to be removed at the same time. He had himself related a similar case before the Society, and more recently at the West London Hospital he had adopted the procedure of removing the appendages of the other side, though they were not diseased. Dr. Mansell-Moullin referred to Lawson Tait's view that ectopic gestation was due to the loss of cilia in the Fallopian tube, whereby the ovum was impeded in its progress; but pointed out that in order that gestation should occur at all, it was necessary that the tube should be at least partially healthy, for otherwise the ovum could not be got into it.

Dr. Routh said that he was not aware that the loss of cilia had been demonstrated anatomically. If they were destroyed by inflammation, how was it that the spermatozoa were not destroyed; and secondly, that tubal pregnancy did not occur bilaterally every time? Till these questions could be answered, he thought the theory could not be proved.

Dr. Travers said he had a patient walking about whose case might throw some light on the subject. Only twice during her married life was she pregnant, at an interval of six years. Each time she had symptoms of ruptured tube, with collapse. The symptoms pointed to rupture first on one side, then on the other. He did not operate on the second occasion because she did so well without on the first, and though the case caused him much anxiety each time, she made a good recovery.

Dr. Schacht supported Dr. Benington's suggestion that the specimen should be referred to a committee. He had a case only a few weeks before, but did not remove the healthy ovary. He thought it was contra-indicated as long as we do not know the cause of the condition. It was agreed that a committee should be nominated to report on the specimen, consisting of Drs. Benington, Eden, and Shaw-Mackenzie.

FIBROID OF THE UTERUS.

Dr. Heywood Smith showed a specimen of fibroid of the uterus, removed by vaginal hysterectomy. The patient, æt. 38, had been a widow eleven years. In November, 1892, she was admitted to Warrington Lodge, when a flat polypus, 2 inches long, was cut away. She left, relieved, in the following January. In December, 1893, she was re-admitted, having suffered from severe pain for some months, which incapacitated her from earning her living. Vaginal hysterectomy was accomplished with some difficulty as the patient was a multipara. The appendages were removed with the uterus. He believed this was the first case in England of vaginal hysterectomy for fibroids, but Doyen, of Rheims, had published an account of fifty-three cases, with four deaths (see *British Medical Journal*, December, 23rd, 1893), and the procedure was advocated by Dr. Montgomery in the *Amer. Jour. of Obst.* for November, 1893. The patient has made a good recovery.

Dr. Napier asked whether there had been much hæmorrhage in this case, and whether Dr. Heywood Smith regarded vaginal hysterectomy as a less serious measur than oöphorectomy for this condition; it seemed to him that this was the kind of case in which the latter operation was indicated.

Dr. Bantock presumed that Dr. Heywood Smith did not advise hysterectomy as the usual treatment in these cases; he agreed with Dr. Napier that oöphorectomy involved less risk, and so it was not generally advisable to expose the patient to the danger of the graver operation.

Mr. Jessett showed a uterus studded all over with myomata. It was removed for pain. The os was thickened and the cervix hard, and it was a question whether there was commencing malignant disease. The left ovary and tube were also much diseased. The patient was doing well. With reference to Dr. Heywood Smith's specimen, he saw the case with him, and, like him, advised delay, but the patient, on account of the pain, urgently desired operation. As the pain was probably due to stretching of the broad ligament, it was doubtful whether oöphorectomy would have met the case.

Dr. Heywood Smith, in reply, said that hæmorrhage had not been increasing, and it was a fair criticism to ask why he operated. He judged from careful examination that the tumour was in the uterine tissue itself, and so thought that oöphorectomy would not relieve the pain. This, combined with the fact mentioned by the President, led him to do hysterectomy. He thought, however, that every case must be considered and treated on its own merits.

PRESIDENT'S ADDRESS.

The President then delivered a Valedictory Address, in which, after complimenting the Society on their choice of a new President (Dr. Savage, of Birmingham), he gave a succinct and critical review of the work accomplished during the year.

The meeting closed with a cordial vote to Mr. Jessett for his ability and courtesy during his year's office as President, and to the Hon. Treasurer and Secretaries for their services to the Society.

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EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, Jan. 17th.

Dr. T. S. Clouston, President, in the Chair.

CASES TREATED WITH THYROID EXTRACT.

Dr. Byrom Bramwell exhibited three cases of skin disease treated with thyroid extract, all of whom he had already shown to the Society—one case of psoriasis and two of lupus vulgaris. The three were improving greatly under treatment. He also showed a remarkable case of ichthyosis in a female adult. When born her skin was said to be normal, but on the second day the skin began to get horny, the only parts unaffected being the palms of the hands, the soles of the feet, and the face. Now, the same parts are still clear, but the rest of the body is covered with a thick, grey, horny cuticle with an indescribable appearance. Under treatment with thyroid extract the affected epidermis had in places began to fall off, leaving comparatively healthy tissue beneath. This had never happened under treatment before. She was, however, suffering from some abscesses in the back, probably an outcome of the treatment.

Dr. W. Stewart showed a man who by a fall down into the hold of a ship dislocated his foot. The dislocation was compound sub-astragaloid in nature. He made a satisfactory recovery.

Dr. Allan Jamieson showed a woman with a form of lupus erythematosus resembling the telangiectic variety described by Crocker. The disease had commenced on one cheek eleven years ago; both cheeks were now affected.

Dr. John Thomson handed round several photographs showing the progress of a case of cretinism under treatment with thyroid extract. The patient had been under treatment for 12 months, had grown 4½ inches, and got eight permanent teeth.

Dr. Herbert Littlejohn showed some productions in two cases of very determined suicide, and Dr. Bruce a cholesteatoma which was found *post mortem* above the choroid plexus of the fourth ventricle. The only symptom noticed during life was some giddiness.

Dr. James McKenzie, of Burnley, read a paper on

THE SIGNIFICANCE OF PULSATIONS IN THE VEINS AND IN THE LIVER.

Dilatation of the right side of the heart was frequently accompanied by pulsation in the veins of the neck, due to incompetence of the tricuspid valve. Up to the present, owing probably to imperfect instruments, no reliable tracings had been made of this pulsation, especially with regard to its synchronicity with the arterial pulse or apex beat. Dr. McKenzie proceeded by means of a Dudgeon's sphygmograph, to which he attached an additional pen connected with a cup which could be placed over a vein. The arterial and venous pulse could then be easily obtained on the same piece of paper. In recording the liver pulse a larger wooden cup was used. Careful examination of the tracing obtained from the internal jugular in cases of tricuspid incompetence showed that there were two types, the auricular and the ventricular types. In the first the chief elevation occurred during the auricular systole, and therefore while the ventricle was in diastole. Diastole of the auricle then occurred, the pressure fell, although at that moment the ventricle was in systole. The wave caused by the systole of the right ventricle had first to fill the cavity of the right auricle before it could take effect on the great veins. The wave in the veins was therefore delayed until the end of the ventricular systole. A secondary wave in the tracing was due to the additional pressure caused by the closure of the pulmonary valves. In the ventricular type the rise in the venous tracing was coincident with the carotid pulse when the auricle was almost paralysed. The existence of a small secondary wave just after the chief venous curve had caused a great deal of speculation previously; it was due to the impact of the carotid pulse below the vein and occurred at that moment for the reason above stated. In some cases of tricuspid incompetence in which there were intermissions in the radial pulse or marked irregularity he had been able to obtain perfectly regular tracings from the veins, showing that the main origin of this pulse was not ventricular but auricular. In fact, the venous wave was larger when the left ventricle missed a beat, and naturally, as there was an excess of blood in the venous system. In the pulsus trigeminus again the venous pulse remained normal. All these facts could only be explained, he thought, in the way which he had pointed out, and if so, were of value in indicating exactly what occurred in cases of incompetence of the tricuspid valve, a lesion which often existed without the presence of a murmur being discoverable.

Dr. G. A. Gibson paid a warm tribute to the extreme value of Dr. McKenzie's paper. He said that Friedriech's work on the same subject had been explicitly accepted for so many years that when he made some researches into the matter himself he had not questioned Friedreich's conclusions. Dr. McKenzie's results also showed how valuable the graphic method was when rightly applied. Roy's explanations of the pulsus trigeminus must now have received its *quietus*.

Dr. Byrom Bramwell and Dr. Graham Brown spoke.

Dr. Noel Paton had listened with very great interest to the paper, especially to that part relating to the action of the auricle apart from the ventricle. He was not quite convinced about the explanation with regard to the small wave said to be caused by the pulsation of the carotid artery.

Dr. McKenzie, replying, said that the small wave referred to was certainly due to the conduction of the beat of the carotid through the vein, for in the liver pulse it did not occur unless the tracing was taken just over the aorta. The trigeminal pulse had been called the vagus pulse, but that was an error, for stimulation of the vagus first affected the auricle, while the auricular pulse, as he had shown, went on regularly.

Dr. Byrom Bramwell read some notes on a case of

CANCER OF THE SPLEEN AND OTHER ORGANS.

The patient, female, forty years old, was admitted to the Infirmary with multiple tumours of each breast. In 1890 a growth of the size of a walnut had been discovered in the right breast below the nipple. This had not increased in size, but numerous other nodules had appeared in both breasts. These were never tender. In time her fingers became numb, she saw double, then the sight of the right eye was lost. She had no headache, vomiting, or giddiness. On admission the mammæ were crowded with small nodules, numbers of which ran out in chains under the skin in all directions. The liver and spleen were large, but not tender; the red blood corpuscles were 3,430,000 in number, the hæmoglobin 64 per cent. Two months later the number of corpuscles had fallen to 2,410,000, hæmoglobin to 46 per cent. Other parts of the body became affected before death. At the autopsy cancerous growths were found in nearly all the organs, viz., in the mammæ, subcutaneous tissue, mesentery, peritoneum, liver, spleen, ovaries, vagina, uterus, sciatic nerves, kidneys, suprarenal capsules, pancreas, stomach, pericardium, pleuræ, dura mater, spinal meninges, one femur, and in the periosteum of the ribs. None were found in the lungs, the brain, or the thyroid gland. The liver and spleen were large, smooth, painless, and stony hard.

Dr. **Leith** described the microscopic appearances of the growths. They were mostly small-celled, the edges very indistinct in some of the organs, while the lymphatics were all choked. The cancer seemed to have spread by way of the lymphatics.

Dr. **Stiles** said that what seemed to be the primary tumour in the right mamma was in reality a simple fibroma. He thought the disease had been scattered through the body by the blood stream.

Dr. **Bruce** had not seen the spleen affected in this way before. He also thought the cancer must have been conveyed by the blood setting up the scattered nodules by means of emboli. As the capillaries of the lungs were larger than those of the other organs the immunity of the lungs could thus be explained. He was not surprised to find that, although the adrenals were much disorganised by the cancer, yet no symptoms of Addison's disease resulted. The affection of the adrenals must be tubercular to cause that disease.

Dr. **Russell** corroborated this last statement. Destruction even of the suprarenal bodies by cancer did not produce Addison's disease.

Dr. **Bramwell** replied.

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France.

[FROM OUR OWN CORRESPONDENT.

PARIS, Jan. 19th.

GASTRO-ENTEROSTOMY.

The operation of Voelfler was almost accidentally innovated by this surgeon in 1881, when assisting Prof. Billroth in the course of a laparotomy for cancer of the pylorus. Finding that the tumour was too large and too adherent to be extirpated totally, he practised from necessity gastro-enterostomy, that is to say, he created a communication between the stomach and the first fold of the jejunum. Success followed, and the operation gained rapidly favour with the German surgeons, more than one hundred cases being already published.

In France Voelfler's operation has not been practised so largely, nor as much as it ought to be; yet surgeons are ready to admit that this method of treating cancer of the pylorus is justified by the results it gives. Guinard, Jaboulay, and Doyen have published cases of anastomosis of the gastric organ and the jejunum for stenosis of the pylorus from cancer, in which the consequences were just as satisfactory as any reported by their Teutonic *confrères*, and more than once recently has the subject been discussed at the Société de Chirurgie.

The details of the two most recent cases furnished to me by a brilliant provincial operator, Dr. Blanc, are interesting enough to be reported.

Case 1.—A—— Pierre, æt. 45. This patient, a confirmed drunkard, was admitted into the hospital on the 15th July last for cancer of the pylorus, but the milk diet to which he was submitted produced such a good effect on him that it was thought he was suffering only from chronic gastritis due to excess of alcohol. The man left the hospital to return to his work, but in ten days he returned, emaciated, and in a very weak condition. He felt no pain, but vomited all he took. Examination of the gastric region revealed no tumour, nor could any glands be found in the axilla or at the base of the neck. The diagnosis made was—alcoholic gastritis with cicatricial stricture of the pylorus. The obstruction increasing and the patient dying of hunger and thirst, an operation was proposed and gladly accepted. Dr. Blanc traced an incision from the xiphoid cartilage to one inch below the umbilicus. The stomach being drawn out, the pylorus was found to be invaded by a hard tumour of an evident cancerous nature; its volume was so great that it was not possible to think of performing pylorectomy. Having raised the omentum, the operator passed in his hand, and gliding it down by the edge of the duodenum until the first portion of the jejunum was reached, he drew it out, and adapting a fold of it to a similar one in the stomach, and a slit of an inch in length having been practised in both folds, the two organs were sutured together; the whole was returned into the abdomen and the primary wound closed. All that day ice was given, and the three following, iced milk; later, broth, milk, and an egg was permitted, but from time to time the patient vomited. However, since the 2nd October all this has ceased, the man eats very well farinaceous food, has gained rapidly in flesh, weighing twenty-two pounds more than at the time of the operation, and no one would now imagine that he had ever had cancer of the stomach.

Case 2.—Ch. André, æt. 38, miner, and also addicted to alcohol, entered the hospital in August last suffering from intense pain in the gastric region, especially after taking food. He vomited incessantly. The stomach was found to be dilated and was evidently the seat of a malignant growth. The patient was very emaciated. An operation was proposed and gladly accepted. On the 30th September the stomach was opened and found to be largely dilated. Near the pylorus the cancer was discovered and appeared to be very extensive. The stomach was put into communication with the jejunum as in the first case and the wound closed.

The first day the man vomited freely in spite of the ice given him, but soon he was able to take milk, and by the 20th day after the operation he regained 10 lbs. in weight. He has been seen frequently since he left the hospital, and is getting on admirably in spite of the cancerous growth.

Gastro-enterectomy, says Dr. Blanc, is a benign operation and affords considerable relief to the patient. Further, the malignant tumour not only does not develop rapidly after the operation, but frequently retrocedes, and the patient's life can be prolonged for a considerable period.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Jan 19th.

THE PROFESSORSHIP OF CHILDREN'S DISEASES.

The Chair of Children's Diseases rendered vacant by the retirement of the veteran Professor Herroch has been filled at last by the appointment of Professor Heubner, of Leipsic. On the chair falling vacant the Faculty placed Professor Heubner's name first on the list submitted to the Cultus Minister for the appointment. He was at once offered the post, but could not at first see his way to accept of it, one reason of this state of doubt being that at Leipsic he was ordinary professor, whilst in Berlin the position is one of extraordinary professor only. He first made the request that the extraordinary professorship should be converted into an ordinary, but this was refused, as it had been previously to Professor Herroch. He finally, however, made the decision to accept the chair as it stands. He is now 51 years of age. He has hitherto worked only in Leipsic; from 1862 to 1867 as a student, and after a short period of study at Vienna he returned to Leipsic, where he became assistant to Wunderlich in 1868, and Privat Docent in medicine in 1869.

During the Franco-German War Dr. Heubner collected observations on dysentery and the diseases affecting soldiers in consequence of over-exertion with knapsacks and arms, and published a contribution on the subjects.

The extraordinary professorship of Medical Jurisprudence is also vacant since the death of Professor Liman, since which time the post has been provisionally filled by Privat Docent Dr. Strassmann. It appears to be the intention not to fill the post permanently, at least for the present. A few advancements are announced for the new year. Amongst them Drs. Martin and Veit, well known gynæcologists, have become titular professors, as well as the dermatologist, Dr. Lassar, and Dr. Remak, the neurologist.

STRUMA CONGENITA.

At the last meeting of the Medical Society Hr. Schimmelbusch related a case of the above. On November 22nd last a child, an hour and a half old, was admitted into Von Bergmann's klinik suffering from extreme difficulty of breathing. The obstruction was caused by a large tumour on the anterior aspect of the neck which compressed the larynx like a struma. The tumour reached from the chin to the sternum, and covered nearly the whole front of the neck; when the tumour was seized and drawn forward the breathing became easier. The speaker had in all such cases in recent times tried to avoid tracheotomy and bring about a radical cure by removing the tumour. The tumour was accordingly removed. On section it proved to be larger than a hen's egg, and to consist of solid tissue in which a large number of cysts were scattered. It showed nucleated connective tissue with numerous epithelial tracts and cylinder epithelium; there were also patches of cartilage. He took the tumour to be a congenital struma. Such tumours were also met with in animals, such as horses, dogs, goats, &c. Congenital struma was rather frequent in families in which the disease was hereditary. Denne had met with 43 cases in a total of 642 cases of struma. The prognosis depended on the size of the tumour. At the time of reporting the child was two weeks old.

Professor Virchow said that his impression was the growth was not a struma, but perhaps a tumour something approaching a thyroid gland developed in an unusual way. A tumour that contained epithelium and cartilage was far removed from that called struma; it rather resembled the mediastinal tumours that arose from the dispersed elements of the bronchi. He would rather call the tumour a keratoma.

THE TREATMENT OF VARICOSE ULCERS OF THE LEG.

At the meeting of the Dermatological Society of the 5th ult. Hr. O. Rosenthal gave an address on this subject. The speaker said that since the publications of Unna he had made use of the zinc gelatine dressing in a number of cases with success. It was soon evident, however, that in cases where the secretion from the ulcer was free a modification of the procedure was necessary. Retention of secretion readily took place under the dressings with consecutive irritation of the skin, rendering necessary an expensive and time-consuming frequent change of dressing. For this reason the speaker had introduced a fenestrated bandage. He covered the ulcers with watch-glasses and passed by these whilst putting on the bandages. The bandages had then the zinc gelatine rubbed in. In order to protect the bandage from ointments or other applications to the ulcers the margins was painted round with photoxyllin. The bandage in this way answered the requirements as to compression of the limb and assistance to the circulation, whilst the treatment of the ulcers themselves could be varied to suit each case. The dressing of the ulcer could be renewed at pleasure, and the bandage would remain in position from two to six weeks.

Hr. Kecrewski thought the zinc gelatine dressing did excellent service in protecting against recurrence of the trouble. Large ulcers generally did not heal under the zinc gelatine dressing, and in the case of ulcers the size of the hand the fenestrated bandage was not practicable. The main object in the treatment of ulcus cruris was the procuring of an aseptic wound surface. He therefore dressed all cases with a daily antiseptic application of acetate of alumina. The most rational treatment of ulcer of the foot was the surgical. In numerous cases he had extirpated the varicose veins and transplanted healthy skin on the ulcers themselves. The saphena magna vein even might be ligatured and the patient not be confined to bed. The radical operation was simple, not very dangerous, and allowed complete recovery to the patient in three to four weeks. The speaker, in conclusion, referred to cases that had remained well after three and four years.

Hr. Rosenthal, in reply, said that the treatment of the ulcers by antiseptics had often to be given up on account of the great irritation of the skin caused by them.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, Jan. 16th.

BLOOD PRESSURE.

AT the meeting of the "Gesellschaft" Federn gave a long account of his experiments in the different forms of hæmatic pressure. The most common are those arising from resistance, met with in the peripheral system. It was customary among the older physiologists to attribute high pressure to the action of the heart, but recent investigation has located the true cause to resistance. Occasional high pressure may be of little moment in the physiological economy, but where it becomes chronic or continuous, dangerous consequences will inevitably ensue. The normal blood pressure ranges from 80 to 90 mm. of mercury in the male and 80 to 100 in the female. Mechanical resistance from tumours, œdema, irritating the vaso-constrictors, &c., have been utilised in his experiments, and he concludes that the splanchnic nerve is one of the principal agents in producing the elevation of pressure; hence the logical results he obtained were frequent high pressure from bowel disturbance. An abnormal high pressure can be maintained for a considerable time by a healthy individual, but any weak organ must eventually suffer. The resistance produced in young persons is usually due to nervous disorders, while in the aged it arises more frequently from asthma. The neurasthenic symptoms will disappear as soon as the hæmatic pressure is reduced. Valvular insufficiency will raise the blood pressure, but this is always a relative factor. It is now shown to be a physiological fallacy that arterial sclerosis produces arterial tension. The elastic artery only modifies the pulsation, but has no effect on the hæmatic tension. The pressure will be found as high in a rigid vessel as in an elastic one in the same system. The splanchnic nerve is the common source irritated in chronic cases by partial atrophy of the bowel, but in the acute by constipation. The latter may be treated effectually by purgative medicines, but the former will require faradisation of the bowel. Digitalis should only be administered where there is insufficiency of valves with lowered pressure, or in high pressure if periculum in mora be imminent combined with purgatives.

INTUBATION PHANTOM.

Schlossarek showed several phantom throats for intubation, which gave rise to a discussion on the principle of intubation in diphtheria.

Dr. Grossman remarked that this treatment, recommended by Dweyer, was no new application, as twenty years ago catheters were applied in diphtheritic stenosis in Vienna. As to the tubage treatment, there were now many adherents, but there were also strong objections raised against the introduction of a tube into a canal so much inflamed. It is possible that after the introduction relief may be obtained for a short period, but it cannot be denied that serious consequences often result from the mechanical separation of the epithelial covering and mechanical injury to the internal walls.

Dr. Isenschutz contended that excellent results had been obtained by the help of tubage, and considered it a great advance in treatment over tracheotomy.

Widerhofer also supported the tubage treatment, saying that it had increased the recoveries 15 or 20 per cent. The tubes could be so easily inserted in children that he could not at the present time conceive how he could treat croup or diphtheria without their use.

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SURGEON-MAJOR-GENERAL J. INKSON has been selected for the appointment of Principal Medical Officer on the staff at Malta.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

SUPRA-VAGINAL HYSTERECTOMY BY SCHROEDER'S METHOD.—Mr. ANDERSON operated on a married woman, æt. 35, who was admitted with a tumour in the lower part of the abdomen. The patient stated that her mother had been operated on for a tumour in the same region. In the present instance the swelling had been noticed two years before admission, and the woman had since suffered from menorrhagia associated at first with but little pain, but since the tumour had reached larger dimensions she had experienced dragging sensations which had interfered with her domestic work. On examination a central tumour was found in the lower part of the abdomen extending to within an inch of the umbilicus, smooth, hard, and rounded. On each side was a thick cord-like structure which passed outwards towards the brim of the pelvis. On internal examination the uterine canal was discovered to be about four inches in length and displaced forwards, apparently by a growth in the posterior wall of the organ. It was diagnosed as an intramural myoma. The operation was commenced by an incision in the linea alba about three and a half inches in length, exposing a tumour which was seen to comprise the enlarged uterus with its appendages; on drawing it from the abdomen the cervix was found unaffected, forming a distinct pedicle. The ovarian vessels were ligatured in the infundibulo-pelvic ligaments, the uterine vessels on each side of the cervix; the broad ligaments were divided, leaving the appendages attached to the uterus; an incision was then made through the neck near its junction with the body in such a way as to leave anterior and posterior flaps, and the whole mass removed from the abdomen. The operation so far was almost entirely bloodless, only two or three small vessels in the broad ligaments requiring ligature. The cavity of the cervix being recognised, the edges of the mucous membrane were united by catgut sutures, a second set of buried silk sutures was then passed through the thickness of the stump on each side in such a way as to unite the opposed surfaces of the two flaps; lastly, the peritoneal edges were brought together by a row of Lembert's sutures and the abdomen closed, deep catgut sutures being applied to the peritoneum. No drainage tube was employed. Mr. Anderson remarked that Schroeder's operation was more in accordance with the principles of modern surgery than any other method, as he thought that in the more simple cases its mortality should only be a little higher than that of ovariotomy. He considered that the preliminary ligature of the vessels reduces loss of blood to a minimum, and the careful suturing of the peritoneum renders the chance of infection from the cervical cavity very unlikely to occur. The abdominal incision, he said, would close by first intention, and the patient, he hoped, would be practically well by the end of a fortnight. Some cases, he pointed out, presented difficulties not met with in the one under consideration: the tumour might encroach on the cervix in such a way as to render it difficult to secure a satisfactory pedicle; in such a case the growth must be carefully enucleated as a preliminary measure, and the risks of the operation are of course somewhat increased, but in the hands of Schroeder very satisfactory results have been secured even in the most complicated cases.

UNIVERSITY COLLEGE HOSPITAL.

CLEFT PALATE.—Mr. BARKER said the case he was about to operate on was interesting to him personally, as it was the second time of operation. Some months ago he had closed the cleft in the palate in the ordinary way, and everything had gone on well, but unfortunately the friends of the little patient had smuggled some grapes into the hospital, and the child in sucking them had torn everything away. He had allowed some months to elapse so that the tissues might regain their normal condition, and now he was about to operate again. He laid stress on the importance in paring the edges of the cleft, of taking away the strip of mucous membrane in one piece, as the surgeon can then be certain that no part remains unfreshened; he thought too it was of great consequence to free the palate from the bone all round so that the two flaps hang down and come together. After these steps had been carried out he first put in five silver stitches with T. Smith's needle, and then found it necessary to put in four more to make everything secure, the tissues being of course much tougher than at the first operation. He made no lateral incisions on this occasion, as they were, he said, not necessary. Mr. Barker remarked that, as the patients had to be starved for a time after the operation, he did not like performing staphyloraphy on very young children, not till the patient was seven or eight (the one under consideration was seven). Another reason he pointed out was that for very young children the loss of even a small quantity of blood was a serious matter, and they were also prone to suffer very much from blood getting into the lungs. He dwelt on the importance of having the mouth, throat, and nose thoroughly cleansed before the beginning of the operation.

Dr. DUDLEY BUXTON called attention to the fact of the little patient only having absorbed two drachms of chloroform during the operation, which lasted half-an-hour; much of this too was really not absorbed at all, the mouth being so widely open all the time. He said as little as possible of the anæsthetic should be given in these cases, for it was most important that the patient should not be sick.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 24, 1894.

THE CONTROL OF HOSPITAL PATIENTS.

THE personal control of hospital inmates is an important question, not only on the score of discipline and of the avoidance of possible scandals, but also in the interests of patients themselves. By control we here mean, for present purposes, not somuch the absolute power of enforcing discipline as of preventing a patient from leaving the hospital when such a course is evidently hazardous and undesirable. It may be at once admitted that the power of compulsory detention is not recognised in the hospitals of Great Britain. A principle of the kind was to some extent adopted for a few years while the Contagious Diseases Act was in force—that is to say, in certain definite districts women of loose life, proved to be suffering from venereal disease, could be detained under medical restraint until cured. That position, defensible from the standpoint of the benefit of the individual no less than that of the community, was unhappily, in the opinion of the majority of medical men, reversed by the action of a small section of sentimentalists. To a much smaller extent a similar principle is involved in the detention of patients in our infectious hospitals. In the latter institutions, however, the great and fundamental difference exists that the patients submit themselves voluntarily to treatment, which is only granted on certain definite conditions. It is this conditional element which affords the key to a solution of the question of hospital detention, and it will be referred to again later on in the course of this article. Our attention has been drawn to this subject by an inquest lately held at Guy's Hospital. A man was brought thither suffering from a compound comminuted fracture of the leg. After seven days' stay in the hospital he determined upon leaving, and persisted in that suicidal intention notwithstanding all persuasion to the contrary. As it turned out, he died suddenly, almost in the act of leaving the hospital, for whilst being driven away in a cab he had a fit, and on being brought back was found to be dead. The point of interest, so far as we are now concerned, was raised by a juryman, who asked if it were right on the part of the hospital authorities to allow the deceased to leave, looking at his serious condition. To this the house surgeon very properly remarked that a hospital was not a prison, and if a sane person persisted in wishing to go out he could not be prevented. There can be no doubt whatever that to restrain forcibly a patient who had been unconditionally admitted would be to commit an illegal act. The mere fact that the patient's outgoing would almost necessarily involve his death, as in the case at Guy's, would not warrant detention against his will. But the instance quoted, some of our readers may exclaim, is exceptional, and there is no need to legislate for exceptional cases. On the contrary, we venture to assert that the persistence of patients in leaving hospital when unfit is of constant and common occurrence. Everyone who is familiar with the inner life of our great voluntary hospitals knows well enough that many a patient leaves under these circumstances. Some fancied slight, or it may be, in exceptional cases, some real grievance, some imaginary injustice, some unreasonable objection to the routine of food, ventilation or clothing, and next day an empty bed marks the disappearance of the malcontent. Although this sort of thing is not uncommon in the voluntary institutions, it goes on day after day to an unlimited extent in the Poor-law infirmaries. In the latter special conditions obtain. The patients are drawn from a class particularly impatient of control; the discipline is of the strictest, while the fare and other appointments are not infrequently of a mean and sordid nature. It now remains to inquire if any remedy can be found to prevent patients leaving the wards before they are properly cured, and, as already pointed out, we believe that such a means is attainable by making admission conditional. In not a few institutions a stipulation is made that in case of death the authorities shall have the right, if deemed advisable, of making a *post mortem* examination. There is no apparent reason why this agreement should not be extended so as to render it impossible for the patient to endanger or even sacrifice his life by premature departure from hospital. Poor-law infirmaries might surely apply to the Legislature for powers of reasonable control in the same direction, and ask to be allowed to retain patients, forcibly if need be, who are admitted for treatment. There can be no doubt whatever, except in the minds of sentimental guardians, that the medical officers of Poor-law infirmaries should have an absolute right of performing a *post mortem* on deceased patients. At present the value of the good work that is being done in many of these places is greatly lessened by the absence of such an examination, and this loss would be more than ever felt if these institutions are thrown open to future generations of students. Another point which should be alluded to by way of caution is that a patient who insists on going away when he has been duly warned of the extreme danger he will thereby incur can hardly be regarded as a morally sane and responsible man. In addition to the well-recognised condition of traumatic delirium there are many minor degrees of loss of moral control, induced by sickness or accident, which may render a patient irresponsible. Nor can any ordinary house surgeon be reasonably expected to recognise these obscure phases of perverted brain action. In such a case the medical attendants at the hospital are bound to think and act for the patient. The hospital authorities would not dream of allowing a man to eat and drink improperly, to prowl about the grounds at night, or to perform any other outrageous act endangering his own safety. Then why should they allow him to ride off in a cab simply because he insists upon going, although it is humanly certain he is flying straight into the jaws of death? In the Guy's Hospital case one would be inclined to say *primâ facie* that a man could not be called sane if he insisted on going home seven days after sustaining a "compound comminuted fracture of the leg." It would be well if some test case could be brought into court so as to establish a precedent for future guidance in similar difficult and trying circumstances. We want a clear definition of what should constitute "reasonable control" of patients, and how far hospital authorities would be justified in enforcing such control.

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THE INTRA-UTERINE LIFE.

THE numerous readers of *The Asclepiad* have long been accustomed to seek and find in its pages inspiration of the highest value, both in stimulating thought and in directing practice. Many, indeed, have learned to await the appearance of each new number of this scholarly periodical with eager expectancy of finding within its covers, in the pregnant utterances of its learned author, that spur to their own intellectual activity that is ever afforded by the well-considered and matured experience so characteristic of all Sir Benjamin Richardson's literary work. How much the younger generation of practitioners owe to him in this connection even they themselves can scarcely be fully conscious of; but of the fact itself there can be no questioning; and in its truth is contained assuredly most gracious testimony to the invaluable worth of the master's own labours in the cause that he has made so peculiarly his life's pursuit, the preservation of the people's health. In the current issue of *The Asclepiad* one short article, introduced among the *opuscula practica*, possesses an importance far more reaching than its brevity might be assumed to indicate, inasmuch as it raises questions which well deserve the most anxious and detailed consideration that can be given to them. It deals with the subject of the impressions received by the growing being during the period of its existence within the mother's womb; and it is calculated to awaken thoughts that could never have been excited so forcibly and with such prospect of advantage as at the present time. Sir Benjamin Richardson points out that the intra-uterine life includes two stages, the embryonic and the fœtal, and he advocates the view that in point of importance to the developing organism, the first named, or embryonic stage, is far beyond the second or fœtal, in which, with all its bodily organs completely constituted, it is able to assume an independency of organic functions impossible to it while, as an embryo, it is immediately dependent on its mother. This aspect of the matter is one that it is not customary to bear in mind in ordinary educational work; but that it has claims to the most careful consideration, a little reflection must sufficiently convince. It forces the conviction that the ultimate tendencies of the individual, the type and character of the offspring, the structural perfection of its tissues also, are intimately dependent on the mother's condition and surroundings at this primary period of pregnancy, and that according to the favourable nature or otherwise of these it will be definitely determined in what direction, for good or evil, the development of the child will tend. In the words of our author, "what" the mother "eats and drinks, what exercise she takes, what sleep she receives, what clothes she wears, what surrounding states or conditions affect her mental sphere, all tell on that newly-formed entity the coming child; the build, the quality, nay the sex may be determined here, it is the genesis of the new existence." The concluding sentence of this passage, while it fittingly emphasises the gravity of the several principles it helps to expound, may be held to contain more than is strictly warrantable in relation to the influence exerted over the ovum in the womb subsequently to fertilisation; for sex and build, it may be affirmed, are the inevitable sequences of the subtle and indefinable attributes inseparable from germ and sperm cell, and which no changes subsequent to conception can affect. But acceptance of this does not materially weaken the argument that the condition of the mother will react with the most positive effects on the being which derives the material for its growth from her; whether this shall be towards strength or weakness must absolutely depend on the quality of the nutriment that is afforded. And Sir Benjamin Richardson goes on to say, "Perfect build or deformity is at stake, a man, a woman, or a monster of either sex. Now is the time, when mental serenities or mental perturbations of fear, anger, jealousy tell through the mother on what she is bearing for the future." This is a view which may well excite the profoundest concern; nor is it one that can be at once discarded as of no significance on the ground that mental characteristics, if not merely physical ones, are direct products of inheritance, and are unalterable by any external influence. The facts of heredity, as they have been perhaps too confidently called in the past, face us with less hardy assurance than was natural to them when their claims to acceptance were less open to dispute; and in the uncertainty of the present there is an abounding reason to give at least a tentative acceptance to theories which, when substantiated by research, must be fraught with such great consequences to humanity. But it is the stimulus to thought and the incitement to prevention which thought affords that is chiefly valuable in such teachings as this; and, indeed, all the essays contained in the *Asclepiad* offer this best kind of help to those who are earnestly endeavouring to assist the movement forward. In the number of the work referred to above there are several papers that are eminently suggestive and useful, and one especially, on "The Moment for Blood-letting," with which the volume commences, will be found of great practical value.

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UNLICENSED HOUSES FOR SINGLE LUNACY PATIENTS.

A CASE recently disposed of before the Bristol magistrates is of considerable importance, and worth the attention of the general medical profession. A lady residing at Portishead answered to five summonses taken out against her for unlawfully receiving and detaining alleged female lunatics in a private unlicensed house. This lady set up an establishment for boarders five years ago; later she received invalids, and latterly mental cases. One of these is described as suffering from delusions, such as that her food was poisoned. This led to refusal of food. Two others presented marked mental symptoms, and when by an order of the Lord Chancellor the place and its inmates were subjected to medical inspection certificates were granted accordingly, with a certain reservation in one case. The defendant pleaded guilty to certain of the charges, and a mitigated fine was imposed. This prosecution is personally interesting to the medical profession, because all medical men are liable to have cases of mental disease in private practice, and cases where, though mental symptoms are present, lunacy cannot be certified. In the case of one of the ladies whose names appeared in the public press in connection with this trial—a young lady—the presiding magistrate observed as follows:—"An allegation has been made that Miss ——— suffered from mental disease, and it is a very serious statement to make with regard to any person, and especially in the case of a young lady. No evidence has been produced that would lead to any conclusion that she is of unsound mind." It is deplorable that the young lady's name should have appeared at all, and it is a fresh sign of the foolishness of the English Act of 1890 that such publicity was necessary in the interests of justice. A magistrate in this case properly asked the prosecuting counsel to define "lunatic or alleged lunatic," but received little satisfaction beyond a reference to the interpretation clause. The clause defines a lunatic as "an idiot or a person of unsound mind," a definition that could be torn to ribbons by opposing counsel in a court of law. The Act is by no means explicit on the subject of single patients in private houses, and medical men must often be at a loss how to proceed in such cases. The prompt and early treatment of incipient mental disease is of the utmost importance; there are strong prejudices against asylum treatment until the opposition of the family is overcome, and then a temporising expedient, such as a boarding house, is sure to commend itself. It was frankly admitted by the prosecution in the Bristol case that there was not the slightest suggestion of any improper treatment of the inmates by the defendant. Why, then, the concealment? Was it ignorance of the law or a desire to save the fee exacted for licence? The latter is scarcely a consideration that could weigh in this case, for there is no suggestion of a parsimonious spirit in the allegations of the prosecutor. Undoubtedly there has been too much "care of the insane" exhibited in the framing of the Act. All that is really required to secure them against improper treatment could have been attained by much simpler means.

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Notes on Current Topics.

Inadequate Vaccination by Medical Men.

The Medical Officer of Health for Bristol (Dr. D. S. Davies), in his last report, complains of the growing practice adopted by certain medical men of vaccinating in one tiny spot. He points out that this practice affords by no means an adequate protection for any length of time against the disease, and if, as he says, vaccination is obtained and paid for there is at least a moral obligation that it should be done in what is recognised to be an efficient manner, especially as it may be obtained gratis at any vaccination station. Small-pox is too serious and too fatal a disease to be trifled with, and vaccination in one small place is mere trifling. The outcome of this expression of opinion was that the Clerk of the Sanitary Authority was instructed to inquire into the cases referred to by the Medical Officer of Health, and, if evidence could be obtained, to take proceedings. We quite agree with Dr. Davies in his strictures, but, of course, it should be borne in mind that medical men have a good deal of prejudice to contend with—for which those silly infatuists the anti-vaccinators are responsible—among poor persons as far as vacination is concerned. Despite this, however, medical men should be true to their profession, and insist upon performing vaccination properly, notwithstanding the objection of the friends.

Determined Suicides.

The hero of a novel, when he is down on his luck, very frequently determines to commit suicide with his fully-charged revolver. Almost as frequently, by a happy chance, when he pulls the trigger the first cartridge refuses to explode. He refrains from testing the weapon any further, thanks Heaven for his lucky escape, and he succeeds in everything he undertakes thereafter. Not so the man who committed suicide in Edinburgh a little time ago, and whose case was related by Dr. Herbert Littlejohn at last week's meeting of the Edinburgh Medico-Chirurgical Society. Using a revolver of American make, he had to pull the trigger four times before the weapon went off, three unexploded but indented cartridges being found afterwards in it and one discharged case. The bullet had traversed the brain from side to side from an aperture in one temporal bone to within an inch of the calvarium on the other side. Fractures of both tables of the skull radiated from the bullet wound in several different directions. Dr. Littlejohn also showed the skull of and the hatchet used by another suicide in an almost more determined case. A servant girl had not long recovered from influenza, and may perhaps have had some love troubles. Left alone in her mistress's house one day, she went to the bath-room, drank an ounce of laudanum, hit at her skull with the hatchet ten to a dozen times, and fell into the bath which she had previously filled with water, and in which she was found drowned. Examination showed that there were nearly a dozen parallel and linear cuts through the scalp over the upper frontal region with a similar number of lines on the skull, each of which had broken the outer table of the bone. The other organs presented the usual symptoms found in cases of opium-poisoning and drowning. The extraordinary part of the second case is that the girl gave no previous evidences of mental derangement or of a disgust of life, save some slight taciturnity.

Boycotting Extraordinary.

Prejudice dies hard, says the proverb, and this saying is exemplified in the persistency with which our contemporary the *Lancet* continues to boycott the now flourishing British Gynæcological Society. Not only does our contemporary boycott the proceedings, but not even the announcements of coming meetings are admitted to the diary for the week. Well might the President protest against such an unexampled and arbitrary proceeding. The British Gynæcological Society can no longer be classed among the neo-societies. After the usual vicissitudes it has been placed on a firm footing, and as to the value of the work done at the meetings, there is no room for hostile criticism. Surely the time has come when the foolish prejudice once rampant against the study of the diseases of women *per se* should be allowed to die out. The question is one more of persons than of principle, but it seems absurd that a journal which professes to represent in a more or less perfunctory way professional opinion should deliberately and with malice aforethought do its best to crush out of existence a popular and useful society. We plead not so much on behalf of this particular society as against a policy in journalism which, if allowed to pass unchallenged, bids fair to reproduce all the most obnoxious features of an obsolete depotism. The Society, for the matter of that, has gone its way uninjured by this unjustifiable persecution, for such it amounts to, but in the interests of medical journalism it is to be hoped our contemporary will desist from a line of conduct which has absolutely nothing to recommend it.

Death by the Electric Current.

The recent fatality at the Blackfriars Station of the London Electric Supply Corporation, by which one worker lost his life, and another had a narrow escape, brings into appropriate notice the statement of M. D'Arsonval, the distinguished French scientist, that, in his opinion, electricity kills no one, but produces a state of anæsthesia with complete unconsciousness and apparent suspension of vital functions, which condition is scarcely distinguishable from death. M. D'Arsonval writes with special reference to the "electrocution" of criminals in America, and he declares that, if artificial respiration were produced when death was apparent, the patient would in most cases recover. He goes on to say that, in the case of these electrocuted patients, it is the post-mortem examination which kills, and not the carrying out of the sentence of the law. Without accepting M. D'Arsonval's opinion implicitly, we quote it as a suggestion to hospital surgeons to try artificial respiration to the fullest extent in any such case before they conclude that the patient is actually dead. In estimating the risks of electric lighting it ought to be remembered that the Electric Supply Corporation differs from all companies as to the extremely high tension at which it works its dynamos. It sends its current from Deptford to London at a tension of 10,000 volts, whereas the average tension at which the current is distributed by other companies does not exceed 2,000 volts. By employing this extreme tension the Company is able to send its current for considerable distances without using heavy and expensive conductors, and without losing much of the current in transmission. But, on the other hand, it suffers from having to deal with a current which is liable to break out of the cable wherever the slightest fault is to be found, just as water bursts out if it is at high pressure, a fault which otherwise would be unimportant. When the high tension current reaches London it is necessary to break it up and to reduce it to the tension suitable for domestic consumption, and this it does by passing it through "converters" set up at local stations. It was in the shifting of the current from one set of converters to the other that this accident happened.

Hydrophobia Again!

Apropos of the remarks which we made last week on this subject, we note that five persons have been recently bitten in Liverpool, and that "the dog was destroyed, and after examination by Dr. ——, was pronounced to have been suffering from rabies.' Accordingly, the whole five were forthwith transmitted to Paris for Pasteurism, and no doubt they will appear in the returns as victims saved from hydrophobia. But, we may ask, where is the evidence that the dog was rabid—and where the proof that, supposing him to be so, any virus was communicated to the persons bitten? First, the initial stupidity is committed of killing the dog before ascertaining whether it was really mad. Next, we are asked to believe that it was mad because Dr. —— examined it and thought so. But not even Pasteur himself can pronounce upon the existence of rabies in the dog by any post-mortem appearances, still less by a superficial exterior examination, which is usually considered conclusive in these cases. He expresses no such opinion until he has actually tested the matter by inoculating rabbits with the dog virus. Under these considerations, we, for the sake of argument, submit that the dog in this case was not mad, that if it were it is very unlikely that it communicated the rabid virus to the persons bitten, and that the examination by a medical practitioner in no respect serves to confirm the existence of rabies. Our purpose in making these observations is certainly not to discourage precaution; we wish to discredit the utterly stupid procedure of killing the dog (which effectually prevents the existence of rabies being proved or disproved), and the equally idiotic proceeding of muzzling all the dogs in a county because a stupid policeman considers one of them to be mad.

Efficacy of Vaccination.

Salford has recently had, unfortunately, an opportunity of studying the efficacy of vaccination, inasmuch as the town has suffered from a severe epidemic of small-pox, and the Medical Officer of Health, Dr. Paget, has published some striking figures. Several facts are notable:—1. That amongst the vaccinated under 20 years of age there was no death. 2. That the mortality amongst the vaccinated, at all ages, was only 6·8 against 34·3 amongst the unvaccinated, and 16·7 amongst those whose vaccination was doubtful. It seems to be proved by this experience that the protective efficacy of vaccination wears off, to some extent, after twenty years of life, and that, to retain protection, the process ought to be repeated. As to its efficacy on the whole, the evidence is conclusive to any one except an anti-vaccinator.

Antiseptic Surgery at Guy's Hospital.

SINCE Lister first taught surgeons how to treat their operation wounds, it may be said, in some respects, that the antiseptic treatment of wounds has tended rather to elaborateness than to simplicity. But in the gradual development of this process it has always been Lister's aim to avoid any unnecessary detail and to reduce his method to a system as devoid as possible of complicated procedures. It is of interest to note that, despite the numerous antiseptics now in use, Sir Joseph Lister still shows his preference for carbolic acid. A solution of one in twenty of this drug serves for cleansing everything in connection with the operation, such as the hands, the instruments, the wound, &c., and the dressing employed is the double cyanide gauze, soaked in the same or a weaker solution. The perchloride of mercury is now quite out of favour with Sir Joseph. Apropos of this subject mention may be made of the progressive measures now being adopted at Guy's Hospital for securing thorough asepticism. We learn from our contemporary the *Guy's Hospital Gazette* that everyone engaged in an operation, except the anæsthetist, in the well of the hospital theatre, is required to wear a white closely-buttoned macintosh, stretching from the neck to the heels, having short arms; over the macintosh and arms is worn a brown holland coat wrung out in one-twenty carbolic. Up to the present this innovation has had the effect of causing a good deal of curiosity in the school, and the theatre is consequently greatly crowded during the operations, for the purpose of seeing the white-robed gentlemen in their new apparel. In following out antiseptic surgery to its legitimate end the fact, of course, should be remembered that it is quite easy to overstep the mark, and to introduce into Listerism elaborate procedures which seem to be the outcome more of superstition than anything else. Superstition is apt to take the place of common sense when the surgeon, in his extreme anxiety to exclude germs from his operation wounds, allows himself to be haunted by the ubiquitous microbes. The logical reasoning, it appears to us, deducible from the practice of highly elaborate antiseptic precautions is that, if superstition be once permitted to have sway, antiseptic surgeons will feel it to be their duty to operate under glass cases.

The Indecent Advertisements Act.

WE are glad to learn that something is about to be done to strengthen the Indecent Advertisements Act. It is well known that the Act only applies to advertisers who issue circulars in the public street, while those who choose to insert advertisements in any public print which will accept the announcements can publish anything they please, however scandalously subversive to the public morals. The worst offenders who play into the hands of this large and unscrupulous *genus* are the weekly papers catering mostly for the masses, and some of the so-called religious papers. A high legal authority has pointed out that, as the Indecent Advertisements Act cannot be made to apply to advertisements inserted in newspapers, he is prepared to bring in a short Bill remedying the Act in this respect during the course of the next session. The sooner that the amendment becomes law the better. Only a week or two ago no less than *three columns and a half* of quack advertisements, couched in the most barefaced filthiness, appeared in one of these papers. Each advertisement was an invitation to pregnant women to apply for medicines concocted for the purpose of interrupting the natural course of pregnancy. From the lavish extent with which these advertisers "boom" their wares, it is evident that their trade is a most prosperous one, and that of all quacks they are reaping the best harvest. Many of them describe themselves as "Doctors," and doubtless by this assumption of title still further add to their ill-gotten gains.

An Interview with a Medical Centenarian.

THE medical centenarian Bossy, of Havre, is still in the active pursuit of his profession. He has recently given some details of his life and habits to an interviewer, which show that his energy and spirit for a man of his age are remarkable. "I am," he says, "an enemy of all *régimes*; I have adopted none especially. My formula is this: Use everything, abuse nothing. Every morning, winter and summer, I am out of bed at seven o'clock; I shave myself because I have no time to attend at the barber's. For some considerable period I have abandoned driving about in my carriage, owing to the fatigue it causes me. I always visit my patients on foot; the other day, for example, I began my visits at eight in the morning and was engaged until noon. My appetite is excellent, and I have not lost a single tooth. So far as illnesses are concerned, personally I have never had any. There is only one thing wanting in me, and that is one eye. This is how I lost it: Four years ago the left eye became slightly inflamed. I put myself under the care of a colleague, who treated me with leeches, to which I strongly objected. Eight days later I was blind in the eye, and subsequently the organ was removed." The absence of precise details respecting the conditions present which led to the loss of the eye renders comment on the case impossible. Meanwhile the vigorous vitality still displayed by Dr. Bossy after his long innings of life is nothing less than marvellous. His must be an extremely interesting personality.

A Case of Idiopathic Tetanus.

AN inquest has recently been held in Longford on the body of a girl who had died of tetanus in the Infirmary. There seems to have been no very special point about the case except the conduct of a local practitioner, who is said to have attended behind the back of the dispensary doctor, Dr. Maguire. This practitioner seems to have conceived the idea that the girl was suffering, not from tetanus, but from hysteria, and that she could be cured by a vigorous shaking up, which, it appears from the evidence, that he then and there administered. It was sworn that he "lifted the deceased's head off the pillow by the hair," and afterwards dragged her by the hand outside the door on her bare feet with nothing on her but a cloak. This treatment of the poor creature seems to have been adopted in defiance of the opinion of the Dispensary Medical Officer, Dr. Maguire, and his consultant, both of whom declared the case to be one of tetanus, which it afterwards proved to be. Upon the facts disclosed in the report of the inquest we feel bound to say that, if the evidence given was truthful, the conduct of the practitioner referred to was extraordinary, and, as it afterwards appeared, destructive of the chance of the poor girl's recovery. The case is an illustration of the unwisdom of charity patients calling in outsiders to revise the well-considered opinions of doctor and consultant in cases of this sort. There are probably facts and motives behind the screen respecting which the inquest report gives us no information.

The Dermatological Society of London.

From time to time we have been asked to afford information about the self-styled Dermatological Society of London. The information afforded by the "Medical Directory" and kindred publications is extremely meagre, but from private inquiry we have ascertained that the society consists of some thirty members, more or less self-elected, and that these thirty gentlemen, having taken to themselves the well-sounding title of the "Dermatological Society of London," protected themselves against unwelcome intruders by decreeing that thirty should be the outside limit of membership, and applicants for membership are consequently dismissed with the formula that there is no vacancy. Now a certain proportion of the gentlemen connected with this "close corporation" are not known to the profession at large as having any particular right to pose as dermatologists, hence they occupy places which ought in common fairness to be left free for others whose dermatological attainments are of public repute. The proposal to reform the society on a more democratic basis has all along met with a determined opposition from the *clique* who rule the roost, and who desire to maintain their position of "the only recognised dermatologists." The only alternative was to start another society, admission to which would take place in accordance with the regulations which custom has sanctioned in respect of the older societies. For a number of gentlemen, however eminent, to form themselves into a close body, and to arrogate to themselves a metropolitan title is an unmitigated piece of impertinence which we are glad to find has excited universal reprobation. Indeed, we learn that the movement for the creation of a new society has had the desired effect of startling these gentlemen out of their composure, and they have, under pressure, condescended to assist in organising the new society. Now that publicity has been directed to their conduct they may be sure that any departure from the normal rules in respect of membership will be sharply criticised. It is not for the committee to decide whether or not an applicant is a specialist. Every practitioner of good repute, whether specialist or general practitioner, ought to be eligible, and unless this is conceded the creation of another dermatological society will still have to be thought of. The study of diseases of the skin is quite wide enough to justify a society devoted to its pursuit, the more so as "skin cases" fail to receive anything like adequate attention when brought before the general societies, medical or surgical.

Sewer-Gas laid on to Private Houses.

Sanitary authorities, in their zeal for the hygienic welfare of other people, are at times apt to overlook the beam that is in their own eye. They are inclined to become lax in administration, especially as any attempt at rigorous work not only irritates householders, but also entails an increased expenditure upon the ratepayers. Seldom, however, have the sins of a Corporation been more emphatically thrown in their faces than in the case of a late report of the Health Committee of Dublin. In speaking of the connection of houses with main drains, Alderman Macguire remarked, "It might be said that we in laying cross drains from sewers to houses are really laying in sewer-gas to them, as the gas company lays in gas, and, undoubtedly, that is exactly what we do, so that unless the householder is specially careful to provide an interceptor trap to stop the entrance of sewer-air, he will have a dangerous connection, which may cost him his life and the life of his children and servants." The Dublin Corporation evidently believes in plain speaking. It would be well if many other Corporations took a leaf out of the same book, at any rate, so far as health matters are concerned.

The Sad Death of a Medical Man.

Blood-poisoning is now one of the rarest of complications of operation wounds with which surgeons are called upon to deal—thanks to the beneficial results of antiseptic surgery. Still it is the case that the active and virulent pathogenic germs never lose the opportunity of propagating all the evil of which they are capable whenever the circumstances are favourable. For this reason, therefere, medical men cannot be too much on the alert to prevent inoculating themselves or others upon all occasions in which professional services are being rendered to patients suffering from septic wounds. Sometimes the contributory causes to any such inoculation may be of the simple description, as, for example, in the case of a medical man named Dr. Robert Clark, who has just died from acute septicæmia at Lancaster. We learn that he happened to touch a small excoriation upon his nose before washing his hands after dressing a sloughing bed-sore from which one of his patients was suffering. As the result of this inadvertent inoculation blood-poisoning rapidly developed, and death took place from septic pneumonia within a week of the untoward accident.

A week since we referred to a duel in Austria in which a medical man was shot dead. A similar tragedy has now to be recorded as having occurred in Berlin. Dr. Roever, the deceased, fought a military equipment manufacturer with pistols. No less than eight shots were exchanged, and at the last round the doctor fell dead.

A Pastrycook and his Sponge Cakes.

It is no doubt a merciful dispensation of Providence that the average citizen does not see the places in which his food is kept and prepared; otherwise his appetite would be liable to many a shock by reason of this or that unpleasant association. The ways of bakers in their underground bakehouses, where foul air, sewage, and filth of various kinds struggle for the ascendancy, have been so often and so forcibly exposed that the dish is now regarded as somewhat stale by newspaper readers. Nevertheless, little real reform in this much-needed direction appears to have been as yet accomplished. Not long since a well-known and energetic London medical officer of health discovered that several underground bakehouses in his district were flooded by a reflux of sewage in certain flooded conditions of the Thames. At one of these places he found sewage-soaked flour which the owner admitted he intended to make into pastry. It is to be hoped that cooking would to some extent, if not altogether, rob these nameless horrors of their power for evil in the human body. No such purifying influence, however, would apply to the hands of workmen, to baskets, trays, and other contaminated surroundings. The movement of bakehouse inspection owes its resuscitation chiefly to the energy of the Medical Officer of Southwark. Considerable activity has also been shown in Marylebone. In the last-named district a baker was fined £4 for having a preparation of unsound eggs in his possession which were unfit for the food of man. The defendant admitted that he was about to use in the making of Bath buns and sponge cakes eggs which "stank," to use the emphatic description of the sanitary inspector. The whole question of the preparation of our food supplies requires systematic and thorough overhauling.

Exhumation.

The extreme step of exhuming a body is, as a rule, entertained by the Home Secretary only in cases where there is sufficient evidence to warrant the gravest suspicion as to the cause of death. It has never been hitherto undertaken, we believe, in order to satisfy friends as to the correctness of diagnosis and treatment by the medical man who attended deceased. Yet that extraordinary object seems to have actuated a Mr. Petre, of Margaretting, near Chelmsford, who actually succeeded in getting an exhumation order for a coroner's jury to inquire into the cause of death of his infant child. The father was dissatisfied with the treatment deceassd received from Dr. Smith, of Ingatestone, and his solicitor stated that his only motive was to definitely ascertain the cause of death. The jury formed their opinion upon the medical evidence only, and returned a verdict that death was due to natural causes, and that Dr. Smith was warranted in his treatment. Mr. Petre, through his solicitor, expressed himself as perfectly satisfied with the result of the inquiry. He is said to be a cousin of Lord Petre, which may to some extent explain the fact that he was able to obtain an exhumation order. Certainly any ordinary citizen in doubt as to the skill of his medical man under similar circumstances might as well hope for Parliament to take up his fancied grievance as for the Home Secretary to grant an exhumation order.

Factory Work and Infant Mortality.

The rate of infant mortality, as a sum total, is determined by many contributory causes. In manufacturing districts it is greatly influenced by the employment of young mothers in the factories. The reasons for this are sufficiently obvious, and the truth of the main proposition can hardly be called in question by anyone who has studied the returns of infant mortality in any of our great industrial centres. This subject was brought forward prominently at the Berlin Conference, and since then a clause was introduced into the Factory Act of 1891 which forbids the employment of mothers within a month of child-birth. Dr. Tatham considers a month is not a sufficiently long period, and that it should be extended so that the mother could rear the child. His suggestion may be sound in theory, but it would certainly rouse very great opposition among the married women who are wage-earners in factories. The disabilities of the sex are already considerable, and this proposed addition would lend itself to easy attack.

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Scotland.

[FROM OUR OWN CORRESPONDENTS.]

Public Inquiry into Sudden Deaths in Scotland.—Some time ago we intimated that there was a desire on the part of some in Scotland for the adoption of a system of coroners' inquests similar to that which holds in England, and that bodies of working men had petitioned the powers in office to institute such courts or at least a public inquiry. We, at the time, pointed out that the change would be retrograde, the office of coroner in Scotland having fallen into desuetude during the last century, cumbrous and costly. We are glad to see that Mr. Thomas Trotter, advocate, in an address to the Leith Liberal Club, is of the same opinion. His arguments against the new proposal are:—1. It is costly. 2. It is cumbrous. Jurors require to be cited, and a large number of other legal formalities have to be gone through, and this in every case of sudden death, be it suicide, heart disease, or apoplexy. Cases like the latter are more suited for a private post-mortem examination by a medical man than for a public inquiry. 3. Publicity often opens a door for the guilty to escape. In conclusion Mr. Trotter thinks that the present system might be improved if the autopsies were made by expert medical jurists.

We are inclined to think that the working men only desire another form of inquiry in the hopes that they may obtain some more benefit from the Employers' Liability Bill by having a soft-hearted jury, probably recruited from their own class, to adjudicate in the first place with regard to accidents, instead of an impartial fiscal.

Accidental Poisoning at the Edinburgh Fever Hospital.—The Law Committee of the Edinburgh Town Council one day last week voted £125 to the mother of a maid-servant lately in their employment at the City Hospital in satisfaction for her claim of damages for her daughter's death. It appears that her death must be added to the long roll of those caused by the accidental administration of carbolic acid. Suffering from indigestion, she was ordered "a dose of salts." The contents of a bottle labelled poison and standing where it should not have been were given inadvertently, and the girl died shortly after. We referred to this case in our last issue.

The Edinburgh Infirmary Managers.—The matter *re* the staff as Managers has been remitted to the Law Committee. The two members of the staff appointed by the College of Surgeons to the Board have had their staff appointments made interim by the Board until the matter is settled. The Committee of Contributors have expressed strong disapproval of the appointment of any of the staff as Managers. The two members in question are still obstinately resolved to persevere in their course.

A Hospital Scandal.—During the past week the town of Airdrie has been thrown into a state of excitement in consequence of some extraordinary revelations which have been made regarding the management of the Fever Hospital and the treatment of the patients. The feeling is all the more acute as many discharged patients have from time to time expressed themselves as to the bad management and treatment now openly complained of, and although some little notice may have been taken, yet the matter was always hushed up. Now, however, the matter has come to a crisis, and the matron was arrested and brought before the Sheriff and committed to prison, and the assistant matron has been dismissed as well as all the nurses, the vacancies being filled with new ones. It is stated that all fevers were placed indiscriminately in the same ward. The more serious charge against the matron is that, during the month of October last, she assaulted the now deceased John Colye, then a patient in the hospital, suffering from typhoid fever, and that while he was in a state of delirium she struck him and tied him down in bed with a rope for seven hours on two occasions, on account of which treatment his friends attribute his death. She is further charged with ill-treating another male patient in a similar manner, threatening to put him in the dead-house, and third, that she assaulted Annie Graham, a fever patient, aged 8 years, by striking her with a scrubbing-brush and otherwise maltreating her. It may be added that on Saturday last the matron was liberated on bail.

The New Professor of Midwifery in Glasgow University.—The friends of Dr. Murdoch Cameron purpose giving him a complimentary dinner at an early date in order to celebrate his appointment to the Chair of Midwifery in the University. Postcards are being sent out widely in order to ascertain the number of those who will avail themselves of the opportunity. It is stated that the price of the ticket will probably be about 5s.

Vaccination Prosecution.—A Mr. Walter Currie was again brought up, charged for the third time with refusing to have his child vaccinated (the same child). His lordship said he would make the penalty the very lowest he could. He was not authorised under the statute clearly by the law to give an admonition, otherwise he would. The penalty was fixed at one shilling, with two guineas of expenses which had been occasioned by some technical objections. The alternative would be twelve hours' imprisonment.

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MEDICAL SOCIETY OF LONDON.

Last Monday's meeting, January 22nd, was a clinical evening.

Mr. Gould showed a piece of rubber tubing 11 inches long which a draper's assistant had accidentally introduced into his bladder. He made out its situation by means of the cystoscope and then managed to remove it without too much difficulty.

Mr. Swinford Edwards and Mr. Hurry Fenwick referred to cases in which the cystoscope had proved useful in localising foreign bodies in the bladder prior to removal. In Mr. Fenwick's case the foreign body was a portion of wax taper which, floating on the water, was exceptionally difficult to seize with the lithotrite. This, however, he managed to effect after a good deal of trouble.

Mr Ballance showed two men upon whom he had performed wiring of the patella for fracture. The results were good, especially in one case. He had performed this operation some six or seven times for fractured patella, and always with a satisfactory result, although he never used a drainage tube. He made the incision laterally in order not to leave a cicatrix over the front of the joint. He pointed out that in very few cases of fractured patella could the fragments be brought together unless the fractured bone was exposed, on account of portions of the aponeurosis and clots falling between the fragments. He always performed every step of the operation himself, dispensing with any assistance, in order to reduce the risk of infection. Passive movements were begun in ten days, and the patients were up and about in a month.

Mr. Turner pointed out that the operation was essentially *the* operation for recent cases of fractured patella. He suggested that the use of wire for sutures presented certain disadvantages, but he knew of no other substance that had the requisite strength.

Mr. Watson Cheyne said that union would probably be obtained whatever substance was used to suture the fragments, but if wire were used then the patients could be allowed to move about before bony union had taken place, which was a distinct advantage. He had never seen a case of transverse fracture of the patella in which the fragments could possibly have been brought together by any operation short of laying open the joint.

Mr. Bruce Clarke thought that six weeks' rest was desirable before commencing movements.

Mr. Bidwell said he had recently had occasion to lay open the joint in a man in whom a previous fracture of the patella had been wired by the subcutaneous plan. He found that no union had ever taken place, the fragments being kept in position only by means of the wire. He pared the edges and wired them securely together with a perfectly satisfactory result.

Mr. Bruce Clarke showed a man who had been circumcised seven months before on whose penis a horn, an inch or two in length, had formed since that time.

Mr. Sheild suggested that this outgrowth was probably due to the accidental implantation of some epithelial cells at the time of operation, and he pointed out that similar growths sometimes followed ulceration of sebaceous cysts and molluscum contagiosum, and were also met with on the fingers from the ingrafting of cells driven in by pins or needles.

Dr. Morgan Dockrell showed several cases, and others were shown by Mr. Hurry Fenwick, Mr. Turner, and Dr. Pasteur.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE DISINFECTION OF WOUNDS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—For the purpose of demonstrating the superiority of solutions of the biniodide of mercury over the bichloride in the treatment of poisoned wounds, the following experiments were performed on mice at the Bacteriological Laboratory, King's College, London, with the usual License.

December 7th.—Three mice inoculated with virulent anthrax gelatine culture, on wounds near the tail a quarter of an inch in diameter. One mouse was used as a "control." The second was irrigated with a 1 in 1000 solution in potassium iodide, after waiting five minutes; and the third similarly, after waiting half an hour. The irrigation was repeated at intervals of a quarter of an hour, for an hour and a half, when both mice were left with the control, in separate boxes, for the night, the wounds being left exposed.

8th.—All three mice living. Irrigation commenced again at 9.30 a.m. and continued at intervals until 5 p.m. when the process was again discontinued for the night, the wounds being left open.

9th.—"Control" and first mouse found dead at 9.30 a.m. The exact time of death of each not known. The third mouse was alive and well. Anthrax bacilli found in the blood and spleen of both dead mice.

10th.—Third mouse alive and well. Lotion applied once only during the day. Wound healthy.

11th.—Mouse alive and well. Lotion applied at intervals until the evening, and then entirely discontinued.

13th.—Mouse alive and well.

December 13th.—Second experiment. Three mice inoculated in the same way, and one used as a "control." After waiting a quarter of an hour, the wounds were bathed with a 1 in 500 solution of biniodide. This was peated every quarter of an hour, for an hour and a half. he wounds were then left bare for the night.

14th.—All three mice living at 9.30 a.m. Lotion applied intervals until 4.30 p.m., when the "control" and one the others were seen to be feverish, with rapid breathing d feeble motor power.

15th.—One mouse and the "control" found dead; the cond alive and well; lotion discontinued after 2 p.m.

16th.—Mouse alive and well; wound healthy.

17th and 19th.—The same healthy condition observed.

On December 19th a third experiment was done with ur mice and one "control." Inoculation as before with latine cultures of anthrax at 11 a.m. Irrigation with 1 1,000 solution of the biniodide in iodide of sodium, mmenced at 11.30 a.m. and repeated every quarter of an our for five and a half hours, when all the mice were left r the night, their wounds being left bare.

20th.—Irrigation begun again at 10.30 a.m., and connued until 5 p.m. The "control" died at 12.30 p.m. wenty-five hours after inoculation).

21st.—Lotion applied as usual. One mouse found dead t 10 a.m.; another died at 11.15, forty-eight hours after oculation, and twenty-three hours after the death of the 'control."

22nd.—The two remaining mice alive and well.

25th.—Mice alive and well, wounds dry and healthy.

Remarks.—To unprejudiced minds the above experiments were not needed to prove the superiority of the iniodide over the bichloride, because the fact has been onclusively demonstrated in bacteriological experiments y Drs. Miquel and Rueff; in chemico-pathological xperiments by Dr. Woodhead; and clinically by Dr. Luff, nyself, and many others during the last seven or eight years. The bichloride precipitates albumen, and the binodide does not; hence the former is retained in the tissues, whilst the latter is eliminated. The brilliant results ttainable by the bichloride are not denied, but the dangers are so great from the deposition of the albuminate of mercury that Hoffman of Vienna, Tarnier of Paris, and many others have at length denounced it. The persistent advocacy therefore of this drug by leading British surgeons and obstetricians in spite of the proved expediency, from every point of view, of the addition of iodide of potassium, is inexplicable except on the ground of prejudice.

The Editor of the *British Medical Journal*, by refusing to publish replies to Dr. Robert Boxall's letter of November 25th, 1893, and Dr. Clement Godson's of November 18th, has deliberately fostered this prejudice; and in dealing with the question, has shown himself destitute of the first principles of editorial impartiality. The practice of thus allowing an editor to give away a discussion in any direction which his "supreme judgment" dictates, in the way regularly adopted and continually and most dishonourably practised by Mr. Ernest Hart, is, I contend, deserving of the severest censure by the Association.

Dr. Boxall is so eager to condemn the biniodide that he accuses me of "calling the kettle black" before I have even mentioned the drug. He goes far into the regions of fancy, to find a danger in "Iodism," from the use of a 1 in 1,000 or 2,000 solution *to a wound!* Truly objections are hard to invent; especially when it is remembered that the only treatment for mercurialism is full doses of potassium iodide. Dr. Boxall's antagonism is especially peculiar when one reads in his recent address to his students that he "looks forward to the day when some equally efficient but satisfactory"—safe (?)—"antiseptic will be found to take its place." The addition of the iodide of potassium to the corrosive lotion is all that is required to furnish all that Dr. Boxall desires; but unreasoning and deeply-rooted prejudice evidently prevents him adopting so simple a method; for it is impossible that all the facts which have so frequently been published in the medical journals regarding the safety and value of biniodide solutions have escaped his notice.

There are now, however, no loopholes for such objectors to the use of the biniodide for all septic processes and poisoned wounds.

Anthrax poison can be destroyed by the drug in open wounds, when all other antiseptics, as shown by Schimmelbush and reported in your columns in May last, fail to check its progress. Surgeons and obstetricians must therefore use it to the exclusion of all other antiseptics if they intend to secure perfect freedom from danger with the brilliant results of the bichloride.

I am, Sir, yours, &c.,
C. R. Illingworth,
M.D., M.R.C.S., D.P.H. Lond.

12 Baron's Court Road,
West Kensington, W.
Jan. 13th, 1894.

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"UNQUALIFIED MEDICAL MISSIONARIES."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is to be hoped that, as the straightforward Medical Press and Circular has called attention to the "Zenana Medical College" and its actions, the Medical Council will at once call before it those medical practitioners who are conducting examinations and granting medical diplomas in connection with it. Lately, a pamphlet, termed "White Fields," bearing upon the above diploma-granting college, has been sent me. I notice that the following medical practitioners form the "Medical Board of Examiners":—"Dr. William Ord, St. Thomas's Hospital, medicine; Mr. Pickering Pick, St. George's Hospital, surgery; Dr. Dakin, midwifery, and diseases of women and children."

The "Medical Referees are "Dr. F. T. Roberts and Dr. Gilbart Smith," while the "Hon. Sec." is Dr. G. de G. Griffith. Among "the Patrons" are Sir Wm. Muir, K.C.S.I.; Sir W. MacCormac, F.R.C.S.; Surgeon-General Sir W. G. Hunter, M.D.; Professor Macnamara, ex-President R.C S.I.; Dr. Walter Smith, Vice-President R.C.P.I.; while on "the Committee" are Dr. Griffith, Dr. Kapadia, Chororg Muthu, Esq., M.D.; and H. T. Sylvester, Esq, M.D., V.C.

In the balance sheet, opposite "Students' Payments," the sum of £146 9s. 9d. is placed; and £12 12s. for "coaching fees." On p. 28, the following occurs:—"Our Society grants a *Diploma*, signed by the Board of Examiners, after successful examinations at the end of two years curriculum." Now, I have asked the Hon. Sec. and several of the "Medical Board of Examiners" for a cancelled diploma form, yet I have been steadily refused this. Why? Will the "Medical Board" supply a copy of the diploma form for publication in the Medical Press? If not, why not? I have also asked for a curriculum of study. Will this also be supplied to you, if not to me? If not, why not. It would be well if this college ceased to grant diplomas. What is the good of having regular colleges for women, at which they must study for five years, if other colleges with a two years' course of study, are established. I see it stated, in the above "White Fields" that if medical women are "filled with the Holy Ghost and common sense," they can do untold good. But even supposing the properly registered women practitioners are not so "filled"—a point which I would dispute—can they not do *more* good? Dr. C. H. F. Routh's apology for the Zenana "Medical" College is a very poor affair indeed, and if he has stated all that can be said in favour of his pet, then his case is as weak as is his statement, that the great majority of medical practitioners have adopted the practice of medicine "as a *vocation.*" But even if it is a "vocation," does he mean to assert that we practitioners have not as clean hands and as pure hearts as those who are supposed to be "filled" with some superior influence? If a "two years' curriculum" turns out a better practitioner—even for niggers—then why does the General Medical Council insist on a five years' course? Which is right? I would ask Dr. Routh to publish the diploma form as granted by his "College," also the curriculum of study, and to cease trying to show that the aim of the Medical Council in establishing a preliminary examination, a five years' course of study, and the passing of rigid examinations is a meaningless farce. Why does he range his operation along with that of the "natives" of "India, Africa, China, and Burmah," whom he says "care very little for qualified persons." On what authority does he make this startling statement? Where is his *proof?*

In the "Syllabus of Lectures" I notice the following:—"Anatomy, dermatology, dental surgery, surgery, clinical diseases, materia medica, pharmacology, and case-taking, midwifery, medicine, ophthalmic surgery, tropical diseases physiology," are mentioned. Also, Mr. T. Cooke, F.R.C.S., gives instruction in practical anatomy at £1 1s. for each demonstration, while practical dispensing is taught at the Hospital for Women, 32 Lupus Street. "All students who go up for their *Final Examination* previously pass that of the Obstetrical Society and obtain the *Midwifery Diploma*."

Now, Sir, if the above points do not show the necessity of the Medical Council to interfere with the action of the medical practitioners connected with the above Zenana "College," then the sooner the Medical Council withdraws its recommendations relative to medical education the better, and so be guided by the very intelligent "native" opinion referred to by Dr. Routh.

I am, Sir, yours, &c.,

Liverpool. **Robert R. Rentoul.**

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Literary Notes and Gossip.

A chemist named Bartolomeo, of Milan, has claimed the prize of 50,000 francs offered by the Paris Academy for a cure of diphtheria which he professes to have discovered.

⁂

The Austrian journals are congratulating themselves on the literary ability of their professors, and point to the success of Gruber's work in England and America as proof of their undoubted merit.

⁂

A lady interested in Medical Missions has offered two scholarships, of the value of £100 and £50 respectively, to women who desire to educate themselves for medical work in the mission field. These scholarships are tenable at the Edinburgh School of Medicine for Women, and we are asked to announce that particulars can be obtained from the Secretary of that School, Surgeons Square, Edinburgh.

⁂

"Research Prizes," each of the value of fifty guineas, are offered in our advertisement columns to-day by the Royal College of Physicians of Edinburgh for the two best Essays on Medical Subjects by Fellows, Members, or Licentiates of the College. Competitors are permitted to choose their subjects and the Council will award the prizes.

⁂

The past year will not rank as a distinguished one for its literature. So far as medical works are concerned, 1893 was singularly deficient both in number and ambition. There was a faint rush of works on biology and hygiene; of the former little need be said, as they were hurried forward to meet the new examination requirements. The literature of hygiene was, however, greatly enriched by the production of Stevenson and Murphy's book. Morris's new work on "Anatomy," and Sir Wm. Jenner's "Fevers" may also be mentioned as features; whilst McEwen's "Diseases of the Brain," Stair's "Brain Surgery," and Goodall's "Microscopical Examination of the Human Brain" may be referred to as evidences of the direction of modern innvestigation. The remainder of the 93 new books of the year differed little from the ordinary run, some of these will doubtless reach, in due course, to new editions, but the majority will be lost in the abyss of "blighted hopes," to which so many thousands have been previously consigned.

⁂

But if the year has been barren of important new books, it has produced its full share of new editions of standard authors. Of these we may mention a fourth edition of Field's "Diseases of the Skin," Whitelegge's "Hygiene and Public Health," "Vertebrate Embryology," by the late Prof. Milnes Marshall; Powell's "Diseases of the Lungs and Pleura," Ireland's "Blot on the Brain," Gray's "Anatomy," Harrison's "Urinary Organs," Waller's "Physiology," and a revised edition of the late Dr. Fleetwood Churchill's "Obstetric Nursing," by Dr. T. More Madden.

Of important books by foreign authors, there have been some notable translations into English, paramount among which are Sir Wm. Dalby's edition of Professor Politzer's "Text-book on Ear Diseases," Fuch's "Text-book of Ophthalmology," Strumpfel's "Text-book of Medicine," Metchinkoff's "Comparative Pathology," Weismann's "Germ-Plasm."

⁂

The December number of our Paris contemporary, *Revue Bleue*, contains the first of a series of essays on " Professions en Angleterre," by M. Max Leclerc, and inaugural paper deals with "doctors." The author, our experience, is almost the first foreigner who has s ceeded in getting a lucid and correct idea of our carri lum and our chaotic system of degree and licence-givi The medical profession, says M. Leclerc, has obtained autonomy, but not its patent of nobility, and the rea he gives for this deprecatory statement is that the prof sion in Great Britain requires to be "raised and rende more select" (s'épurer) its present condition being t absence of sufficiently drastic and sufficiently reliable te of the standard of general edncation exacted of can dates.

⁂

We are not in a position to controvert the authe assertion that "the medical profession, as it exists England, comprises the humblest duties of an ill-remu rated, lightly-esteemed, manual occupation—as well as t highest flights of speculative science." M. Leclerc ref to the Society of Apothecaries, and "a certain Scot corporation" as issuing diplomas the value of which likens to that of the degree of M.D. formerly accord to all-comers by the notorious University of Jena. T author next discusses in a very spirited way the n superannuated apprenticeship system, and follows step step the efforts (?) of the General Medical Council to rai the standard of the preliminary examination—efforts wh have not, so far, had any very practical result. M. Leck may be congratulated on the accuracy and perspicacity his observations, which bear the stamp of personal researc but we doubt whether his revelations will tend to incre the respect of his fellow-countrymen for our medical i stitutions.

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An attractive little publication, "The Practical Coo Book," has just been issued by the Liebig Extrac Meat Company, Limited. Out of the one hundred a eighty receipts which it contains the following des special mention :—Asparagus soup, oxtail soup, mu pilau, jugged hare, shepherd's pie, dressed veget marrow, Parmesan omelette, caper sauce, savoury cus and jellies. These and all the other receipts plainly il trate the many different uses to which the Compa Extract can be put in the preparation of toothsome di The book, which is published at 1s., can be had with cost by members of the medical profession on writin the Secretary of the Company at 9 Fenchurch Ave London, E.C.

⁂

The last half-yearly volume of "Braithwaite's Re spect," July—December, 1893, is now before us, and i only superfluous praise to say that the high standar excellence attained by previous issues is well mainta in the present volume. As a record of contempo medical literature the "Retrospect" stands in an u valled position, and no medical practitioner anxious to k pace with the progress of his profession should omi consult its pages. With the "Retrospect" by his side a v to a medical library for reference purposes would scar be needful, for it is only true to say that the "Retrosp forms a library in itself.

⁂

In blossoming into the *Quarterly Medical Journal*, *Sheffield Medical Journal* now appeals to a much wi circle of readers, and the promoters are to be congr lated upon their enterprise. The January number of excellent journal commences with an important art "Some Forms of Diarrhœa, especially Morning Diarrh from the pen of Dr. Lauder Brunton. A more instruc contribution upon this subject has, in our opinion, n before appeared. Moreover, a most useful diet tab appended, which is applicable to the cases with which article deals. Nine other original communications contained in the number, all of which may be per with profit. Abstracts and summaries and other it complete the number, which thus makes an excellent s in the present year.

New Books and New Editions.—The following have been received for review since the publication of our last monthly list:—The Microscopical Examination of the Human Brain, by Edwin Goodall, M.D. Lond., B.Sc. The Student's Dictionary of Medicine, by Alex. Duane, M.D. Infectious Diseases Notification and Prevention, by Louis C. Parkes, M.D. Lond. Common Neuroses (2nd ed.), by J. F. Goodhart, M.D., F.R.C.P. Modern Gynæcology, by Chas. H. Bushong, M.D. Advanced Physiology, by John Thornton, M.D. Text-book of Normal Histology, including the Development of the Tissues, by Geo. A. Piersol, M.D. An Introduction to Midwifery, by Archibald Donald, M.D. Ed., M.R.C.P. Headache and other Morbid Cephalic Sensations, by Harry Campbell, M.D. Lond. A Practical Handbook of Midwifery, by F. W. N. Haultain, M.D. Index Catalogue of the Library of the Surgeon-General's Office, Washington, vol. xiv. Blue Book on the Health of the Navy for 1892. The Art of Living in Australia, by P. E. Muskett. The Healing of Rodent Cancer, by Inglis Parsons, M.D., M.P. The Latin Grammar of Pharmacy, sixth edition, by Joseph Ince, F.C.S., F.I.C. Dictionary of the Active Principles of Plants, Alkaloids, Bitter Principles and Glucosides, by Chas. E. Sohn, F.I.C., F.C.S.

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Medical News.

The French Hospital.

The 26th Annual Dinner of the French Hospital and Dispensary is announced to take place on Saturday, Feb. 3rd, at the Whitehall Rooms, under the presidency of H. E. M. Decrais, the French Ambassador, supported by the Lord Mayor and the Sheriffs of the City of London, &c.

The Parke Memorial Fund.

A meeting of the General Committee will be held at the Shelbourne Hotel, at 4.30 p.m. on Friday next, the 26th inst., to receive the report of the Executive Committee, and to decide upon the application of the Fund and the form the proposed memorial should take.

Harveian Society of London.

The annual meeting of the Harveian Society was held on Thursday, January 18th. The retiring President, Mr. Malcom Morris, delivered an address, and the following office-bearers were elected:—President: Dr. Eastes. Vice-Presidents: Mr. Drew, Dr. Maguire, Mr. Rayley Owen, Mr. D'Arcy Power. Treasurer: Mr. Cripps Lawrence. Hon. Secretaries: Dr. Boxall, Mr. Peyton Beale. Council: Dr. Gomer Davies, Mr. Henry Davis, Mr. Dodsworth, Dr. Evans, Dr. Charles Gross, Dr. William Hill, Mr. Howard Marsh, Mr. Malcolm Morris, Mr. Roughton, Mr. Morton Smale, Dr. J. Edward Squire, and Dr. A K. Willis. The annual *conversazione* of the Harveian Society, held subsequently, proved very successful, and was well attended. Nearly 200 members and visitors were present. To the retiring President, Mr. Malcolm Morris, is due the initiation of an interesting and instructive exhibition of the various methods of depicting disease The efforts of the President were ably seconded by the Honorary Secretaries, Mr. E. W. Roughton and Dr. Robert Boxall, in bringing together examples of chromo-lithography, electrotyping, and engraving, engraving on wood and stone, drawing, painting, photography, and microphotography, wax-modelling, plaster-casting, &c. During the course of the evening a selection of instrumental music was given by the Prince's Band. The room was specially upholstered for the occasion by Messrs. Spillman and Co.

British Gynæcological Society.

At the Annual Meeting on Thursday, Jan. 11th, the following office-bearers were elected for the ensuing year: Honorary President: R. Barnes, M.D., F.R.C.P. President: T. Savage, M.D., M.R.C.P., F.R.C.S. (Birmingham). Vice-Presidents: Dr. Apostoli (Paris), A. H. Freeland Barbour, M.D., F.R.C.P.E. (Edinburgh), Fancourt Barnes, M.D., F.R.S.Ed. (London), F. C. Batchelor, M.D. (Dunedin), Vincent Dickinson, M.D. (London), W. H. Fenton, M.A., M.D. (London), James Murphy, M.D. (Sunderland), H. A. Reeves, F.R.C.S.E. (London), Heywood Smith, M.D., M R.C.P. (London), J. W. Taylor, F.R.C.S. (Birmingham), Professor W. J. Smyly, M.D. (Dublin), W. Gill Wylie, M.D. (New York). Treasurer: J. A. Mansell Moullin, M.B., M.R.C.P. (London). Librarian: George Granville Bantock, M.D., F.R.C.S.E. (London). Council: C. H. Bennett, M.D. (London), Professor J. W. Byers, M.D. (Belfast), G. Gleghorn, M.D. (New Zealand), T. M. Dolan, M.D. (Halifax), C. Godson, M.D., F.R.C.S.Ed, M.R C.P. (London), W. C. Grigg, M.D., M.R.C.P. (London), T. B. Grimsdale, M.B. (Liverpool), R. H. Hodgson, M.R.C.S. (London), F. Bowreman Jessett, F.R.C.S. (London), L. Jones, M.D. (London), J. Macpherson Lawrie, M.D. (Weymouth), E. Holland, M.D. (London), J. A. Shaw Mackenzie, M.B. (London), H. W. Maunsell, M.D. (London), H. Michie, M.B. (Nottingham), J. R. Morison, F.R.C.S. (Newcastle), Professor T. Oliver, M.D., F.R.C.P. (Newcastle), F. A. Purcell, M.D. (London), A. W. Mayo Robson, F.R.C.S. (Leeds), Professor A. R. Simpson, M.D., F.R.S.Ed. (Edinburgh), Professor Japp Sinclair, M.D., M.R.C.P. (Manchester), W. Travers, M.D., F.R.C.S. (London), A. Wallace, M.D. (London), S. Sunderland, M.D. (London). Editor of Journal: Leith Napier, M.D., F.R.S.Ed. Honorary Secretaries: Leith Napier, M.D. (London), F. F. Schacht, M.D. (London).

The first annual dinner of this Society, which, is, however, by no means a recent arrival in the scientific world, took place on Thursday last, January 18th, at the Holborn Restaurant, the retiring President, Mr. Bowreman Jessett, in the chair. He was supported by a very representative number of guests and friends, thus testifying to the fact that the prejudice always felt against newly-formed societies is at last giving way to more friendly feelings on the part of those who belong to the older bodies. Among those present may be mentioned the Master of the Apothecaries' Society, Dr. Hare, Mr. Lawson Tait, &c., together of course with the president-elect, Dr. Savage. In responding to the toast for the Society the President, after reviewing the growth of gynæcology as a separate speciality, alluded in outspoken terms to the unheard-of form of boycotting from which the Society had suffered (and in respect of one contemporary still continues to suffer) at the hands of certain organs of the medical press. He referred to the fact that the editor of the particular organ referred to not only declines persistently to publish reports of the proceedings, but even refuses to insert the announcements of the meetings. He gracefully acknowledged the readiness with which we of the Medical Press have given the publicity of our columns to reports of the proceedings, and congratulated the Fellows on the fact that the boycott had at last been overcome in respect of the other contemporary. A judicious selection of musical performances afforded an agreeable variation of the post-prandial *menu*, and altogether a very agreeable evening was spent.

Lessons of the Pilgrimage to Mecca.

The number of Mohammedans, says a correspondent in a morning contemporary, who annually make the pilgrimage to Mecca is steadily increasing, and it is difficult to see how cholera is to be kept out of Europe while the pilgrims are allowed to embark on homeward-bound steamers when suffering from the disease. If a quarantine camp were established in the desert between Mecca and Jeddah, and pilgrims were not allowed to embark for their homes until they were passed as "clean," the difficulty would to a great extent be surmounted; but neither the Turks nor the Arabs are likely to take the initiative, and unless England (who is largely interested from the number of her Indian Mohammedan subjects) takes some decisive action in the matter, things will go from bad to worse.

Society for the Relief of Widows and Orphans of Medical Men.

At the last meeting of the Court of Directors of this Society, Sir James Paget, President, in the chair, it was resolved to distribute a sum of £1,226 among the 55 widows, 9 orphans, and 4 orphans on the Copeland Fund, now in receipt of grants. A fresh application for assistance was read, and a grant made. The expenses of the quarter were £75 19s. 6d. Two new members were elected, and the deaths of 5 reported. A sum of £791 had been received from the trustees of the late John Robinson Peile, Esq. The Directors determined to call a special general meeting and to recommend that a grant of £50 should be made at it to the daughter of a deceased member. After Lady Day next the offices of the Society will be at 11, Chandos Street, Cavendish Square, London.

Dr. Tibbits, as was anticipated, has been nonsuited in his action for libel against the *Charity Record*; in fact, the jury declined further evidence when the case was half through.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of The Medical Press and Circular, may now be had at either office of this Journal, price, 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Original Articles or **Letters** intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor

Bathybius.—The subject was one which was discussed by Professor Huxley some years ago. In this particular, therefore, our correspondent is perfectly correct.

Medical Student.—In the new volume of the Medical Directory our correspondent will find all the information which he requires. All the special hospitals are included in the list.

Dr. Mortimer Granville.—We hope to have space for your communication in our next.

Mr. Jessett's "Evolution of Gynæcology" is unavoidably held over.

Enquirer.—We will endeavour to ascertain what has become of the funds, and by whom distributed.

A NEW ADULTERANT.

The newest discovery in the way of adulteration of milk has been exposed by the Public Analyst for the St. Saviour's (London) Board of Works, who has detected starch water as an admixture. From the milkman's point of view it has the advantage that it not only makes the milk taste thick and rich, but it renders the detection of the added water more difficult for the analyst.

Dr. Martin's letter came to hand as we were at press. We hope to find space for it in our next.

Dr. Philip Lee.—The report is unavoidably held over to our next

"WHAT IS IN A WORD."

It was decided last week by the London Queen's Bench Division that a prosecution for adulterating rum could not be maintained because the analyst in giving his certicate of the adulteration used the words, "I estimate the sample to contain" so much water. The Court held that the word "estimate" is not a specific declaration of the fact, and that the analyst should have said "I find."

So Strange.—"You say that I was born in Berlin, papa? Well, then, where was mamma born?"
"In Magdeburg."
"And where were you born, papa?"
"In Hanover, my child."
"Isn't it strange that we three should have got to know each other?"—*Medical Brief.*

Meetings of Societies, Lectures, &c.

Wednesday, January 24th.

Hunterian Society.—At 8.30 p.m., Clinical Evening. The President: Cardiac Disease, with Traumatic Aneurysm of the Foot.—Dr. Bertrand Dawson: Aneurysm of the Innominate Artery.—Dr. Hingston Fox: Graves' Disease in a Boy aged twelve years.—Dr. Cotman: Carcinoma of the Breast.—Mr. Campbell McDonnell: Tabes Dorsalis without Locomotor Symptoms.—Dr. Arnold Chaplin: Bronchiectasis. Dr. Arthur Davies and Dr. Fred. J. Smith will also show cases. Dr. Rayner D. Batten will exhibit a New Clinical Pulse Manometer.

West London Hospital.—At 5 p.m., Dr. Donald Hood: The Symptoms of Acute Pneumonia. (Post-Graduate Course).

Thursday, January 25th.

Neurological Society of London (20 Hanover Sq., W.).—At 8.30 p.m., Annual Meeting. Presidential Address by Prof. Ferrier: Recent Work on the Cerebellum.

Ophthalmological Society of the United Kingdom.—At 8.30 p.m. Living and Card Specimens at 8 p.m.:—Dr. Ernest Clarke: Pulsating Exophthalmos in a Child.—Dr. E. C. Kingdon: Symmetricial Changes at the Macula Lutea in an Infant. Papers: Mr. Jonathan Hutchinson: School Ophthalmia.—Mr. Hill Griffith: Cases of Orbital Tumours.

Friday, January 26th.

Clinical Society of London.—Living Specimens at 8 p.m.:—Mr. Eve: Modified Excision of Elbow.—Mr. Pearce Gould: A Case of Thoracoplasty.—Dr. Francis Hawkins: Displacement of the Heart in a Child, due to Fibroid Phthisis.—Dr. Sidney Phillips: Rheumatic Nodules in an Adult.—Mr. Turner and Dr. Penrose: A peculiar form of Muscular Atrophy.—Dr. Sansom: A Case of Aphasia.—Dr. Mott: (1) Bulbar Paralysis after Thrombotic Necrosis; (2) Paraplegia following Typhoid Fever. Papers at 9 p.m.:—Mr. H. H. Clutton: Three cases of Endosteal Sarcoma of Radius.—Mr. John D. Malcolm: Nephrectomy for Malignant Tumour in a Patient under Two years of age.—Mr. Arbuthnot Lane: (1) Acute General Suppurative Peritonitis secondary to Appendicitis, Removal of Appendix, Recovery; (2) Multiple Epitheliomatous Growths developing in Psoriasis treated with Arsenic more than Thirty years.

London Post-Graduate Course.—Hospital for Consumption, Brompton, 4 p.m., Dr. P. Kidd: Cases of Cardiac Disease.

Saturday, January 27th.

London Post-Graduate Course.—Bethlem Hospital.—At 11 a.m., Dr. P. Smith: Acute Mania.

Monday, January 29th.

Medical Society of London.—At 8.30 p.m., First Lettsomian Lecture, by Mr. F. Treves, F.R.C.S.: "Peritonitis."

St. John's Hospital for Skin Diseases.—At 6 p.m., Dr. Morgan Dockrell: On the Erythemata.

Vacancies.

Darlington Hospital and Dispensary.—House Surgeon (unmarried). Salary £100 per annum, with board and lodging. Applications and testimonials to the Hon. Secs. on or before Jan. 27th.

Parish of Lambeth.—Assistant Medical Officer and Dispenser. Salary £125 per annum, with board, apartments, and washing. Applications and testimonials to the Clerk on or before Jan. 30th.

Royal South London Dispensary.—Surgeon-in-Ordinary. Honorarium £20 per annum. Applications and testimonials to the Committee of Management on or before Jan. 31st.

Westminster Hospital Medical School.—Lecturer on Bacteriology. Applications to the Dean on or before Feb. 6th.

Appointments

Benson, J. H., M.B., F.R.C.P., L.R.C.S. Irel., Consulting Physician to the City of Dublin Hospital.

Brick, M., L.R.C.P., L.M., L.R.C.S. Irel., *pro tem.*, Medical Officer of the Tralee Dispensary District.

Leach, J., M.A., M.B., C.M. Aberd., House Surgeon to the Southern Hospital for Women and Children, Manchester.

Mason, W., L.R.C.P., L.M., L.R.C.S. Edin., *pro tem.*, Medical Officer for the St. Austell Workhouse.

Modlin, J. Gibson, M.B., B.S. Dunelm, L.S.A. Lond., Medical Officer for the Monkwearmouth District of the Sunderland Union.

Preston, J. R., M.R.C.S. Eng., L.R.C.P. Lond., House Surgeon to the Jessop Hospital for Women, Sheffield.

Read, Marvn, M.D. Camb., D.P.H., M.R.C.S., Honorary Physician to the Worcester Infirmary.

Traquair, J. H., M.B., C.M. Edin., Junior Assistant Medical Officer to the Staffordshire County Asylum, Burntwood.

Wallis, F. C., M.B. Cantab., F.R.C.S., Surgeon to the Orthopædic Department at Charing Cross Hospital.

Births.

Smith.—Jan. 10th, at 52 Camden Square, London, N.W., the wife of J. Burnett Smith, M.B., of a daughter.

Marriages.

Anderson—Cobbold.—Jan. 16th, at the Pro-Cathedral, Kensington, Charles Macdonell Anderson, M.B., C.M. Ed., M.R.C.S.E. and L.R.C.P. Lond., to Maud Chevallier, elder daughter of H. Chevallier Cobbold, Esq., of Kensington.

Bate—Dutton.—Jan. 1[illegible]th, at St. Cuthbert's, Kensington, George Bate, M.R.C.S.E., L.S.A. (late R.N.), to Mary Anne (Annie), third daughter of the late Dr. James Dutton, of London, W.

Deaths.

Haliday.—Jan. 16th, Edward Halliday, M.D., at his residence, 2[illegible] Sandford Road, Ranelagh, co. Dublin.

Miller.—Jan. 16th, at 58 Bedford Gardens, Kensington, Robert Miller, M.D., aged 87.

Myers.—Jan. 10th, at 2 Manchester Square, W., Arthur T. Myers, M.D., F.R.C.P., aged 42.

Paine.—Jan. 15th, at his residence, Elmsfield, Cardiff, Henry James Paine, M.D., in his 78th year.

Reid.—Jan 11th, at Brussels, Thomas Bassett Reid, Brigade-Surgeon English Army (retired).

Scougal.—Jan 14th, Edward Fowler Scougal, M.A. Aberd., M.D., C.M. Edin., of Marsh Wood Road, Huddersfield, Yorkshire, aged 38.

Shaw.—Jan. 13th, at Colney Hatch Asylum, Hugh Grosvenor Shaw, M.R.C.S., one of the Resident Surgeons at the Asylum, aged 32.

Thursfield.—Jan. 16th, at 342 Uxbridge Road, Thomas Greville Thursfield, M.D., aged 52.

Wagstaff.—Jan. 16th, at Leighton Buzzard, Philip Wynter Wagstaff, M.R.C.S., L.S.A., aged 83.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY, JANUARY 31, 1894. No. 5.

Original Communications.

SCHOOL OPHTHALMIA. (a)

By JONATHAN HUTCHINSON, F.R.S., LL.D., F.R.C.S.,

Late President of the Royal College of Surgeons, England; Consulting Surgeon to the London Hospital.

IN view of the occurrence of several outbreaks of a form of ophthalmia, leading to granular lids chiefly, but though not exclusively, in schools I think a useful purpose will be served by bringing the subject forward, especially as before many months have passed many of us may be called upon to advise school committees in reference thereto. In years past I have on several occasions had to report on epidemics of this form of ophthalmia in workhouse schools, but not until quite recently have I heard of it in middle class schools. During the last few months its existence in five well managed schools in distant parts of the country has come to my knowledge. The type of the disease seems to be mild, and the first stage, that of congestion, is specially liable to be overlooked on account of its very slightly marked character. A number of cases indeed have escaped recognition until the lids were distinctly granular, and even the patient himself could not recall more than a day or two of irritability. At one school which I visited at least 50 per cent. of the boys and some of the teachers had suffered. The type was very similar in all the cases. There had been a few days irritability and redness of the eyes, which passed off almost without treatment to be followed by a definite but mild condition of granular lids. Most of the eyes which I inspected showed only the papillary conditions but a few had small sago grains. None of them showed advanced or severe conditions, but many had resisted more or less prolonged treatment. Several boys having returned after the vacation uncured, the disease rapidly spread. No fault could be found with the sanitary condition of the school. I was informed that in several instances the disease had spread to other members of the family to which boys suffering from the disease had returned. These I cannot vouch for, but I know of other cases in which no contagion occurred, but these were cases in which the treatment was being carried out and due precautions observed as to towels, &c. In this particular school 5 per cent. of the boys were recognised to be suffering from the disease in September, 1893, rising to 40 per cent. in October, and to not less than 50 per cent. in December, in spite of boracic acid lotions and strict lavatory precautions, in fact every precaution with the exception of isolation. In no case, however, had the upper lid been everted for treatment. Many families in the town suffered, but they were chiefly those which had been visited by children from the school.

The disease is the same in the rich as in the poor, as is proved by the fact that the terms used in a report written by me in 1866 in respect of a workhouse school might very well serve in respect of this particular high class school. The chief difference was that in the workhouse the disease had been unrecognised for six years, while in the school it had been recognised within six months. At Brentwood (a school of 310 children) I found about a third suffering from ophthalmia of a chronic catarrhal form. In only a few had it passed into a badly granular form, and I did not consider that any of the lads presented the true trachoma bodies. The chief difference in the high school cases was that a granular condition of the lids was more easily assumed, and with much less of preceding conjunctivitis. This, however, may be merely due to a difference in my powers of observation, and to my recognising as slightly granular, conditions which I should formerly have classed as healthy. This leads me to remark that the diagnosis of slightly granular lids is by no means easy. After all, the papillæ which, when enlarged, constitute the "sandy lid" are normal structures, and large allowance must be made for varying conditions within the limits of health. In the doubtful cases no amount of experience will enable anyone to say with certainty, that such granulation is morbid. The only safe plan during the prevalence of an epidemic is to treat all suspicious cases as if real. If there is a difficulty in diagnosis before, it is infinitely greater after treatment.

The disease to which we used to apply the term catarrhal ophthalmia (at Moorfields) was an acute conjuctivitis attended by great congestion and mucous secretion. The ocular conjunctiva was always affected, and the congestion had the peculiarity of being in patches, the vessels being so closely placed as to simulate ecchymoses. Both eyes were affected, and with almost equal severity. There was never any pain or intolerance of light. It seemed invariably to occur in groups, several members of the family suffering at the same time, but on the other hand it did not spread in epidemic form nor were more than a few families affected at a time. This may possibly be explained by the fact that the disease is of brief duration, and, while it lasts, is so conspicuous as to keep the patient at home and warn others off. The attacks lasted usually from a week to ten days, and though recovery was hastened by astringents it seemed capable of spontaneous cure. It is not liable to recur, and, as a rule, leaves no sequelæ. In short, it is a malady which, although really trivial, looks alarming. The particular form of ophthalmia under discussion is quite distinct from the suffused eye associated with coryza. Moreover, it spread in families by contagion and without any other symptom of "cold." The name which would most definitely attract attention to its leading feature would be "Family Ophthalmia."

This form of conjunctivitis does not lead to granular lids, though it may conceivably do so in persons predisposed thereto by race or state of health. I cannot reject a suspicion, however, that these cases of so-called catarrhal ophthalmia are only very exaggerated forms of that which is the parent of granular lids. Against this suppostition is the fact that in considerable epidemics not a single patient has ever exhibited any condition approaching it. There are a number of reasons for believing that the contagion does not travel through the air, nor do I think that defective ventilation and the like have any appreciable influence in spreading the disease, except so far as they favour direct infection. The possibilities of actual contact in schools are too great for it ever to be practicable to exclude them, and there is absolutely no evidence that the disease can prevail as an epidemic in a town or community amongst individuals who are not brought into personal communication with each other.

(a) Abstract of paper read at the Ophthalmological Society, Thursday Jan. 25th, 1894.

Good reasons can be alleged for believing that the cause of granular lids is a special, or if I may venture to call it so, a specific, affection. Sporadic cases of granular lids are rare, and they almost invariably occur in epidemics or in those who have suffered in school. The few isolated cases I have seen have been in persons of Celtic or Hebrew descent.

Experience of this form of ophthalmia among soldiers favours the idea of its specificity. It is indispensable that we should banish the idea that purulent ophthalmia in soldiers implies any connection with contagion from gonorrhœal discharges. The ophthalmia which prevailed in the army in Egypt, and has since proved such a scourge in the armies of Prussia, Holland, and elsewhere, was no other than a severe type of that which in our workhouse schools leads to granular lids. We must bear in mind, moreover, that neither the purulent ophthalmia of infants nor that of adults results in granulations.

The practice of sending home soldiers suffering from granular lids is responsible for the spread of the disease in homes and villages, and it is high time that attention should be drawn to a most reprehensible line of conduct, since it is very possible that to it, in respect of workhouses and other schools, we owe the increased prevalence of the disease which appears to threaten us.

Our experience of military ophthalmia justifies the belief that it owns no predisposing conditions, attacking indiscriminately those who become exposed to the contagion. Such alleged predisposing conditions as small close rooms, overcrowding, and the like are obviously precisely those likely to favour direct contagion.

One of the most difficult problems connected with the subject is to determine when and under what conditions the victims of granular lid ophthalmia may mix with others and abandon systematic treatment. In the English race the disease but rarely becomes a source of danger to sight, and the medical officers of our workhouse schools have not as yet taken any special cognisance of the great risk involved. Not only have children suffering from ophthalmia been admitted into the schools, but those only half cured have been allowed to leave without remonstrance. It may be difficult to prevent this, but some attempt should be made Hospital schools should be provided into which chronic cases can be received, and where they can remain until they get well. At a certain large public school every year brings forty or fifty cases of ophthalmia in spite of isolation and proper treatment. This is probably the result of contagion from boys incompletely cured being prematurely permitted to re-enter the classes.

Rumours have reached me of the existence of ophthalmia at a number of middle class schools throughout the country, and I cannot help suspecting that a skilled inspector of the middle class schools might reveal a far wider prevalence of the malady than we at present recognise. In some instances I suspect that the school authorities have concealed its existence, and in others have simply neglected it.

The first report on ophthalmia in workhouse schools was by the late Sir William Bowman in 1858, followed by another by Mr. Haynes Walton in 1861. My own report was in 1866. Although, with others, I thought the ophthalmia one that could easily be cured, I am proud of the fact that I then asserted that contagion and contagion only was its cause, and recommended then, as I do now, isolation as the only means of preventing its spread. None of the measures adopted have proved sufficient, and our workhouse schools still suffer to a most lamentable extent from ophthalmia, and the state of things calls loudly for further effort.

The disease undoubtedly underwent a great increase during the period that isolation was wholly neglected, and its present prevalence is just in proportion to the neglect of this measure. Unless proper precautions are promptly taken workhouse ophthalmia will shortly become an appanage of our middle class schools just as it has long been of those for paupers. From schools it will spread to private families, and unless something in our race peculiarities protects us, bad cases of trachoma may become as common with us as they have long been in France and in Ireland. No one who has attended the practice of a Paris ophthalmic clinic and seen what Mr. Critchett calls the noble army of martyrs standing in a row and waiting in turn to have their eyelids brushed can fail to appreciate the urgent necessity for doing all that is possible to prevent the development of such a state of things. We must not presume too much upon racial advantages, for the facts to which I have alluded disclose a very serious danger.

With regard to preventive measures all cases of inflamed eyes occurring in schools should be promptly isolated and all large schools should be provided with apartments ready for the emergency. In the majority of cases doubtless a cure might be quickly effected, but a careful examination of the lids should be made before the pupil is allowed to associate with others, and should be repeated a few weeks later whether there are any symptoms or not.

Any suspicion of granular lids should lead to immediate isolation and to special attention being paid to local and constitutional treatment. It is probable that the liability to lapse into a chronic state, to pass from the papillary into the sago-grain state, depends very much upon the vigour of the patient and in such a state tonics and fresh air become of great importance. The place of residence should be dry and bracing.

In the event of an epidemic in a school ought the establishment for a time be broken up and the pupils sent home? Certainly not. The disease has nothing to do with the location of the school or with the buildings. It is due to contagion only. If parents insist upon having their children home it must be on their own responsibility, and with a full knowledge of the risk of the disease spreading in their own families. Apart from the danger which such a course entails of spreading the disease broadcast, by retaining the children at the school under one surgeon we make more sure of their having skilled treatment efficiently carried out.

When the disease has not progressed beyond the papillary stage isolation for a month or two will probably suffice, but if true trachoma bodies are present then the period of isolation may extend to months or even years. If the condition has become chronic and resists treatment the child ought probably to be regarded as unfit ever to mix with healthy children Such children should be sent to invalid schools at the sea side or in other bracing situations. It is worth while adopting any measures, however, expensive or troublesome in order to ensure their cure.

I do not wish to be considered an alarmist, but as a cause of blindness on the Continent the ophthalmia of granular lids stands second only to the ophthalmia of infants. Our duty is first to be well informed ourselves, and then to inform the public. The profession generally and not only ophthalmologists must learn to appreciate the importance of the problem before us.

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At one time the authorities in India were convinced that Europeans could not live in that country without alcoholic stimulants, and consequently the formation of temperance societies were actually prohibited among the soldiers. No such prohibition, however, now exists, and the English soldiers in India to-day include no fever than 20,000 total abstainers.

HOMŒOPATHIC CLAIMS TO DISCOVERIES OF REMEDIES.

By MORTIMER GRANVILLE, M.D.

Attention has been called to an omission on my part in a short paper on "The Treatment of Influenza," (Med. Press, Dec. 13th, 1893) which I regret because it may seem to evince some discourtesy to members of the profession professing "Homœopathy." I would not be thought guilty of that crime against common sense which is unhappily approved by the majority of our so-called "leaders," namely, the treatment of Homœopaths, as outside the pale of professional sympathy. I differ from those who hold that heretical view of therapy, perhaps even more widely than many of the vehemently orthodox gentlemen who condemn homœopathy without having the smallest notion what it really is they are knocking their dull heads against. There is plenty of room in the world for the pursuit of different chimeras, and the ignorant worshippers of "soda" and "potassa" can surely keep aloof from the infatuated believers in infinitesimal doses without quarrelling.

Commenting on my paper, a correspondent, Dr. J. H. Clarke (Med. Press, Dec. 20th), says I appear to have learned something of Hahneman. I am glad to say that forty years ago I picked up a great many pieces of valuable information from the Father of Homœopathy and some of his personal pupils, but the virtues of camphor was not one of them, for the simple reason that two hundred years ago, and no doubt a great deal earlier, it was perfectly well known that the "resine blanche," as it used to be called, was possessed of certain properties which were thus described :—

"Il est hysterique, il appaise les vapeurs, il resiste au venin, il aide à la respiration, il reveille les esprits, on s'en fert exterieurement and interieurement ; on en fait sentir aux femmes histeriques, au leur en applique sur le nombril," and most significant of all, "on en peud au cou dans un noüet pour les fiévres intermittentes."

It did not need any effort of such genius as the disciples of Hahnemann claim for their master to conclude that a drug thus endowed would be useful in a depressing malady like influenza.

This controversy about Hahnemann's "discoveries of remedies" has raged for some years, notably when the homœopaths charged Dr. Lauder Brunton with purloining most of his information from the Prophet of their Faith.

In 1887 somebody alleged that "Dr. Brunton not only takes a large number of his drugs from the homœopathic materia medica, but he likewise takes his indications for the use of those drugs from homœopathic works. Where else could he derive his knowledge that pulsatilla is a remedy for acidity, diarrhœa, earache, and epididymitis ; that bryonia is useful in pleurisy, pneumonia, meningitis, peritonitis, and rheumatism ; that thuja is good for condylomata ; viola tricolor and rhus toxicodendron for eczema ; gold for ozæna, achillæa for uterine hæmorrhage ; ignatia for hysteria, melancholia, infantile convulsions, and nervousness ; and fifty other remedies and their indications strange to old physic ?" It is time that the preposterous claims to originality made by homœopaths in regard to what they are pleased to call their materia medica were exposed and refuted. As a matter of fact there are few, if any, drugs in the so-called homœopathic list of remedies which are not taken bodily from French or German works on drugs many of which are either out of print or forgotten. It would be as easy to show that the pretended discoveries of the homœopaths are in fact plagiarism as it is to demonstrate that *similia similibus curantur* is a fallacy in the logical sense of that word.

Every practical student of therapeutics is aware of the fact that all substances, whether fluid or solid, which have any action on the organism produce two apparently opposite and contradictory series of effects, resulting from their exhibition in difference doses, or, in some instances, observable in successive stages of their operation. Thus, to take a familiar example, opium acts as an excitant in one dose and as a sedative in another dose, the precise proportions required to produce the several effects varying with the individual, but the two phenomena being presentable in every case. Castor oil may stand for a drug which promotes peristaltic action in one part of its operation and checks it in another, not by producing exhaustion as is too commonly assumed but specifically, as was found by the experiments made with castor oil during the prevalence of cholera. Better illustrations of the fact to which I allude might be found, but these occur to me as familiar. Now it must be evident that if this be so *every* drug may be claimed as a "similar" by any one desirous of propounding the dogma *similia similibus curantur*, and ignorant or careless of the fact that all drugs have contradictory actions in different doses. The fallacy of the homœopathic system lies in this, namely, that the drugs employed by homœopaths are never given to cure disease in the doses which they allege will produce effects similar to the morbid phenomena they affect to regard as "indications."

In brief, the whole pretence is a juggle. Setting wholly aside the absurdity of infinitesimal doses, the very principle is a fallacy. It is, however, with the pretension to originality I wish now to deal. As Hahnemann first advocated his "Homœopathy" in 1796, it will suffice to show that the drugs which your correspondent accuses Dr. Brunton of having adopted from homœopathic works, and which he asserts to have been strange to old physic, were perfectly well known before that date. Not to go too far back, I will quote from that well-known work "Traité Universel des Drogues Simples," par Nicolas Lembert, published in Paris, 1698 :—

1. *Pulsatilla.*—"Elle est détersive, resolutive, propre pour la gratelle, pour inciser, pour attenuer les humeurs."

2. *Bryonia.*—"Elles purgent les serositez par le ventre et par les urines ; elles levent les obstructions, elles excitent les mois aux femmes, elles poussent l'arrièrefaix aprés l'accouchement : elles sont propres pour l'asthme."

3. *Thuja.*—"Ses feuilles sont resolutives, desiccatives, carminatives, sudorifiques. Son bois est detersif, cephalique, sudorifique, propre pour resister au venin, pour les maladies des yeux et des oreilles."

4. *Viola.*—"Elles sont pectorales, cordiales, adoucissantes, un peu laxatives, les feuilles, de violette sont émollientes, humectantes resolutives. La semence de violette est purgative, hydragogue."

5. *Rhus.*—"Ils sont fort astringents, propres pour la dysenterie, pour les flux de menstrues et d'hæmorrhoïdes, pour arrêter les gonorrhées."

6. *Achillea.*—"Elles sout détersives, vulneraires, astringentes, desiccatives, propres pour arrêter les cours de ventre, les hemorragies : on s'en fert exterieurement and interieurement."

7. *Igratia.*—This, according to evidence adduced by Alston in his "Materia Medica," published mdcclxx came into the Dutch shops about the latter end of the seventeenth century Alston makes the following quotation : "Viru habet roborantem et stomachicam ; conducit optime ad febres prœcipue intermittentes, in quibus datur media hora circiter ante paroxysmum ad ℈ss ; laudatur etiam ad pleuritidem spuriam, vertigineur, epilepsiam, passionem iliacam et diarrhœam."—Nucl, Belg., 112.

As to "Gold for ozæna" I have not thought it worth while to say anything seeing that in face of the multitudinous virtues with which this metal has been and still is credited it is open to anyone to to say it is a cure for anything. As to the "fifty other remedies" to which allusion is made, I cannot deal with these until they are named, but I venture to predict that in so far as they are genuine elements of the materia medica they will not be "strange to old physic" and will have been rediscovered not by Dr. Lauder Brunton but by the homœopaths! It may be objected that I have not proved that the drugs specified were specially used for the cure or relief of the maladies for which homœopaths employ them, or known to produce the effects with which Dr. Lauder Brunton credits them. This objection, I believe, can only be raised by homœopaths, because the properties assigned to each drug by the author cited above are obviously those which, if they did not directly suggest their use in certain stages of the diseases named, would explain their *modus operandi* to any ordinary therapeutist.

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THE EVOLUTION OF GYNÆCOLOGY AS A SPECIALTY. (a)

By FRED. BOWREMAN JESSETT, F.R.C.S.,

President of the British Gynæcological Society.

It may not be out of place on such an occasion as this to give a short history of the origin of this Society and of the reason why it was thought to be not only desirable but absolutely necessary for such a Society as the British Gynæcological Society to be established.

To do this I think it will be well to give you a brief outline of the growth of gynæcology during the present century, and for this purpose I will carry you back to the year 1823. When that great man, Dr. Blundell, a man who lived half a century before his time, read a paper before the Medical and Chirurgical Society based upon experiments he had made upon animals, and from observations of the tolerance of the abdomen in man when wounded by accident or design, he concluded that moderate openings might be made in the human peritoneum which would not necessarily or even generally prove fatal from inflammation or otherwise, and further, that certain viscus or parts of viscus could be removed with comparative safety. He proposed that the Fallopian tubes might be divided, the ovaries removed, ovarian cysts extirpated, cancerous uterus excised, and in rupture of the bladder into the peritoneum that the abdomen should be opened and the peritoneum washed out. This paper was thought so little of by the Society before whom it was read that it was not deemed worthy of a place in the Transactions, and the doctrines propounded were looked upon as being wild and extravagant by his reviewers. I do not find any record of his having put his theories into practice.

After this the art of gynæcology seems to have slumbered until the year 1834 when the first speculum was introduced in London from Paris. This instrument for some years was looked upon with horror by many of the physicians and surgeons of the day. This was followed some twenty years after by the introduction of the uterine sound. It was not, however, until the year 1843 that the study of diseases peculiar to women was really made the subject of special attention, it was in that year that a hospital for women was established at Alabama in America by the late Dr. Marion Sims, and in the same year in this country the Soho Hospital for Women was established through the instrumentality of Protheroe Smith, followed in 1847 by the Samaritan Hospital, and later, the New Hospital and the Chelsea Hospital. It was asked what was the use of these special hospitals? The answer is that at the general hospitals at the time, and indeed, in some of the general hospitals now, gynæcology is in the unenviable position of being between two stools, as the late Dr. Aveling remarked, try the physicians and surgeons, and between the two it often fell to the ground.

It cannot be disputed that the art of gynæcology has advanced so fast that it must become a special study. Now, what have the special hospitals done? In the first place they have been the means of forcing upon the general hospitals the fact that gynæcology had been to a very great extent neglected. Further, through the position taken in the earlier days by the late Tyler Smith at St. Mary's, and Dr. Robert Barnes at St. George's Hospital, the gynæcologist became not only physician but surgeon. In other words, the physician who, made this branch of his profession his special study in most general hospitals, now operate upon their own cases without calling in the aid of the general surgeon. And surely this is as it should be. I would ask where would gynæcology be now if it had not been for the work done at special hospitals? Would Sir Spencer Wells ever have achieved the success which has immortalised his name for ever? Ovariotomy introduced by Clay and Baker Brown and Sir Spencer Wells had, in its early days, a mortality of some 90 per cent., whereas now it has been reduced to something under 5 per cent. Would the important discoveries and contributions of Sir J. Simpson to the foundation of gynæcology ever have been made? or the brilliant results of Bantock, Keith, Tait, Knowsley Thornton been attained. What made the names of Battey and Emmet famous but the knowledge they obtained at special hospitals. It will be observed I refrain from touching upon the knowledge acquired by other London hospitals from special hospitals. The eye, the throat, the ear, all of which were founded before these subjects became a special study at the general hospitals.

Such was the growth of gynæcology that in the year 1858 the profession found it impossible to discuss with advantage the subject at the Medical or Med Chir. Societies, and hence the Obstetrical Society was founded as an off-shoot. This society has always done, and is still doing, excellent work, and all-sufficient to meet the demands of the special department for which it was instituted; but such, however, was the rapid strides made in gynæcology that in the year 1884, ten years ago, it was deemed by a number of prominent and leading gynæcologists absolutely essential for the thorough discussion of gynæcological surgery that more time should be available for the reporting its progress, exhibiting specimens, and the reporting of cases than was possible at the Obstetrical Society. And here let me remark that this Society was founded in no antagonistic spirit to the parent Society, but merely on account of its being found impossible, in the compass of the meetings of two hours each, to include all that was going on both in obstetrics and gynæcology, and it was felt that a large quantity of most valuable material was being lost by so short a time being devoted to the subject. What has been the result? Have the results proved or not that this society was needed? Reference to the *British Gynæcological Journal* will, I think, show that if the Society had not existed much valuable work which has been performed by prominent gynæcologists would have been lost to the profession. To attempt to pass in review what has been done in these ten years would occupy far too much time for me to attempt to enumerate here. Incidentally I may mention that the pathology and operative treatment of tubal gestation, improvement in the treatment of the stump in abdominal hysterectomy, the treatment of cancer of the uterus, vaginal hysterectomy, supra-vaginal amputation have all been the outcome of the discussion at the meetings of the Society, and have been the means of greatly increasing our knowledge and establishing gynæcology on a sound and permanent basis.

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(a) Address delivered January 18th, 1894.

ON THE
TREATMENT OF INFLUENZA,
WITH ESPECIAL REFERENCE TO THE USE OF DIGITALIS AND ACONITE.

By WM. E. BURTON, L.R.C.S., L.M., T.C.D.

As this paper is not concerned with either the etiology or bacteriology of influenza it is unnecessary to allude to the investigations which have been undertaken in these directions, and which have not as yet, so far as I am aware, resulted in the discovery of any satisfactory method or principle of treatment.

It will, however, be convenient for practical purposes in the present state of our want of knowledge about the sources and causation of the disease, to differentiate those so-called "forms" usually met with, so as to facilitate the explanation of the treatment I am about to describe.

I.—*Typical Influenza.*—This form is uncomplicated throughout and presents the following symptoms, viz. :— 1. Fall of temperature for usually 24 to 36 hours at least, sometimes 3 days (frequently this fall is much shorter or unnoticed). 2. Rise of temperature, usually extremely rapid, and almost concurrently with this. 3. Headache, more or less severe and affecting either the whole head or, more generally, the occiput or sinciput. 4. Dorsal pain, often severe. 5. Pains in the limbs, sometimes like "flashes of fiery heat." 6. Delirium, frequently but not usually. 7. Insomnia. 8. Great nerve prostration, and (probably a result of this) 9. Muscular debility. 10. Nausea, sometimes sickness. 11. Injection of the conjunctiva *without overflow of tears.* 12. Painless inflammation or hyperæmia of the mucous membrane of the tonsils or pharynx.

Here I wish to state my belief, based on close observation of a very considerable number of cases occurring in the last four epidemics, that all other "forms" of influenza than that just described are those in which either a secondary affection is developed in a patient already the subject of influenza, or in which influenza itself attacks a patient previously weakened by some catarrhal affection. I admit that in the winter months (when influenza is most rife) one meets few cases which have not catarrhal symptoms. These symptoms, however, are, I maintain, the result of exposure to cold, and may precede, accompany, or follow, the influenzal invasion.

II. *Influenza intercurrent with disorders of the respiratory tract,* as :—(*a*) Coryza, (*b*) bronchial catarrh, (*c*) pneumonia, "idiopathic" or "catarrhal," (*d*) pleurisy, &c.

In this form (so common in the winter months, especially when the atmospheric pressure and temperature vary frequently and considerably) the catarrhal symptoms are assumed by most writers to arise from influenzal poisoning. So that it is not at all uncommon for a patient suffering from an attack of catarrhal bronchitis, &c., to be treated for influenza, recover, and within a few days to be attacked with typical influenza, *i.e.*, without any catarrhal symptoms whatever.

III.—*Abdominal Influenza.*—In this variety there is from the first evidence of severe gastro-intestinal disturbance, as :—(*a*) thickly-coated, creamy, moist tongue, (*b*) sickness or nausea, (*c*) anorexia, (*d*) diarrhœa, sometimes choleraic, (*e*) constipation. In this form there is usually either very little fever or even subnormal temperature, although there may be, and usually is, severe cephalalgia, &c.

In addition to the complications or varieties already noticed there are several affections any one or more of which may be intercurrent with influenza, such as, acute arthritis, nephritis, metritis, median otitis, &c., each of which, as a rule with few exceptions, clears up with the temperature-fall which follows my treatment. Median otitis, however, is sometimes very formidable and needs energetic local treatment.

I.—1. In the treatment of typical, or indeed, any form of influenza, the patient should be isolated, preferably in a darkened room sufficiently airy. The room temperature should be maintained at from 63° F. to 65° F. The bedclothes should consist of sheet and blankets, no counterpane, and should be graduated in thickness inversely to patient's temperature. Patient's feelings may be considered to some extent on this point, but it is well to remember that the feeling of chilliness which often accompanies very high temperatures is relieved by cooling the surface. (It is common to find a patient with a temperature of over 103° F. or 104° F., and rising, covered with a sheet, three or four blankets, a cotton counterpane, and an eider-down quilt.)

2.—From the first the patient must be saved all possible exertion : this point is of the utmost importance during treatment.

3.—The horizontal position should be insisted on and when it becomes necessary to raise the patient to a sitting posture, this should be done deliberately and gently.

4.—The feet should be frequently examined by the nurse as they are often cold at first : even when the temperature by the mouth is high.

5.—*The Diet*, from the first, should consist of cold milk, plain, or mixed with an equal quantity of barley or soda water. (Beef tea and other meat infusions have never satisfied me during the pyrexial stage, when rapidity of the heart's action is so noticeable a symptom.) Plain boiled water may also be taken cold at intervals; but this should not take the place of milk. I have not found it necessary, hitherto, to give alcoholic stimulants during the pyrexial stage although later on they are most useful. Alcohol distinctly antagonises the slowing effect of the remedies on the heart's action, and, in this regard, materially retards the antifebrile influence of the aconite and digitalis.

6.—The patient should be kept free from all excitement, and should be spoken to as seldom and as little as possible.

7.—Directly the patient has been placed in bed, I give the following mixture to an adult suffering from typical influenza :—

℞ Succi digitalis, ♏ x;
Tr. aconiti, B.P., ♏ ijss;
Liq. ammon. cit., f ʒijss;
Aquam ad f ℥ss M. et mitte f ℥viij.

et signn. "Caution. One tablespoonful to be taken directly, and repeated every hour until four doses have been taken : then every two, three, or four hours as directed."

If there be a marked and pretty rapid temperature fall (say from 104° F, to 102° F, in the first four hours) it may not be necessary to give the fifth dose until three or four hours after the fourth. In deciding this point, regard must be had to the effect of the drugs upon the heart's action, which should have been carefully examined in the first instance. I say this as a matter of precaution : although, out of many hundred cases, I have not met with one in which the drugs had other than a beneficial effect. As a rule I find it advantageous to push the digitalis steadily, every two hours, after the fourth dose has been taken, until the temperature has fallen to 99°·4 F, or 99° F, when it should be discontinued. Under this treatment the temperature falls, in the great majority of cases, to 99° F. or lower, within twelve hours from the time the first dose is taken and—what is very noticeable—does not rise again above normal. Frequently it reaches normal, or lower, in six hours or less. In one typical case (*i.e.*, without discoverable complications) the patient (a robust healthy man, æt. 23,) had his temperature reduced from 105°·6 F. to 98°·1 F. in seven hours. He had been taking (owing to the culpable negligence of the attendant) double the dose prescribed (or digitalis ♏ 20 with tinct. aconite ♏ v) every hour. This patient felt well but weak after the seventh dose, and recovered quickly.

II.—In the cases preceded or accompanied by the lighter catarrhal symptoms, precisely the same form of treatment is adopted. If the catarrhal affections (cough, sneezing, &c.,) are troublesome, a menthol spray (used at intervals of two hours, more or less) gives great and immediate relief. Especially it would help to prevent the spread of the poison through the Eustachian tube to the tympanum, as so often happens in cases of this class. If the tympanic cavity should be attacked, the most energetic measures should be taken without delay. If there be much pain, and especially if the tympanic membrane looks red and inflamed, a leech to the tragus will give relief; but it is safer in every case of "influenza ear" to have the help of an aural surgeon.

Influenza complicated with (*a*) Pneumonia; (*b*) Pleurisy; (*c*) Lung congestion (especially in cases of weak heart).

In the management of these cases the treatment indicated in Class I may unhesitatingly be carried out *when there is a high temperature with a rapid pulse*, if the patient be seen early enough. Even where the inflammation has either been unnoticed, or has spread in spite of previous treatment, it is remarkable how distinctly and quickly it yields to the aconite and digitalis. The presence of cardiac weakness or disease does not contra-indicate the use of digitalis, which seems rather to strengthen than weaken the contractions of the heart. In several cases of dilated heart and fatty degeneration of heart it was noticed that, while the contractions were rapidly slowed, the impulse became distinctly stronger. Aconite may be given in some cases of valvular disease where the heart muscle is robust and the blood stream not appreciably interfered with; but, as a rule, when there is heart complication, it had better be omitted altogether, or, if given at all, withdrawn early (*i.e.*, after the first four or five doses). To make up for its withdrawal, however, larger doses of digitalis may be safely given as long as the temperature remains high. Along with digitalis and aconite in full doses a hypodermic tabloid of ergotinin may be placed every two hours under the tongue, where it is quickly absorbed. This combination has the effect of producing speedy resolution in the large majority of instances. I have met only two exceptions. Of course the pulse slows more gradually and the temperature falls more slowly in patients suffering from such a serious complication as pneumonia than in those with the typical disease. The only form of ammonia I have found useful is the citrate solution in ʒiiss doses, and I give it chiefly for the sake of its action on the respiratory mucous membrane. One gives this drug as routine practice in so many febrile disorders that one may easily induce oneself to believe in its efficiency. I am convinced, however, that diaphoresis will not reduce pyrexia. It is, for instance, not unknown that profuse sweating accompanies a rapidly rising temperature; as in a case, some years ago, in which the patient had double pneumonia affecting the entire right lung and base of the left; and where, with colliquative diaphoresis, the temperature had risen rapidly from 108°·6 F. (when I first saw him) to 113°·5 F. when he died. As to other drugs for reducing temperature, such as antipyrin, antifebrin, phenacetin, the various forms of quinine (including ammoniated tincture of quinine), periodate of calcium, &c., they have not satisfied, in any one particular, the expectations I had been led to form of them. Where the temperature has been temporarily lowered by these drugs it has invariably risen again. Also the patient soon developed toxic symptoms of a more or less important character from their action, without their shortening the illness in any appreciable degree. Here again I must strongly advise entire abstention from alcohol as a rule, provided the patient be seen early enough to secure that the advance of the pneumonia has not involved a considerable amount of lung. Occasionally one is called in too late in these cases; but usually they are seen early enough to allow of the treatment being carried out without recourse to alcohol in the pyrexial stage. Where alcohol is needed (where there is a rapid and jerky pulse) it should be given with a free hand, especially to those accustomed to its use. Brandy is best in the pyrexial stage; champagne later on. While the surface of the body should be protected from cold by moderate coverings, I have seen nothing but harm come of hot applications, poultices, cotton wool, &c. Leiter's tubes and ice-bags may perhaps be useful in the more sthenic forms, but I cannot say, after a pretty extensive trial, that I am entirely satisfied of their efficacy.

Where the lung is largely invaded, oxygen in Brin's tubes is useful if given freely and frequently. In such cases the nurse should be instructed to repeat the inhalations at least every half hour, oftener if the respiration is shallow and very hurried. Each inhalation should occupy from two to five minutes or longer as may be required. Purgatives should be given with caution if at all. My experience is that the less the patient is distressed by the exertion of passing a motion the better. Castor oil is the best aperient.

(*b*) Pleurisy of the sthenic type, intercurrent with influenza, should be treated internally by digitalis and aconite in the doses already mentioned—if seen in the first stage. Externally sinapisms seem to relieve the pain, and lessen the inflammation. These cases are usually well in two or three days. Where, however, they are seen too late to avert the second stage, the usual local treatments must be had recourse to. Asthenic pleurisy is rarely, if ever, to be found concurrently with influenza, and when it is present requires only the ordinary treatment.

III.—Abdominal Influenza.—There are two classes into which, for the purposes of treatment, abdominal influenza may be divided, viz.:—A. Those cases in which gastro-intestinal irritation appears concurrently with typical influenza, and in which there is, with other symptoms, a high temperature. In these I adopt the antipyretic treatment already described, and give, in addition, 7 grains of salol crystals, on the tongue, every five hours. The diarrhœa is seldom troublesome, and when it does occur appears to be critical and to terminate after one or two very copious actions of the bowels. I have never found it necessary to check this action. B. *Abdominal influenza, which is without fever, and, generally, with a subnormal temperature; but in which there are all or most of the other symptoms of typical influenza.* Severe, almost choleraic, diarrhœa frequently occurs in this form of the disease, which may safely be treated on general principles. I have found salol in from 5-grain to 7-grain doses every four hours most useful in cases of this variety. It is, of course, unnecessary to give either aconite or digitalis in the absence of febrile symptoms.

In addition to the complications already noticed, there are many others, such as nephritis, metritis, cystitis, acute rheumatism, &c., which, with the exception of cystitis and acute rheumatism, need little, if any, modification of the treatment. In cystitis the usual routine treatment will be found enough for the local trouble, and in no respect contraindicates the use of digitalis and aconite. Acute rheumatism complicating influenza almost always yields rapidly to a combination of salol and phenacetin (5 grains of each) every four hours. In these cases the aconite should be withdrawn if phenacetin be given; but while pyrexia is present, the digitalis should be continued in 10-, 15-, or 20-minim doses every hour (according to the strength of the circulation) until a decided effect is produced on the temperature.

Short notes of a few illustrative cases will serve to exemplify the treatment usually adopted by me, and its results. The cases are taken from the very brief notes of each I was able to make during the height of each epidemic.

Case 1.—T. W., æt. 25, male. Acute double basic pneumonia, involving the posterior of both lungs—to the upper edge of the eighth rib on the left side, and to the lower edge of the seventh rib on the right side. No friction sound. No appreciable pleuritic effusion. Considerable pain especially on the right side. Characteristic cough. No expectoration. Face flushed. Breathing 54, pulse 120, temperature (under tongue) 104·6 F.

Ordered:—

℞ Succi digitalis, ♏x;
Tr. aconiti, ♏ijss;
Ext. ergot. liq. am., fʒss;
Liq. amm. cit., fʒijss;
Aquam ad, ℥fss.

M. et mitte f℥viij. et. sig. "Caution. A tablespoonful by measure-glass to be taken directly, and repeated every hour until 6 doses have been taken, then every two hours."

℞ Brin's oxygen cylinder
with mask

"Oxygen to be inhaled every half-hour for 5 minutes each time."

Diet—Milk *ad. lib.*, cold or hot as preferred. Absolute rest as far as possible. Six hours after the first dose the temperature had fallen to 104° F., and, thereafter, the temperature registered at successive periods of 4 hours each 103°·2 F, 102°·9, 102°·8, 100°·6, 101°·4, 101°, 100°·2, 100°·1, 100°·4, 100°, 100°, 100°·2, 99·8, 99°·9, &c. The temperature, it will be noticed, ceased to be formidable by the end of the first 24 hours; and with the exception of one slight rise, due to accidental exposure, never rose much above normal afterwards. The lungs gradually recovered until they were quite free by the 12th day from onset. There was no expectoration of importance throughout. When the temperature had fallen to 100°·6 F the aconite was stopped, and the digitalis given at 4 hours intervals, for eight hours longer, when it also was stopped.

This patient had, during the first 24 hours, slight but unmistakable symptoms of acute rheumatism. (He had twice previously suffered from rheumatic fever.) This was not specially treated, and passed off by the end of the second day.

Exactly one week after complete recovery, he insisted in my absence on going for a walk out of doors in a severely cold easterly wind; and had a second attack of double basic pneumonia. He was seen before the inflammation had spread more than inch above the margin of either lung. Precisely similar treatment was adopted, and the patient was well in six days. As the after-treatment of this case is fairly representative of my usual routine it is given here.

Diet.—Milk exclusively till the temperature fell below 100°·5 F., when beef tea or chicken broth containing a teaspoonful of Valentine's beef juice or part of a beaten egg was permitted, also a little dry toast. When the temperature fell below 99°·5 F., beaten eggs with milk and a teaspoonful of brandy or equivalent of port wine, a little boiled fish, tea, bread and butter, milk pudding. Next day, chicken with champagne or claret, &c., and thereafter a rapid return to the ordinary diet; also this tonic:—

℞ Ferri phosph., gr. v;
Acid. phosph. dil., ♏ v;
Tinct. nucis vom., ♏ x;
Tinct. calumbæ, f℥j;
Aquam, ad f℥j.

M. et mitte f℥viij. et sig.: "An 8th part to be taken three times a day (after meals) for six weeks.

CASE 11.—S. F., 51, robust, active man. Has excellent health. After driving some hours in a dogcart had a severe rigor, followed almost directly by vomiting, cephalalgia, pain in back and limbs, and delirium. When seen face was flushed, eyes suffused (no overflow of tears), violently maniacal, shouting incoherent sentences, and was restrained with difficulty. About three ounces of deep red urine had been passed an hour previously; it contained no blood, and only a trace of albumen. Temperature (which was not satisfactory), taken in axilla 104°·3 F., probably much higher. Pulse 124, full and bounding. Ordered:—

℞ Succi digitalis, ♏ xv;
Tinct. aconiti, P.B., ♏ ijss;
Aquam, ad f℥ss.

M. pro dosi j, et mitte f℥viij, et sig., "A tablespoonful every hour until four doses have been taken, and then every two hours."

The temperature fell, in successive periods of four hours each, to 103°·2 F, 103°·1, 102°·8, 102°·6, 100°·8, 99°, 98°·1. Thereafter patient was and continued well.

The trace of albumen which was present was more marked on the second and third days, but eventually completely disappeared.

CASE 22.—V. S., æt. 5, female. A delicate child. Mother phthisical. Patient had been suffering from "a bad cold" for some days. Face flushed. Respiration 60. Pulse feeble, 134. Temperature 105°·6 F. Cough frequent and distressing; pain in right chest; urine dark, scanty, no albumen. Patches of tubular breathing over left lung, but no perceptible dullness; distinct dullness over right mammary region, reaching to a finger breadth above the anterior base and strongly marked bronchial respiration.

Directions.—Keep room temperature at 63° F. to 65° F. Cover patient with one sheet and one blanket only. Keep the feet warm. Save patient exertion as much as possible. Give milk (cold or warm as preferred) frequently.

℞ Tinct. aconiti, ♏ x;
Aquam, ad f℥ij. M. et sig.:

"No. 1.—Give one teaspoonful mixed with one teaspoonful of No. 2, every hour till temperature begins to fall steadily; then discontinue this medicine."

℞ Succi digitalis, ♏ xl;
Liq. ammon. cit. f℥iv;
Acidi citrici, gr. x;
Syr. limon., f℥j;
Aquam, ad f℥ij. M. et sig.

"No. 2.—Give a teaspoonful every hour for four or five hours, and then every two, three, or four hours, according to directions."

The temperature registered in successive periods of four hours each, from 105°·6 F. to 105°·8, 105°·1, 104°·6, 103°. After the tenth dose the aconite was stopped, but the digitalis was continued in full doses every two hours, for it was well borne. The heart's action certainly became stronger under the influence of the drug, and its rapidity lessened. By the end of 24 hours from the commencement of treatment, the temperature had steadily fallen to 102°·8.; the last six doses of digitalis being given every four hours. During the next 24 hours the digitalis was given every six hours and omitted when the child slept. At the completion of 48 hours the digitalis was stopped, and a mixture containing quinine (½ gr.) and tinct. nux vom. (2½ ♏.) substituted. The temperature did not rise subsequently, to any noticeable extent, and by the end of the third day (72 hours) had fallen to 99°·8 F. Thereafter the recovery was uninterrupted. For several days after the temperature had fallen to normal, she was kept lying down in bed.

CASE 27.—G. S., æt. 40, strong healthy woman. Attacked with severe influenzal symptoms one hour before being seen, when she had severe occipital cephalalgia, pain in back and limbs, nausea, anorexia, &c. Temperature under tongue 104°·1 F., Pulse 126. Tongue clean, moist; slight pharyngitis; eyes suffused, but no overflow of tears—a typical case of uncomplicated influenza. Treatment precisely as in Case 11. Temperature fell four-hourly from 104°·1 F. to 103°·2, 101°·1 100°·, 99°·6, 98°·2, and did not subsequently rise above normal.

CASE 30.—R. M., æt. 7, male; well nourished, well developed. Influenza (uncomplicated). No catarrhal symptoms whatever. Face flushed; eyes suffused, no overflow of tears; tongue clean, moist; headache, backache, pain in limbs. Temperature 104°·7 F. before treatment, which was same, *mutatis mutandis*, as in Case 11. Temperature fell in successive four-hourly periods from 104°·7 F. to 103°·, 101°·1, 100°·2, 99°·1, 98°·4. Recovery rapid and uninterrupted.

CASE 31.—T. M., æt. 6, brother of preceding. Similar symptoms (uncomplicated influenza). Temperature (immediately before treatment 102°·8 F.) fell, after similar treatment to that of Case 11 to 102° F., 100°·4, 99°·, 98°·4.

The foregoing memoranda (which have been selected as giving a fairly average representation of my routine treatment of influenza) are only a few out of some hundreds (532), of which short notes have been kept.

It may not be out of place to give here some of the considerations which influenced me to decide upon the treatment of influenza by the methods I have endeavoured to set forth as clearly and fully as the necessarily limited space at my disposal would allow.

In observing the results of each of the various treatments advocated during the epidemic of 1889-90 I became convinced that the drugs then in use by others and by myself had no appreciable effect in shortening the duration of the disease in any instance. In other words influenza, untreated, seemed to continue the same course as when quinine in various forms, antipyrin, phenacetin, antifebrin, &c., were freely used. The same course, that is, if we except the slight and *transitory* lowering of the temperature by one or more of these preparations. I noticed that the fall of temperature (gained by the use of these medicines) was quickly followed by a rise after they had been discontinued for a period, which varied according to the severity of the illness and the nature or doses of the remedies. Also, while the heart-contractions were lessened in force in a marked degree by these medicines, and there resulted, in many cases, a cyanotic condition, the frequency of the pulse was increased; in some cases startlingly so. It was evident, moreover, that the protracted convalescence of patients who had undergone such treatment was due quite as much to the toxic effects of the medicines as to the malady itself.

Having these facts before me, and feeling satisfied from repeated experience that the nervous system was primarily and chiefly affected by the virus of influenza, and that in by far the greater number of the *uncomplicated* cases, there appeared to be no observable sequelæ, with the single exception of asthenia, I was led to the following conclusions:—The toxic action of the influenzal virus produced rapid and violent heart-contractions. The pyrexial condition was in a high degree associated as effect with the pulse frequency. Any drug, or combination of drugs, which would safely control this wasteful and—so far as one could see—purposeless expenditure of energy might, *pari passu* with a slowing of the pulse-rate, lessen the temperature and shorten the course of the disease. Aconite at once occurred to me as likely to fulfil both of these requirements. Aconite, however, weakens the heart-contractions when given in sufficiently large doses to cause slowing. Digitalis antagonises aconite, while it, also, has a powerful effect in lessening the pulse frequency. A combination of aconite and digitalis—the latter given in fairly full, and the former in moderate, doses—might be relied upon to secure the end in view if administered with great care.

My results, as given in the cases already mentioned, may prove nothing more than that I was justified in giving the treatment a trial, but I claim they do that. The more I see of the effects of this combination in all acute inflammatory disorders, the more convinced I am that it is wiser, where one can, to control the riotous dissipation of energy implied by, and resulting from, over-excitement of the circulation in such cases.

Out of a total of considerably more than 800 cases of influenza treated by me during the last four epidemics, I have not had a single death from the time I began the digitalis-aconite treatment, yet among these cases were patients suffering from very formidable complications, both acute and chronic. In cases of weak heart, fatty degeneration of heart and valvular diseases it was especially noticeable that the remedies which were strong enough to slow the contractions did not appear to impair very materially the irritability of the heart-muscle, and though it is needless to say that in all such cases there is ever a good deal of anxiety when one considers the extra strain put upon the heart during severe febrile disturbance, yet an extended experience assures me that the physiological action of the remedies is less harmful than the effects of the disease for which they are administered. Doubtless there are cases in which one is called in too late to permit of their being used with likelihood of success—cases, for example, of pneumonia which has already entered the third stage, and in which all one can do is to support the patient's strength by every means. *But in all cases of acute inflammatory diseases, when seen in the earlier stages, digitalis and aconite combined should prove useful if cautiously and intelligently administered.*

In conclusion, I may be permitted to say that the treatment advocated in this paper occurred to me late in December, 1889, and that early in January of the following year, 1890, I began with extreme caution to carry it into practice. In the early part of May, 1891, I mentioned the subject to Dr. Octavius Sturges, and to several other friends. I am desirous of making this statement lest the late appearance of my paper might make it seem that I was making use of the digitalis treatment (in pneumonia only) suggested by Petresco, Murphy, Fikl, &c., whose reports on the use of digitalis (without aconite) I had not seen when I began this paper in January of the present year, as they appeared only, so far as I am aware, in American and German journals in May and June, 1891. I trust that those who have not previously tried the digitalis-aconite treatment may be induced by what I have stated in this paper to give it a fair trial in suitable cases It should always be given with caution, and carefully watched in every instance.

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Selected Prescriptions and Therapeutic Notes.

38.—Typhoid Fever :—

Naphthol *a*, gr. x ;
Salicylate of Bismuth, gr. vj ;
Bromohydrate of quinine, gr. iv.
For one wafer. Four to six daily.
From our French Correspondent.

39.—Chronic Rheumatism :—

Salicylate of soda, } ʒij ;
Iodide of potassium, }
Syrup of orange, ℥ij ;
Water, ℥iv.
Four teaspoonfuls daily in water.
From our French Correspondent.

40.—Local Applications in Uterine Cancer.—Powders constitute the best local disinfectant application in the treatment of uterine cancer. They are comforting and relieve at once the vulvar irritation caused by the discharges, which no attention to cleanliness, however careful, can secure. The following disinfectant and caustic powder is useful :—

℞ Iodoform, ℥ijs ;
Cupri sulph, ʒij ;
Morph. sulph., ℥j.
M.

Or when the caustic action is not required the following may be employed :—

℞ Salol, ℥j ;
Lycopodii ;
Tannin, āā, ʒiss.
M.

Or the following :—

℞ Iodoformi, ℥ss ;
Quinine sulph., gr. xxx ;
Pulv. carbonis, ℥j ;
Ol. menth. pip., ♏ x.
M.

The above powders must be applied with the speculum, and the part, after having been dusted with them, must be covered with a plug of iodoform gauze. This dressing might be left for forty-eight hours.—Dr. A. Lutaud.

41.—An Agreeable Laxative :—

℞ Sodii phosphatis, ℥j ;
Tinct. aurantii, ʒij ;
Syr. simplicis, ℥ij ;
Aq. destill, ad ℥viij.
M. Two tablespoonfuls for a dose.

42.—For Acute Coryza :—

℞ Acid carbolic ;
Liq. ammoniæ fort, aa ʒijss ;
Alcohol, ʒv ;
Aq destill, ad ℥j.
Inhale from several drops upon a piece of blotting paper.—Dr. Hayem.

43.—Therapeutic Value of Chloride of Ethyl Spray.—Dr. Edgar Gaus, of Carlsbad, has used chloride of ethyl spray with success in the treatment of a case of supra-orbital neuralgia, which had persisted for six weeks, and was cured by one application of the spray ; also in lumbago, in migraine, pruritus of the scrotum, and in commencing gouty attacks.

44.—Chloroform in the Treatment of Tænia.—The following has proved useful :—

℞ Sp. chloroformi, ℥j ;
Ol. crotonis, ♏ j ;
Glycerini, ℥j.
M. For one dose. Dr. Græsse.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Clinical Evening.

Meeting held Friday, Jan. 26th, 1894.

The President, Mr. J. W. Hulke, F.R.C.S., in the Chair.

Living Specimens.

Dr. Sidney Phillips showed a man, æt. 40, who had developed nodules over the ulnæ, &c., in association with a history of rheumatic fever.

Dr. Penrose showed a young man, æt. 21, in an advanced stage of the non-spinal form of idiopathic muscular atrophy.

Mr. **Gould** showed a youth on whom he had performed thoracoplasty.

Dr. **Mott** showed a man, æt. 36, who had developed paraplegia after a severe attack of typhoid fever; also musician who while playing had suddenly lost the power of speaking and swallowing, due presumably to a lesion of the pons.

Mr. H. H. **Clutton** on

THREE CASES OF ENDOSTEAL SARCOMA OF RADIUS.

Case 1.—A myeloid sarcoma of the head and neck of radius in a man, æt. 28, who had noticed a swelling for two years. He was already the victim of chronic kidney disease, and was under the care of Dr. Heggate, of Wellingboro, who sent him to Mr. Clutton. The tumour was successfully removed by resection of the upper 3rd of the radius. He died eighteen months after operation from kidney disease, but without any local evidence of a return of the new growth in the radius, and in the meantime his arm and hand were useful and free from pain. *Case* 2.—A man, æt 58, was sent to Mr. Clutton by Dr. Stone, of Reigate, in July, 1891. For twelve mos. he had had pain and swelling in his left wrist. He had an endosteal growth of lower end of the radius, which was subsequently proved to be a myeloid sarcoma. It was treated by resection of the part affected. A corresponding portion of the ulna was removed at the same time to avoid any lateral deviation of the hand, which would otherwise have occurred. He has now (Jan., 1894) a very useful hand, and with a gauntlet can hold a pot of paint weighing 9 lbs. He is a painter by trade. Shown to the Society. *Case* 3 was a round-celled sarcoma of the lower end of the left radius in a woman, æt. 34, who was sent to Mr. Clutton by Dr. Topping, of Forest Gate, in January, 1890. The history was of nine years' duration, but the tumour was thought to be parosteal or periosteal, and was therefore removed by amputation. The specimen shows that it was an endosteal growth and might possibly have been successfully removed by resection without the loss of the hand. But considering its microscopical character it is, on the whole, more satisfactory that amputation was performed. She has had no return of the disease.

The **President** suggested that the author should lay down the lines upon which he would proceed in distinguishing the cases in which this plan of operation would be likely to prove sufficient.

Mr. **Gould** pointed out that the malignancy of endosteal sarcoma varied within wide limits. He suggested that not only was it unnecessary to remove the bone beyond the seat of the disease, but he added that it might possibly suffice to open up the cavity and scrape thoroughly. He referred to the case of sarcoma of the lower jaw in a young woman in which recovery took place after scraping without recurrence for five years (the patient being still well). The first lower jaw he had excised was for a large sarcoma in a man, and there had been no recurrence for ten years.

Mr. **Charters Symons** asked why the ulna was also removed, and mentioned the case of a girl, æt. 11, with sarcoma of the jaw which had been treated by scraping, without recurrence since.

Mr. **Eve** suggested in reference to the means of determining the malignancy of these growths that the more malignant among them distended the bony walls of the cyst irregularly. He did not believe that the histological characters should be relied upon to show the degree of malignancy.

Mr. **Bland Sutton** pointed out that if the ulna were not shortened after resection of the radius a useless hand would be left.

Mr. **Clutton**, in reply, said that it was usually held that the longer the duration of the tumour the longer would the patient probably live whatever the treatment adopted.

NEPHRECTOMY (SUCCESSFUL AFTER FOURTEEN MONTHS) FOR MALIGNANT TUMOUR IN A PATIENT UNDER TWO YEARS OF AGE.

Mr. **Malcolm** related the case of a child, 23 months old, of good family history, strong, and well developed. She was said to have had a "full belly" when she was a year old, and a definite "lump" in her side had been noticed six months later. This lump had steadily grown till it formed an elastic, oval, well-defined tumour, painless, and scarcely, if at all, movable. It filled the right loin extending well down towards the pelvis and just beyond the middle line below the navel. The child was slightly anæmic, but her general health was good, and there was nothing abnormal in the urine. On November 15th, 1892, the abdomen was opened through the right linear semilunaris, the kidney on the other side was examined and found apparently healthy, and the tumour was removed through an incision in the posterior layer of the peritoneum immediately to the outer side of the ascending colon which passed in front of the growth. The greatest care was taken not to open the capsule of the kidney which also included the tumour, but some of it was inadvertently separated during the enucleation of the deeper part. When the growth was got out of the way, the remaining shreds of its capsule and a mass of glands and fat surrounding the right renal vessels were also carefully removed. The divided end of the ureter was brought outside the skin, and the wound was closed without drainage. During convalescence, the highest temperature and pulse, namely, 101° F. and 144 respectively, were recorded the day after the operation. By the end of a week, fever was practically gone. The wound healed well, and except the presence of a little albumen in the urine the first night, there was nothing of importance to record. A year later the urine was examined and nothing abnormal was detected in it. On the 25th of this month Dr. Marshall, of Barnes, reported that the child "is in perfect health." The tumour was of oval shape and measured six inches by four inches. The posterior half of the kidney substance was apparently healthy. The anterior half was partly replaced by, and partly expanded for a short distance over the new growth. The tumour was described by Mr. Targett as a "malignant adenoma," separated from the kidney by a capsule of dense fibroid tissue and consisting of tubes lined by epithelial cells with a scanty and exceedingly delicate stroma, but with strands of connective tissue dividing the field into large loculi. Examination of the glands by Mr Targett and Dr. G. M. Callender did not show conclusive evidence of secondary deposit in them. It was pointed out that the records of nephrectomy for neoplasm in children show an immediate mortality of over 50 per cent., while those that survived the operation had all died within a year, only one exception [Hicquet, quoted by Bruce Clarke, Surgical Diseases of the Kidney, p. 54] having been found, in which case the patient survived for 18 months. The operator therefore scarcely hoped for a complete success in his case although the patient had now lived more than fourteen months after the operation and was quite free from any signs of recurrence. Attention was directed to the advice of Mr. Godlee [Clinical Society's Transactions, 1884,] that operation should be performed in a number of cases of small tumour, at an early date before we decide whether nephrectomy in children should be considered an altogether unjustifiable operation, and it was pointed out that the records did not seem to indicate that the removal of small tumours had been specially successful. Mr. Malcolm inclined to the belief that clinical histories might be associated with structural differences in the tumours which render some more suitable for surgical interference than others, even at a comparatively advanced stage of their growth. He hoped that future observations might enable us to differentiate beforehand those cases in which it may be expected that life could be prolonged by operation. It was noted that the tumour shown was described by Mr. Targett as a "malignant adenoma," but that in Mr. Bland Sutton's book on tumours such growths seem to come under sarcomata. Mr. Malcolm thought the specimen he exhibited could scarcely be called a connective tissue neoplasm. He believed that the tumour was not exactly similar to any hitherto removed during life and described. It was suggested that in some peculiarity of structure in the tumour might be found the explanation of the prolonged immunity from recurrence. While inclining to this view, the author pointed out that the method of operating is of the greatest importance, and that the careful removal of the glands is to be recommended when practicable. He opposed the advice of Mr. Henry Morris and Mr. Bland Sutton that solid tumours of the kidney should be removed from within their capsules. To cut as widely of the disease as possible was held to be the only scientific method, and the only way by which we could hope to improve the results of the operation in the future. The author advocated the adoption of the plan of bringing the cut end of the ureter outside the skin, as recommended by Mr. Knowsley Thornton. He considered this as important from the view of the antiseptic surgeon as removing the capsule is essential from the view of the pathologist.

On the motion of Mr. **Bland Sutton**, who urged that the subject was too important to be disposed in a few minutes, the discussion was postponed until the next meeting.

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OPHTHALMOLOGICAL SOCIETY OF GREAT BRITAIN.

Meeting held Thursday, January 25th.

The President, Dr. **Argyll Robertson**, in the chair.

ANEURISM OF THE ORBIT.

Mr. E. **Clarke** showed a child, æt. 3, with proptosis and pulsation of the eyeball. He concluded that it was a case of aneurism behind the globe, and suggested ligature of the common carotid as the appropriate treatment.

The **President** related two well-marked cases of the kind, of traumatic origin, both in children, which had been cured by electrolysis.

Dr. **Stephen Mackenzie** mentioned a case which had subsided under medical treatment.

Mr. **Jonathan Hutchinson** referred to a case in the country in which it was proposed to ligature the carotid, but the tumour disappeared under large doses of iodide of potassium.

Dr. **Eales**, of Birmingham, related the case of a miner lad, who, after a crush of the head, developed symptoms of arterio-venous aneurism of one eye, with proptosis, murmur, and the characteristic thrill. He had felt inclined to ligature the carotid, but when he showed the case at their medical society, the surgeons were opposed to such a course, and operative interference was postponed until the next meeting. In the interval the tumour subsided and finally disappeared.

Mr. **Carless** pointed out that it was necessary to distinguish between congenital cases, like the author's case, and those of traumatic origin. He mentioned a case of pulsating tumour of the upper eyelid in a man, which had subsided under a pretty strong application of the constant current. He pointed out that ligature of the carotid in young children was usually a fatal operation.

Mr. **Hill Griffith**, of Manchester, suggessed that the tumour might possibly be a meningocele.

SCHOOL OPHTHALMIA.

Mr. **Jonathan Hutchinson** read a paper on "School Ophthalmia," of which we publish a full abstract elsewhere.

Dr. **Sidney Stephenson** referred to what had been done in the way of providing isolation schools for children suffering from this form of ophthalmia, and dilated upon the difficulty in keeping children in the schools until all danger of their infecting others had been averted. He admitted that when he first directed his attention to the treatment of these cases he believed the follicular bodies to be the first stage of trachoma, but subsequent experience had convinced him that this was a mistake. An investigation of the condition of the eye in upwards of 14,000 children had shown him that follicular changes were present in 94·5 per cent. of school children other than those in pauper schools, so that he felt disposed to regard them as normal to the majority of children, and he doubted their relationship to granular disease.

Mr. **Rockliffe**, of Hull, said he had been called upon to advise in several boys from one of the schools alluded to by Mr. Hutchinson, and he had failed to discover any appearances that in his opinion would justify the diagnosis of incipient granular disease. In most instances the boys said there had been no discomfort, no photophobia, and indeed, they had not been aware of anything being the matter until the doctor said there was. He believed that the form of ophthalmia described by the author was a distinct affection not allied to granular disease.

Mr. **Nettleship** thought the author had taken an extreme view of the condition alluded to. Outbreaks of mild ophthalmia occurred in all kinds of schools, but he doubted whether this had anything in common with granular disease. If this were the case, however, he agreed that the sooner they burst the bubble the better. If granular disease were really increasing in their midst, as the author suggested, surely they would have met with cases in lads who had gone through some of the higher schools, but as a matter of fact such cases were very rare. In view of the admitted difficulty of diagnosis between healthy and morbid eyes in this respect, he urged that during the prevalence of ophthalmia every suspicious case should be carefully watched. The most valuable test of a morbid condition of the conjunctiva was a certain amount of sticky discharge.

The discussion was adjourned until the next meeting.

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THE HUNTERIAN SOCIETY.

Meeting held Wednesday, Jan. 10th.

The President, Mr. F. **Gordon Brown**, in the Chair.

Dr. **Fletcher Beach** read a paper on

SPORADIC CRETINISM.

After giving a short history of the subject, he stated that the observations in the paper were chiefly founded on an analysis of 116 cases, including 16 which had been under his care, collected from various sources. He mentioned that the disease was present in the fœtus, and that the cases formerly defined as fœtal rickets were not known to be cases of sporadic cretinism. He described the condition of the body, thyroid gland, and fatty tumours, skull and bones, found in such cases, and alluded to the state of the brain in one of Barlow's cases which showed remarkable features in the temporo-sphenoidal lobes. Sporadic cretinism was also found in calves, sheep, and dogs. The etiology of the disease was then considered, and the influence of consanguinity, intemperance, phthisis, inherited mental disease, neurotic inheritance, and fright of the mother during pregnancy, in the production of the disease, was described. It was shown that the lowest age at which patients had been treated was six months, and the highest 42 years; on the other hand, the symptoms were first noted in 15 cases at or soon after birth, and from that time up to the age of 18 months, 25 were seen. With regard to the sex, so far as the analysis of 116 cases went, in sporadic cretinism, there were not quite twice as many females as males, a different proportion to that found in myxœdema, in which females are four times as many as males. With repect to the locality in which these 116 cases occurred, it appeared that the disease prevailed most extensively in England, and that Scotland, France, and America had about an equal number. The author related the symptoms found in sporadic cretinism, and stated that previously to the report of the Clinical Society on myxœdema he held the opinion that sporadic cretinism and myxœdema were one and the same disease, any difference between the two being due to the different ages at which the two diseases were developed. Sporadic cretinism was due to absence or disease of the thyroid gland, for in some few cases bronchocele had been found to be present. The opinion of Horsley that the thyroid gland had a homopoietic as well as a secreting action was alluded to, and the differences between the changes which took place in the thyroid gland in myxœdema and in sporadic cretinism were mentioned. It was shown that the same fibrous changes which accurred in the tissues of the monkeys operated upon and kept alive by Horsley were present not only in myxœdema and cachexia strumipriva, but also in sporadic cretinism, and a case under the care of the author in which these changes were seen was described. The diagnosis and prognosis of sporadic cretinism were touched upon, and the treatment was shortly mentioned.

Dr. **Walter Ord** mentioned two cases in which he had given 5 grain of the dried thyroid extract daily with marked benefit.

Dr. **Shuttleworth** showed photographs before and after treatment of five cases of sporadic cretinism which he had seen at the Lancaster County Asylum. Of the patients four were females. In two families the eldest and the fourth children were cretins, the seond and third being healthy.

Dr. FLETCHER BEACH, in reply to questions, stated that in his experience most cases occurred in the lower classes, that the number of first-born children affected was not great. In many cases some healthy children intervened between two cretins in one family. The patients were very apathetic, very subject to bronchitis, and had usually a small quick pulse.

Mr. OPENSHAW, with Mr. Waren Tay's permission, read the notes of twenty-two consecutive cases of amputation of the mamma for carcinoma, all of which had united by first intention.

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COUNTY AND CITY OF CORK MEDICAL AND SURGICAL ASSOCIATION.

AT the last meeting of this Society, Dr. A. W. SANDFORD, President, in the Chair,

Dr. COTTER read notes on a case of

PAROVARIAN CYST,

and showed pathological specimen of a case on which he had operated successfully. The tumour had existed for 18 months, beginning as a small hard swelling in the hypogastric region accompanied with strongly marked neurasthenic symptoms. It did not increase in size during the following 15 months, but during the remaining three months rapidly reached its present large dimensions. There was a history of menorrhagia and metrorrhagia with more or less pain. Previous to operation the tumour was of an elastic fluctuating character. The progress of the patient subsequently was uneventful and she left hospital in about three weeks, quite well.

Spina Bifida.—Surgeon-Lieutenant WALKER detailed an interesting case which he had cured by injections of Morton's fluid. The tumour was situated over the lumbar, lower dorsal and upper sacral vertebræ, with paralysis of the lower extremities. It was apparent from birth. First injection was given two weeks subsequent after the tumour had been supported by an improvised apparatus. Forty drops were injected after tapping, with the result of diminishing the tumour in 8 days to half its size. It was again tapped and 20 drops injected, and on one other occasion the same procedure followed. The lower limbs rapidly recovered their power and the cleft in the vertebræ became bridged over with a tense membrane and gradual narrowing of this cleft. The maternal history during gestation was interesting, she having been thrown from a cart and severely bruised in the third month; having had during pregnancy severe floodings with constant pain on right side. Mr. Walker considered the successful issue of his case was mainly due to the very rigid antiseptic precautions he adopted, and the carefully regulated support of the tumour.

Hemi-Chorea.—Dr. Wagner read notes of a case of this affection in a female patient, æt. 71.

Intestinal Obstruction.—Dr. Wagner also read a paper and showed a pathological specimen of a case of above, followed by a discussion in which the President, Drs. Cotter, H. R. Townsend, and Surgeon-Captain Deacon joined.

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France.

[FROM OUR OWN CORRESPONDENT.

PARIS, Jan. 27th.

TREATMENT OF CHRONIC EMPYEMA.

AT the Academie de Médecine M. Delorme communicated a new method of treating chronic empyema when pleurotomy had not produced a cure. The method consists in the opening of a large extent of the thoracic wall in the form of a shutter, and the ablation of the false membrane which surrounds the lung, binding it to the vertebral sulcus. The lung thus set free, the shutter is closed and the patient gets well as easily from these costal sections as from ordinary fractures of the ribs. The method had been applied recently by the speaker on a man affected with pleurisy of the left side, and who has been treated by pleurotomy without success. The false membrane was fully half an inch thick and covered with fungosities. These were scraped off and the membrane dissected from the lung by means of a pair of scissors guided on a canula. The lung was healthy, and when entirely set free it unfolded itself *brusquement*, and bulged out through the wound. After that the toillette of the pleural cavity had been made with a sublimate solution, the shutter was closed down and sutured. A slight compress of cotton completed the operation. The patient made a good recovery. M. Delorme said that he considered this method superior and more rational than that of Estlander, for when it is followed with success it allows the lung to fill the pleural cavity and to continue its function.

AMBROISE PARE.

It is not generally known that the origin of the great reputation of the father of French surgery, Ambroise Paré, was due to an incident that occurred at the Siege of Boulogne-sur-Mer. The Duc de Guise had been carried to his tent with a fearful wound, produced by the point of a lance. The lance had entered the cheek of the prince under right eye and passed out in the neck under the ear. The weapon broke in the wound. His surgeon, Ambroise Paré, arrived, and said to his assistants: "Gentlemen, the prince is not dead, but he will be soon in the other world unless, regardless of any respect for his person, I pull out at once this shaft from his head." Planting his foot on the face of the prince (!) he seized the piece of iron with his fingers, and after a considerable see-saw movement he succeeded in drawing it out. The prince recovered, and bore ever afterwards the nickname of *Balafré*.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Jan. 26th.

INCREASE IN THE RANKS OF THE PROFESSION.

COMPLAINTS as to the rapid increase in numbers of medical men continue to grow louder. Although it is already difficult for a great number of doctors to earn a subsistence, their number continues to increase at an alarming rate. The number of medical men in Germany at the close of 1892 was 20,500, whilst at the close of 1893 it was 21,621, equal to an increase of 5·46 per cent. In Berlin at the close of 1892 there were 1,636, and at the close of 1893, 1,799, or an increase of 10 per cent. During the past five years the increase in the numbers of medical men has been 22·2 per cent. In Prussia there are 12,851 medical men, or an increase of 777 on the previous year; in Bavaria, 2,431, an increase of 86; in Saxony, 1,563, being an increase of 40; in Baden, 855, with an increase of 44; in Wurtemberg, 739, with an increase of 28; in Elsass-Lothringen, 632, with an increase of 33; in Hamburg, 429, an increase of 8.

The proportion to the number of inhabitants is 4·37 to each 10,000 of population, against 4·15 in 1892. The Hanseatic towns are the best provided with medical men, Hamburg having 6·98 to each 10,000 of population, Bremen 6·92, and Lubeck 6·11. Prussia, on the other hand, has only 4·28. There is one exception to this, however, and that is the University towns. These have a still greater proportion of medical men than even the Hanseatic towns. In Strassburg there are 17·8 to each 10,000 of population, in Halle 12·1, in Munich 11·9, in Berlin 11·5, in Breslau 11·3, and in Königsberg 10·6. This increasing overcrowding taken in conjunction with the great increase in contract work and general low fees makes the prospects of the profession here anything but brilliant.

The Medical Society.

The annual meeting of the Medical Society was held on the 10th inst., when Prof. Virchow was again elected President, and Profs. v. Bergmann and Siegmund, Vice-Presidents. From the report it appears that the member ship at the end of the year was 914, as compared with 889 for last year. The income of the Society was 28,000 marks, and the expenses 23,000, and the total assets of the Society amount to 90,000 marks.

Fibromata of Uterus and Carcinoma of the Peritoneum.

At a recent meeting of the Berlin Medical Society, H. Pech showed these preparations taken from a woman, æt. 46, who had been married three years and had suffered from profuse hæmorrhage for 2½ years. Her troubles had gradually increased, there were also violent pain, swelling of the abdomen and dyspnœa. On examination there was found to be extreme cyanosis, bilateral dulness in the pleuræ, œdema of the lower extremities. The abdomen was much distended and protuberant. Tumours the size of the first were observed on both sides, the uterus very much enlarged. On opening the peritoneum eight litres of yellow ascitic fluid were removed; nodulated tumours the size of the first came into view, enclosed in omentum. The uterus was removed in several pieces and the tumour mass in the posterior part of Douglas's pouch was then removed. Old nodulated tumours the size of the fist and of brain-like consistence had a pedicle 5 ctm. in length, consisting of omental tissue in which were embedded smaller tumours. The other tumours were composed of multiple fibroids of the uterus. No degeneration could be discovered.

Prof. Virchow said the tumours of the uterus had the character of simple myomata, the uterus, therefore, had participated in the development of the peritoneal tumours. These showed a cancerous structure, the formation of tubular alveoli with very thick cylindrical epithelium. There was nowhere any indication of a connection with the uterine myoma. He considered it very probable, however, that a primary tumour existed somewhere from which infection of the abdominal cavity had taken place, and it was most probably a dissemination from a part of the digestive tract.

The Staining of Living Cells.

Prof. Ehrich at the same meeting said for a number of years he had been attempting to decide certain biological therapeutic medicinal questions by the introduction of colouring material into the bodies of animals. In the course of his investigation he propounded the question which of all colouring material had the greatest affinity to the living animal. The answer was very simple. On experiments with tadpoles he found that *neutral red* was the best suited for staining purposes, a material that had not hitherto been used in microscopic work but which could be obtained from Grubler. If the colour was diluted and an alkali added a fuchsin colour was produced. From the manner of staining it could be seen whether an animal tissue was alkaline, weakly alkaline or acid. If, for instance, a tadpole was made to swim in a weak solution of neutral red (1-2,300,000); it was astonishing how it absorbed the colouring material. It became red in a quarter of an hour. If they were kept in the fluid a longer time all the tissue of the body, the brain, &c., became perfectly red. The speaker knew of no material so suited for staining living cells as neutral red. Such colouring material must, therefore, be possessed of two properties. 1st. It must be able to penetrate the covering membranes of the living tissues. 2nd. There must be something in the cells that has an active attraction for the staining material. Were these substances in solution or morphitic? A glance through the microscope showed a number of intensive red cells, which, in many respects, corresponded to the cell granules.

The method of colouring had sources of error, however, in two directions—(1) there was the possibility that the apparent granules were only deposits of colouring matter in the cells; (2) by lengthened experiment the nuclei degenerated and became larger. From these considerations sprang the following practical conclusions:—(1) the staining should be produced as quickly as possible; (2) it should be done with the smallest possible material; and (3) as a "control," small pieces of the tissue should be stained in the solution after its death.

If all three factors agree, it might be assumed with certainty that profound nuclei had undergone a vital staining. In the lungs there were certain cells filled with red coarse granules; these were the true phagocytes of the lungs. The extent of staining of nuclei was very great. He had stained both in the higher and lower animals, and in plants. By careful manipulation the colour in the living cells could be varied. Every cell had had its specific nucleus as regarded staining. In a solution used by him there was a little methylene blue from a previous experiment. After the staining the smooth muscular fibres showed the nuclei coloured blue, whilst all the other tissues were red. He was convinced that by the aid of such experiments conclusions on important functions of the living cell granules could be arrived at.

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Austria.

[From our own Correspondent.]

Vienna, Jan. 26th.

Osteomalacia and Chloroform.

At the last meeting of the Gesellschaft der *Aerzte* Latzka showed a patient who had quite recovered from this malady after chloroform narcosis. At the present time he said there were two theories ennunciated by Petroni that might be cited as the proximate origin of the disease, viz., the micro-organism or nitrification theory; the effect of castration and Porro operation, which properly depended upon chloroform narcosis. Latzka said that he had observed a marked change in osteomalacia for a few weeks after the application of chloroform, which frequently proved to be temporary. This led him to question the theories more accurately, and in his investigations, according to the proofs of Petroni, who maintained that nitrates were constantly in the urine of the osteomalacia, he failed to satisfy himself that any constant relation existed between the nitrites and the disease. Indeed, three of the cases carefully followed failed entirely in this particular out of seven ; two of the same number presented an occasional testimony after the urine had stood for some time, the remainder very rarely. In the fresh urine nitrites could never positively be proved present. In this, he pointed out, he was not alone, as Karplus had obtained similar results. He considered the nitrification hypothesis of Pretroni to be unsupported from the present proofs.

With regard to the second hypothesis, he brought forward the history of ten cases which had fallen under his own observation ; one of these was a male ; six were puerperal osteomalacia, the other three were non-puerperal. In these ten cases his treatment was simply anæsthesia by chloroform, and of the ten only one remained unaffected, other two were but slightly improved, while the remaining seven were decidedly much better, but unhappily the recovery was of a temporary character. Only one of these cases which he showed had retained any lasting effect. This case had been treated with chloroform seven months ago ; the subjective and objective pains had all disappeared ; the former elastic pelvis is now solid, and the patient considers herself at the present perfectly well.

A second of this number is greatly improved, which possesses some interest from the former treatment under Schauta, who had operated four months previously for double-sided salpingitis with ether, but without any influence on the osteomalacia or relief to the patient. Immediately after the chloroform narcosis four months later the pain was relieved, the luxated joints became firmer, and the patient soon became so much restored that she could move about. As stated above, these brilliant results were but temporary. On this account he attributes many of the successes in castration and Porro's operation to the chloroform and not to the operation itself, although he admits these operations have cut off the function of generation and prevented the return of the disease. In this manner he reasons on the cause of return of many successfully treated cases of osteomalacia with phosphorus whereon the first pregnancy excites the disease. In the chloroform treatment he considers the disease checked, but on recommencement of the menses the disease is excited. From the results obtained he is inclined to believe that some modification of chloroform narcosis may be successfully pursued in the treatment of osteomalacia.

Minimal Fees in Moravia.

The Town Council of Wischau have decided on the fees to medical men for the current year. The honorarium for a single consultation is 50 kreuzers, equal 9d. For a visit to one or more of a family in same house, 1 florin ; if more visits in same place, 70 kreuzers. For a night visit under same conditions, 1½ florin. For a consultation with two medical men, 5 florins ; any other visits by same consultants, 1 florin. If beyond 10 kilometres, 3 florins ; 20 kilometres, 5 florins ; 30 kilometres, 7 florins ; medical certificates, 2 florins ; *visum repertum*, 2 to 5 florins.

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The Operating Theatres.

MIDDLESEX HOSPITAL.

Laparotomy.—Satisfactory Conditions after Nephroraphy.—Mr. Bland Sutton opened the abdomen by an incision in the right linea semilunaris of a woman on whom some time previously he had performed the operation of nephroraphy. The present operation was undertaken on account of some of the symptoms returning. Originally there had been pain in both loins, especially in the right, intractable vomiting with intervals, in fact, symptoms of renal colic ; there was, however, at first, an idea of uterine or ovarian trouble, but as pressure on the right kidney caused the vomiting, and as pus was found in the urine it was thought the trouble might be hyo- or pyonephrosis. On very careful examination the case was eventually diagnosed as one of movable kidney for which the operation of nephroraphy was performed ; the surgeon found a very mobile kidney which he anchored in the loin. The result was that the vomiting pain disappeared. On examination just before the present operation a tumour could be felt in the right loin, pressure on which reproduced the former symptoms (the patient being very thin the palpation was easy). The question was now, Mr. Sutton remarked, if it was a distended gall-bladder or the kidney become movable again. Laparotomy and careful and complete examination by the hand in the abdomen proved an enlarged kidney and a slightly distended gall-bladder, this last as Mr. Sutton pointed out, being very natural as the patient had been kept fasting before the operation. The kidney itself was perfectly immovable, therefore the anchoring in the first operation had been quite successful. Mr. Sutton carefully examined the other abdominal organs whilst his hand was in the abdomen and found them healthy ; there was no ulcer of the stomach, therefore he said he was relieved of all anxiety, and opening the abdomen for the second time had removed any prospect of another operation being required in the future.

Epithelioma of a Lupus Scar.—Mr. Bland Sutton operated on a man, æt. 40, affected with a large epithelioma-like ulcer on the wrist. The patient had suffered from lupus of the hand for a period of fifteen years ; the greater portion of the back of the hand was covered by an extensive scar. At the upper part of the scar, situated over the junction of the radius and ulna, there was an ulcer as large as a crown piece with raised, indurated, and everted edges. This ulcer had been slowly growing for sixteen weeks. The epitrochlear lymph gland was enlarged and indurated. Mr. Sutton said that it was an established fact that lupus scars, like the scars of burns were liable to be attacked by epithelioma, but he pointed out that all ulcers at the margins of scars with raised and everted edges were not epitheliomata. Indeed, *no scar should be classed as a scar epithelioma unless the diagnosis was confirmed by a careful histological examination.* Therefore, instead of amputating the arm, he preferred to freely excise the ulcer, and then fill up the wide gap by the transference of a piece of skin from the man's thigh. This was carried out. After excising the ulcer all oozing was checked by sponges wrung out of very hot water ; the skin graft, measuring 5 by 3 cm., was applied and maintained in position by a few very delicate sutures, and carefully adjusted pressure from lint soaked in olive oil and absorbent cotton wool, fixed by soft bandages. The limb was then placed on a splint ; the epitrochlear gland was excised. Mr. Sutton remarked that the excised ulcer would be submitted to reagents and carefully examined. If it turned out to be an epithelioma, and should the disease return, then it might be necessary to amputate the arm.

UNIVERSITY COLLEGE HOSPITAL.

Hip Disease in the Adult.—Chronic Pyæmia.—Mr. Berrka said the case under consideration was a most unsatisfactory one; the man, æt. about 30, had entered the hospital last summer suffering from a large abscess over the chest wall; this had been opened, scraped, &c., but it was evident the patient had been the subject of septic poisoning, as, although he got better, he developed swellings in various joints, which, however, disappeared, excepting in the hip, where the pain and swelling lingered; he was sent away to a country infirmary, but had come back with the pain and swelling of the hip increased. Mr. Barker pointed out that the septic influence had always been subacute, as there were no sinuses, &c. He said he hoped he should not have to excise, as the operation was most unfavourable in the adult, it being very difficult too after the operation to adapt a splint which was convenient and comfortable. The incision was made just under Poupart's ligament, and at its outer fourth about half-an-inch below the anterior superior spine, this being the most likely place the operator stated to find the pus, and also the most convenient to get at the joint; the sartorius was pulled inwards with a retractor, and the tensor vaginæ femoris seen on the outside. The disease was found to involve the acetabulum and upper part of the head, and probably other parts, such as extension up the psoas bursa, but the patient being an adult, Mr. Barker only took away as much diseased bone as possible with a hollow flushing gauge with the hope of getting ankylosis and cure without doing any more. The wound after having been thoroughly dried was sewn up, no drainage being employed, and the limb put up on a Thomas's splint.

RICHMOND HOSPITAL, DUBLIN.

Removal of Adenoids.—Advantage of Rose's position.—Mr. Robert H. Woods, operated on a girl, æt. 19, for the removal of post-nasal adenoids. The growths had been causing nasal obstruction for some months. Gottstein's ring knife was the instrument used. The operation was conducted with the patient in the position advocated by Professor E. Rose of Berlin, the head hanging over the end of the table. Chloroform was the anæsthetic, and the operator expressed himself as having confidence in its safety in such cases if Rose's position were adopted. He believed that the fatalities lately chronicled from operation with the patient's head raised, and attributed to the anæsthetic, ought rather to be ascribed to the faulty position, the elevation of the head inviting syncope.

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The New Fever Hospital at Lewisham.

The Metropolitan Asylums Board appears to intend making up for lost time at their new fever hospital, which is to be erected at Hither Green, Lewisham. It is estimated that the building itself will cost £100,000 or thereabouts, to say nothing of the £22,500 paid for the site. In return for this outlay there will be accommodation for 500 patients. Of the total number of beds 36 will be set apart for isolation purposes, 112 for diphtheria and enteric fever cases, while the remaining 352 will be devoted to scarlet fever patients. It seems curious, by the way, that the Board should not be called upon to make provision for so common and infectious a complaint as measles, which is hardly less fatal in its results than those included in the foregoing list.

Competition for Medical Appointments.

The evils of competition are appearing even in the close ranks of the medical profession. The Merionethshire County Council are advertising for a medical officer of health for the county, at the munificent "salary not exceeding £10 per annum." Glamorganshire doctors had better apply at once, as applications have to be sent in before the 24th prox. The successful candidate may send a case of champagne to this office for the intimation.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 31, 1894.

THE UPWARD SPREAD OF SCHOOL OPHTHALMIA.

In a very carefully considered paper read before the Ophthalmological Society last week Mr. Jonathan Hutchinson called attention to a danger which is little less than national. The lesson which he so eloquently propounded conveys moreover a great moral principle—the principle that the persistent neglect of the poorer members of a great community is its own Nemesis. His subject was the recent spread of what we may, for our present purpose, term "workhouse ophthalmia" among the children of our higher middle-class schools throughout the length and breadth of the land. The disease alluded to, which Mr. Hutchinson elsewhere designates as "granular-lid ophthalmia," is a malady which had doubtless existed for years in our workhouse schools before its existence was for the first time officially recognised in Sir, then Mr., Bowman's Report in 1858. Even then it was lightly regarded, so much so that in 1866, when Mr. Hutchinson himself had to report on an outbreak of ophthalmia at the Brentwood Workhouse Schools, he did not recognise the gravity of the affection, though he then and there laid it down as an axiom that the spread of the disease was due to contagion and to contagion only. That indeed is the most important feature from a public point of view of a disease which is still spoiling the sight and disfiguring the features of hundreds of these poor children annually, simply because, from motives of ill-judged economy, guardians have hesitated, and still hesitate, to adopt the only measures which would stay the march of the malady. Now, however, Mr. Hutchinson has sounded the tocsin. He formally notifies his fellow-ophthalmologists, and through them the inhabitants of this country, that the punishment of the middle classes for their persistent neglect of pauper children suffering from ophthalmia in the past, is within measurable distance of accomplishment. Owing to the apathy of some local authorities and the ignorance of others, workhouse ophthalmia has been allowed to take a strong hold on our populations. Until quite recently, however, the disease distinctly justified the appellation of "workhouse" ophthalmia, for it was never met with in schools or establishments frequented by children of the better classes. Seeing that the disease, as described by Mr. Hutchinson, is essentially a contagious disease, a disease, moreover, which is practically uninfluenced by hygienic conditions except in so far as these favour direct infection, it is obvious that it could not remain indefinitely a disease restricted to any particular class of society. From the workhouse it has spread to the mansion, and the neglected workhouse "brat" has the satisfaction of seeing the indifference of one generation of Poor-law administrators visited upon their own children. Lest we should be accused of exaggeration, let us quote Mr. Hutchinson's very words: "Unless proper precautions are taken at once this form of ophthalmia will shortly become an appanage of our middle-class schools, just as it has long been of schools for paupers. From schools it will spread to private families, and unless something in our race peculiarities protects us, bad cases of trachoma may become as common with us as they have long been in France and in Ireland." We have only to reflect for an instant what this means to appreciate the importance and the gravity of the danger thus signalled. Once established, granular lids entail painful and often-repeated measures of treatment; they incapacitate the sufferer to a great extent for most of the pleasures and the duties of life. Those who suffer from them are, for years together, unable to read, and they are, as if to complete their misfortune, compelled to live in a state of semi-isolation. From one or two reports which have appeared in the daily press during the past week we are enabled to form some idea of the prevalence of this affection in schools of a class hitherto exempt therefrom, and it is indeed extremely probable, as Mr. Hutchinson suggests, that were a skilled inspector to visit our middle-class schools the actual state of things as regards the extent of the mischief would be found to exceed the most gloomy anticipations. We publish elsewhere a full abstract of this highly important paper, and under the appropriate heading will be found a synopsis of the discussion that followed, as far as it has at present gone. It is the duty of the medical profession to use their influence at once to render the public cognisant of the danger which menaces them in the persons of their children, and to perfect their own knowledge of a disease which offers peculiar difficulties of diagnosis and treatment. The lay press will not fail to inculcate this practical lesson in medical socialism, and it ought not to be difficult to arouse a wave of public opinion which will suffice to ensure the necessary precautionary measures being promptly carried out. Nothing short of this, we are assured, will protect us against the inevitable spread of a disabling and disfiguring disease. Pressure must be brought to bear on Poor-law authorities everywhere to provide for the isolation of children thus affected, and none should be permitted to leave until they have ceased to be capable of spreading the infection. In all middle-class schools a special room or special rooms should be set apart in readiness for the emergency, and in order to ensure this precaution being adopted "granular-lid ophthalmia" might well be made a notifiable disease.

THE INCREASE OF LUNACY IN THE WEST RIDING.

We have before us a full report of the finding of a sub-committee of the General Asylums Committee on this subject. The following are some of the salient features of the report. There is a decided increase of lunacy in the West Riding, an average yearly increase of 82½. "If the ratio of lunatics to total population were to remain stationary, an average increase of about 50 lunatics would take place, but there seems to be a constant small growth in the proportion of the insane to the sane population, and if, as is not improbable, this fact is in part accounted for by the treatment which now preserves the life of the insane for a longer period than was formerly the case, the increase must necessarily be maintained, unless the causes leading to insanity can be modified, or the number of absolute cases increased." There can be no question that here is the gist of the matter. Whether it be that the average duration of life of the insane has been relatively increased more than that of the sane we have no data beside us to determine. Undoubtedly, however, the hygienic conditions, the dietetic and general treatment of asylums have much improved of late years. The result seems to be that we are prolonging the duration of chronic insanity by prolonging life, that even general paralysis, the most fatal of all forms of insanity, pursues a slower course and has a longer and easier downgrade. But the proportion of cures is not with any certainty increasing, and here is the *crux* of the whole question. A science which prolongs life, but does not cure, according to Malthusian ideas, does more harm than good. If we have any regard for our common humanity we can scarcely endorse this belief. The sub-committee were directed to consider whether there is any probability of the increase in lunacy being arrested by social or other causes which may now be in operation, but they report that there does not appear to be any tangible ground upon which a hope can be reasonably based. An examination of the lunacy figures of densely populated unions in the West Riding gives results widely different from each other. Taking for example the Hunslet and Leeds Unions, both densely populated, and being almost wholly within the county borough of Leeds, it will be found that Leeds Union has 22 lunatics per 10,000 inhabitants, whereas Hunslet has 10·5. The sub-committee very properly refuse to accept these figures as representing rigid fact, and they ask whether there may not be differences in the manner of administering the law which in any degree accounts for so remarkable a disproportion as appears. They also suggest that persons in Bradford and Sheffield Workhouses may be treated as lunatics who would not be so classified at Dewsbury and Halifax. At the two former workhouses there is accommodation for the insane, at the two latter there is no sufficient accommodation for lunatics. The sub-committee suggests, and we think they are right, that the want of accommodation limits certification and registration of lunacy. This fact we laid stress on some months ago, when commenting on Dr. Hack Tuke's discussion of this subject at the Newcastle meeting of the British Medical Association. We speak from personal acquaintance with a large district which has had limited accommodation for years, and we are satisfied that as soon as new asylums are built the ratio of lunacy to the sane population will increase. There have been Royal Commissions for less worthy purposes than to investigate this single alarming question—serious beyond the limits of the West Riding—the steady increase of lunacy throughout the Kingdom.

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DUBLIN SANITATION.

There is probably no town in the kingdom or elsewhere in which the "policy of sewage" is so constantly to the front as in Dublin, and at the present moment the sanitary fever is in a state of great exacerbation in consequence of a recent wave of typhoid which has passed over the city. To the tourist or other superficial observer it is manifest that Dublin is dirtier than other cities, inasmuch as it is bisected by a blatant main sewer, which goes under the name of Anna Liffey. To the closer observer the condition of the tenement houses in which the very poor reside is a horrible revelation; while to the sanitarian the unremitting presence of typhoid, week on week off, presents proof that there is something radically wrong. Under these circumstances contending parties are waging war to vindicate their own opinions as to the cause of the acknowledged insalubrity. First there are the Main-drainageites, who want to spend half or three quarters of a million of money upon intercepting sewers to prevent the abominations from emptying themselves into Anna Liffey. This party may be disposed of by the statement that the proposed main drainage will cost an immense sum, and will, when completed, be rather cosmetic than curative—rather ornamental than useful. It will mitigate the ocular and olfactory atrocities which the aforesaid open main sewer presents to the beholders, and, if money were plentiful, it might be well worth while to outlay it for this purpose, but there is no reason to suppose that the purification of Anna Liffey would in any great degree alleviate the death risks of the citizens. On the contrary, so far as the evidence goes, it rather appears that the unsavoury river is, as the open street sewers of the Continent are, useful as a space available for the innocuous decomposition of effluvia, which, if "cribbed, cabinned, and confined," might be much more dangerous. The second corps in the army of sanitary combatants are the Subsoilites. These are a combination of excessively enthusiastic sanitarians, who have got it into their heads that all the evils of Dublin arise from the saturation of the subsoil by excessive water, more or less impregnated with sewer poison, and they are enthusiastically assisted by sanitary engineers and plumbers whose business it is to work up sanitation. This party holds that the beginning of evils was the introduction of the Vartry water supply into the city and the consequent shutting-up of pump-wells, and that that evil has been aggravated by the introduction of the water-closet system by the Corporation. In fact, they ask us to believe that the only two acts of our civic representatives for which we have been accustomed to thank Heaven are those which have destroyed the salubrity of the city, and they want the Corporation to cure these Heaven-sent conditions by reconstructing the whole of the domestic sewerage of the city by the construction of a new system of subsoil drainage. There are a few reasons against their propositions which we may mention, but cannot give space to discuss. *Imprimis*, there is nothing but the most flimsy evidence that the subsoil of Dublin is, in fact, waterlogged. Second, there is very little proof that, if it were, the waterlogging would be likely to disseminate typhoid. Third, it is questionable whether the rooting up of sewers and streets for the purpose of this subsoil drainage would not be much more dangerous to the citizens than the existing state of things. Fourth, it is very doubtful that the excavation of subsoil throughout the city would effect more than it did at the Royal Barracks, where it proved a total failure. Fifth, that it is questioned by the highest authorities that waterlogging of the subsoil has anything to do with typhoid. Lastly, that the expense, which a sanitary enthusiast puts at the moderate sum of £480,000, added to the appalling loss of business and comfort arising from the ripping up of every street in Dublin in as many places as there are houses, would be very dearly bought even if it resulted in the extirpation of typhoid from the City. It goes without saying that all traders interested in sewer works in the Corporation and outside of it are brimming over with philanthropic anxiety for the health of the people, in which we sympathise with them, though we ask that some little interval may be allowed for calm inquiry before these undertakings are entered upon.

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Notes on Current Topics.

The Sixpenny Dispensaries and Vaccination.

The "Sixpenny Dispensary" purveyors of the art and science of medicine, surgery, and midwifery always make a point of announcing in the most conspicuous fashion possible that they are prepared to undertake vaccination. Doubtless they regard everything which brings "grist to the mill" in the shape of a patient as a legitimate part of their enterprise, and with this object in view it would appear that many of them have adopted a special method of attracting patients for vaccination, which is disgracefully subversive of the principles of honourable professional practice. At a recent meeting of the Leeds Board of Guardians a communication was read from the King's Norton Union asking the Board to support the guardians of that Union in the action they were taking with reference to the Vaccination Act, and a copy of memorial was forwarded which was intended for presentation to the Local Government Board. The memorial stated that for a considerable time past the public vaccinators in the Leeds Union had found that the number of children presented to them for gratuitous vaccination was yearly decreasing, owing to the fact that the poorer classes were taking their children for vaccination to the sixpenny dispensary practitioners. These practitioners only made one puncture on these grounds, and the suggestion was put forward that the Local Government Board should take steps to make it compulsory on every parent to have his child vaccinated with at least four vesicles, and to compel every practitioner to comply with this regulation, and at the same time to state on the certificate of vaccination the number of vesicles he had made. The guardians unanimously agreed to forward the memorial to the Local Government Board, and we fully endorse their action. An overwhelming mass of facts has been collected showing that the number of marks that are produced in vaccination are directly related to the degree of immunity conferred.

"Truth" and the "Medical Press."

The remarks contained in our issue of the 17th inst. anent the undesirable persistency with which our contemporary continues to advertise certain medical specialists seem to have aroused the ire of its genial editor on the ground, apparently, that similar prominence is given to the names of particular doctors in the columns of the medical journals. It is passing strange that so perspicacious a journalist as the editor in question should not have appreciated the difference that exists between publicity in journals written for and by medical men and publicity in the lay press. We are apparently better informed of what appears in the columns of *Truth* than its editor is of what is published in our pages. This is to be regretted, because the editor of *Truth* might from time to time derive information and advice as good in its way as that which not long since he vouchsafed to the editor of the *Westminster Gazette*—and equally unsolicited. We have no wish to dictate to our contemporary in this or any other matter beyond calling his attention to the fact that such practices are exceedingly distasteful to members of the profession. We are not sanguine enough to suppose that he will apologise to us for his misconduct and promise amendment, and we are satisfied for the time being with having entered a public protest against a practice which is at variance with our ideas of what is just and becoming.

Medical Competition in Jamaica.

Complaints are frequently made in this country of the prescribing qualities of chemists, but the competition which medical men in Jamaica have to submit to with chemists and clergymen appears to be astounding. A medical man writing to a Canadian contemporary asserts that many chemists in Jamaica openly practise medicine, that is to say, they not only prescribe, but actually visit the patients at their homes. In one instance, he knew of a chemist who drove a distance of four miles in order to see a sick person, and for the visit so made a guinea fee was tendered. Then, a few miles from his house, a clergyman is in active practice as a medical man. This state of things is certainly deplorable, and as long as the law remains as it is the evil will continue. This medical man asks, "Would it be possible to bring about inter-colonial legislation in order to prevent this unqualified practice"? Certainly possible, we should imagine, if properly organised steps were taken by the profession in the Colonies concerned. The way to proceed in such a matter would be, of course, first to call meetings in the various localities of all the medical practitioners, and pass resolutions urging an alteration or an amendment of the law. At all events, it is clear that something should be done: the present state of affairs is not far short of a public scandal.

Microbes in Sewer Air.

Is it possible that we have been all wrong in the idea that infective germs are communicated by the ingress of sewer air to our houses? If Mr. Parry Laws, who was employed by the London County Council, is to be believed, this is so. He has presented his official report to the Council with special reference to main drainage, and he declares that the number of micro-organisms in sewer gas is almost always less than in the free air of the locality in which the sewer runs, and that those which are found in sewer air have a closer relation to the germs of the circumambient air than to those of the sewer. These facts, assuming them to be true, do not, of course, affect the necessity for excluding sewer gas from dwellings, but they go to show that, whatever the deleterious effect of sewer gas may be due to, it is not due to microbes, and it corroborates the opinion that zymotics which have their origin in sewer contents are more likely to be disseminated by the direct agency of water and milk than by effluvia escaping into houses. As, however, there can be no question that such effluvia are greatly productive of disease of other sorts, we must look for cause to the presence of some chemical ptomaine of non-microbic character.

The Medical Defence Union now numbers upwards of 3,000 members.

The Future Irish General Practitioner.

We understand that the Irish College of Physicians has had under consideration a proposal to rescind the bye-laws of the College which forbid its Licentiates to engage in the sale of medicines, the intention being to place them on the same level (if they choose to adopt it) as Licentiates of the Scotch Colleges, and break up the monopoly of keeping open shop for the dispensing of prescriptions which is now enjoyed in Ireland by the Apothecaries' Hall and by the Pharmaceutical Society of Ireland. The law of the College on this subject is stated by a former Registrar of the College in its official Register as follows :—

> "Every candidate must, before his admission as a Licentiate, solemnly declare that he will observe the statutes and bye-laws of the College, and, in case of violation of them . . . will submit to censure or expulsion. . . . That he will not engage in any trade in any part of the United Kingdom ; that he will not resort to any unworthy means of obtaining practice or of attracting public notice ; nor use nor permit his name to be used in connection with any secret remedy ; nor compound nor dispense medicines for sale. He may, however, compound or dispense medicines for his own patients. If the candidate for the licence be an apothecary he must, previous to examination, surrender his apothecary's certificate . . . and as long as he remains a Licentiate he cannot be registered as an apothecary."

The declaration now taken by every Licentiate contains the following phrase :—

> "I consent to surrender the diploma received from the College if I shall, after having obtained the licence of the said College, keep open shop for the sale of medicines."

Since this was written the College has instituted the order of Membership. It is, therefore, urged that Licentiates should be relieved of the limitation against sale of medicines, and we are glad to see that the College manifests a wise desire to go with the times and release its diplomates from restrictions which are now out of date. But it ought to be at once understood that, while a repeal of the College bye-laws may relieve its diplomates from collegiate penalties, it cannot give them a title to keep open shop in Ireland or elsewhere for the sale of medicines to others than their own patients. The privileges of the Irish physician may be assimilated to those of the Scotch physician, but such an assimilation will not entitle him to keep open shop for dispensing. It is but a few weeks since we reported the case of a Glasgow medical practitioner who was prosecuted for selling, by the hands of his unqualified assistant, a certain medicine across the counter. He claimed the privilege of his diploma, but it was ruled that registration as a medical practitioner conferred no such privilege, and that, if he desired to keep open shop, he could do so only under the cover of a fully qualified apothecary or pharmaceutist as his assistant, in which case the assistant is the vendor, and not the doctor. Similarly, in Ireland, no person can dispense prescriptions for all comers except a Licentiate of the Apothecaries' Hall or a Member of the Pharmaceutical Society, and the utmost the College of Physicians can do, by repealing its bye-law, is to permit its Licentiates to keep a "surgery" and to charge for medicines supplied to their own patients. It is very right that he shall be free to do this, and we hope that the College will remove all collegiate prohibition to his doing so, but it ought to be understood that such removal will in no way touch the monopoly of general dispensing now held by the Apothecaries' Hall and the Pharmaceutical Societies of either country.

Medical Federation in the Australian Colonies.

An important proposal is now under discussion among the members of the profession in the Australian colonies, namely, the formation of an Australasian Medical Association. A representative meeting was recently held at Melbourne in order to consider the scheme, and a resolution was unanimously agreed to that it was highly desirable that such an association should be organised. In commenting upon this matter, our contemporary, the *Australasian Medical Gazette*, says that the time is ripe for such a movement to be carried into effect, especially if it be conducted on broad lines and with a liberal constitution consistent with upholding the status of the profession. For some years past an association on similar lines has existed in New Zealand, and has, we believe, been a success in every way. The great advantage, of course, of such an association in Australia would be that arising from the formation of branches in the country districts, thus affording country practitioners the opportunities of meeting and discussing the medical and ethical subjects at stated intervals in their own districts. We wish the new association all success, and we trust that it will be warmly supported by the profession, as it is certain that such a federation could not fail in many ways to be of great service to our *confrères* in the Australian colonies.

Corporeal Punishment in Schools.

The general disuse of corporeal punishment is, broadly speaking, one of the greatest reforms ever brought about in our modern educational system. That it should not be universal is a matter for regret in the minds of many humane persons, who hold that in moral measures alone will be found efficient means of punishment, both recriminatory and preventive. At any rate, it is evident that severe physical injury is likely to result from the rough handling of children of tender age. A case in point is reported from St. Helen's in which a coroner's jury found that a schoolboy had died from blood-poisoning. Deceased had suffered from a swollen finger, which was alleged to have followed a blow inflicted by a teacher at the Birchly Roman Catholic School. The coroner advised the jury to return a simple verdict of death from blood-poisoning, as there was no evidence to show how this condition was brought about, owing to the difference of opinion on the part of medical witnesses. At the same time he spoke strongly of the inadvisability of assistant teachers being allowed to punish children in that way. For our own part, we think the power of administering corporeal punishment should be taken entirely out of the hands of school authorities.

The Lay Press on Chloroform Deaths.

THE occurrence of a death under chloroform at the Newcastle-on-Tyne Infirmary has been made the occasion of a remarkable article in the *Daily Leader*, a newspaper issued in that town. The case itself presented no very remarkable features. A labourer, æt. 51, fell down a ship's hold and fractured and otherwise injured his arm. After a few weeks' treatment at hospital the wrist was still stiff, and chloroform was administered with a view of breaking down adhesions in the joint. After this small operation the patient unfortunately did not rally, and died shortly afterwards. In commenting on this case the *Leader* says that important questions are raised in relation to the administration of hospitals. It freely admits that neither want of precaution nor of skill was shown by the two medical men engaged. At the same time it points out that one of the medical men was qualified in April last only, and the other, two years ago. The writer, so far as we can judge from a careful perusal of his article, complains of the system under which young practitioners are entrusted with the discharge of serious medical responsibilities in hospitals. It is hard to imagine, however, how the pressure of work in our large hospitals could be carried on without the services of medical students and recently qualified men. Everyone must sooner or later undertake these serious responsibilities, and there is no safer or better field for their practice than in the wards of a public hospital, where skilled supervision is always at hand. In this Newcastle case one of the medical men was a house physician; both were qualified, and the administrator had given chloroform forty times previously. Just as the writer in the *Leader* at one time launched his first serious article on, let us hope, an appreciative public, so the fledgling doctor must conduct his first labour, administer his first anæsthetic, and set his first broken limb. It is easy to deal in destructive criticism and to point out, as this article does, that the chloroformist to the institution attends for "major operations" only. A little reflection and inquiry would soon convince him that chloroform fatalities occur now and then even in the hands of the most skilled administrators. The writer has managed to stuff his article with a large amount of oblique and sensational innuendo, although he declines to express any specific judgment on the case in question. He would do well to make further inquiries into the working of our voluntary charities before launching forth into this thinly-veiled attack on methods that are plainly outside his experience.

Stoves and their Dangers.

Now that recent high prices have drawn general attention towards the means of economising the consumption of coal, a word as to the dangers of some of those methods may not be altogether out of season. To meet the public demand many inventors have been in the field. For the most part they appear to have taken advantage of two principles, namely, slow combustion and the conservation of radiated heat. These two points are more or less perfectly attained in the ordinary stove, which is constructed so as to throw off a maximum of heat from a minimum of fuel. Thus far, however, the stove cannot be said to have become really domesticated in England, although in other parts of the world, such as cold and temperate Europe and North America, its use is well-nigh universal. Stoves, it need hardly be remarked, are not without their own special drawbacks. For instance, the fact has long been recognised that carbonic acid gas is given off from their cast-iron casing, and also from any accidental obstruction to the "through" draught. Another danger is that of the air of rooms becoming polluted by the products of imperfect combustion. In these and other ways there is little doubt that the public has become saddled with a real additional risk. This is especially the case when a stove is placed in a small and ill-ventilated bedroom. A fire in a good old-fashioned open fire-place—unscientific though it be—carries its products up the chimney and also acts as an exhaust ventilation. How easily the products of combustion may become poisonous when poured out into a limited space has been forcibly illustrated by a recent case in Paris. A medical man, travelling in a cab heated with a foot-warmer, was found to be insensible on reaching his destination. He suffered, indeed, from the effects of carbonic acid poisoning. With that special danger we are not threatened, for, as as a rule, we dispense with the use of foot-warmers in carriages. At the same time the use of stoves, whether for oil, gas, coke, or coal, has increased immensely in England. If such articles are to be admitted to our bedrooms every care should be taken that they are of proper construction, and are carefully fitted upon approved principles by skilful workmen.

The Adulteration of Bread.

IN the Queen's Bench Division last week Mr. Justice Hawkins and Mr. Justice Lawrance delivered judgment in the case of James *v.* Jones. This was an appeal from a decision of the Court of Quarter Sessions of Glamorgan. The appellant was convicted last year of having sold to an Inspector under the Food and Drugs Act a quantity of baking powder containing alum. The decision of their lordships was that the baking powder could not be called an article of food, and directed that the original conviction be quashed. So far as the public is concerned, this appeal has had a most unfortunate termination. Legally, perhaps, alum when mixed with baking powder which is used in the baking of bread cannot be regarded as an adulteration. But if under these circumstances the Food and Drugs Act is unable to meet the difficulty, the authorities might change their venue, and proceed against the baker who used the baking powder in the manufacture of his bread. Presumably the bread so manufactured would show evidence on analysis of the presence of the alum, and if a conviction were secured in this fashion, the alum-made baking powder would not be likely to receive much patronage from the baking fraternity in the future. Indirectly, therefore, the Adulteration Act might still be able to remedy matters in this regard.

White-Lead Substitutes.

THE almost universal use, at any rate in Great Britain, of the poisonous white lead as a pigment has entailed such a series of disastrous results on workmen that it has at length culminated in a Royal Commission of Inquiry. The three chief requirements for a good paint are durability, covering power, and lowness of cost. Of these we find white lead is cheap, and possesses excellent covering power, but it fails in durability, since it quickly blackens when exposed to the products of coal-gas combustion or of a town atmosphere. To replace this convenient but deadly material we know of two substances, namely, oxide of zinc and sulphate of lead, also known as "Freeman's white," or "harmless white lead." Experience shows that the zinc salt is deficient in covering power, but is of remarkable whiteness and durability. As regards the other, Mr. A. P. Laurie, who lately delivered an interesting lecture on this subject before the Society of Arts, reports favourably of the sulphate on all the three points mentioned above as essential. That authority points out that the cost is ultimately lessened, because in grinding the sulphate requires 7lbs. of oil against 9lbs. needed for zinc oxide, and 12lbs. for precipitated white lead. Then there is, of course, the great and enormously important additional fact that the sulphate is non-poisonous. Indeed, its general adoption has hitherto been delayed only by the prejudices of ignorant workmen and the penuriousness of their employers. In this, as in many other matters, the public requires a little enlightenment only, and reform most quickly follow. Let householders be once fully impressed with the fact that sulphate of lead paint is not only harmless, but that it will outlast several coats of white lead pigment, and they will soon insist on being supplied with the cheaper, because the more lasting, article.

A Novel Source of Lead-Poisoning.

THERE seems to be no limit to the number and variety of sources of lead-poisoning. Toxicological annals teem with instances in which the poisonous metal has been introduced into the system by the most unexpected and circuitous paths,—by an excess of perspicuity a case of plumbism was once traced to the common habit of sucking "lead" pencils. In a "Clinical Record," published in our issue for December 27th, Dr. Murrell records a case in which a man employed in an electric light works fell a victim to typical lead colic. We gather from this description that he was employed to beat up and sort the disused leaden plates from accumulators. The plates being coated with a powdery lead salt, this occupation exposed the workmen employed thereat to the usual risks associated with working in lead factories, and several of the hands appear to have developed the characteristic symptoms. A little pressure has been found sufficient in most cases to enable employers to discover a means of obviating these risks to health and life, and this pressure cannot be efficiently applied until and unless the authorities are made cognisant of the incidence of this particular and fatal disease.

The Dermatologists Again!

THE undercurrent of feeling displayed by some dermatologists in London, to which we drew attention in our last issue, has been still further emphasised in some remarks which fell from the ex-President of the Harveian Society during the course of his retiring address, delivered last week. Speaking of the special subject of dermatology, he said: "In our own country, which may be called the birthplace of dermatology, the torch held aloft by William Bateman, Erasmus Wilson, and Tilbury Fox has been handed on to Liveing, Crocker, Colcott Fox, Payne, Thin, Stephen Mackenzie, Pringle, Jamieson, and Brooke. In the hands of such men there need be no fear that the glorious heritage left us by our predecessors will suffer diminution, or that the traditional lustre of English dermatology will be dimmed." It is almost inconceivable that any remarks such as these should have been made and all mention of the name of one of the most distinguished and well-known dermatologists in the world should have been omitted. It is needless to say that we refer to Mr. Jonathan Hutchinson, whose commanding position as a dermatologist has just been signally recognised by his unanimous appointment as President of the International Dermatological Congress to be held in London next year! Doubtless this instance of purposive reticence was not unconnected with the favourable attitude assumed by Mr. Hutchinson towards the formation of the new Dermatological Society. But such tactics as these, however inspired, are more likely to defeat their object than to advance the cause of those who adopt them.

The Coombe Hospital, Dublin.

THE Governors met last week to elect a Matron in place of the lady whose death gave rise to so much comment. Four candidates presented themselves, but the election was adjourned for a month. It is stated in the newspapers that the reason of the postponement was that the whole of the candidates held religious views in which the majority of the Board did not participate, and that they were, therefore, shut out. If this be so we cannot but express regret that the first step taken by the Governors towards reorganisation of the institution which they have allowed to fall into disrepute and inefficiency should make it evident that they have learned nothing from adversity, and are ready to start anew on a system of administration which can only end in disaster. Fortunately for the members of this Board, they are self-elective, and thus can, for the present, set public opinion at defiance, but they ought to recollect that the public are the paymasters, and that Parliament is above them, and that, after all, public opinion is, in the long run, capable of sweeping them out of authority which they have so grievously misused.

WE learn with much satisfaction that Mr. H. G. Croly, of the City of Dublin Hospital, has so far recovered from his prolonged illness that it is expected that, after a brief holiday in Ireland, he will be able to resume his practice and his place in the surgeoncy of the hospital.

The Dublin Shilling Dispensary.

We should like to save the medical proprietors of Dublin shilling dispensaries (to whose speculations we recently referred) the trouble of compiling handbills or otherwise taxing their literary capacity, for which reason we suggest to them the adoption of the following circular which has been largely distributed in Portsmouth by the owners of a similar philanthropic venture :—

WHY PAY DOCTORS' BILLS?

Best Medical Attendance and Medicine, combined with a sum payable at DEATH for the small sum of 2½d. per week.

The following duly qualified gentlemen to choose from :

LOCAL MEDICAL OFFICERS :

[Here insert the names, titles, and personal addresses of the dispensary proprietors.]

For further information call or send postcard to—

G. A. BELL,
3 Commercial Place, Landport.

Apropos of this subject, our attention has been called to an advertisement set forth in the *Dublin Independent* of the 19th inst., from which it appears that another Fellow of the Irish College of Surgeons has achieved the distinguished honour of being appointed Medical Adviser to the Bakers' Trade Union *pro tem.*). The most objectionable part of the announcement is that which recounts the Fellow's hours at home in morning, mid-day, and evening. The development of the shilling advertising system has recently been so rapid in Dublin that it has become pressing for the College to take action.

Hospital Extension in Belfast.

The administrators of the Royal Hospital at Belfast are taking active steps to promote the building of a new hospital on a site at some distance from that now occupied by the hospital, and a successful meeting was held last week to start the movement. The money wanted will be at least £60,000, of which £35,000 will go for the purchase of the premises of the Belfast Charitable Society, but considering that it is said that it will be necessary to pass an Act of Parliament, and that the architects, engineers, and solicitors, not to mention the builders, have to be dealt with afterwards, we rather think that £100,000 would be a reasonable calculation of the expense. But what of that? Belfast is rich, and one of the speakers thinks that he could find forty gentlemen willing and able to put down £1,000 each, so that, if it is worth doing, the rebuilding scheme may be considered as accomplished.

In recently noticing the retirement of Dr. Hawtrey Benson from the Physiciancy of the City of Dublin Hospital, we inadvertently stated that he succeeded his revered father in that position seventeen years ago. This was an error. Dr. Charles Benson resigned the Physiciancy in 1868, and his son was then elected to succeed him, having served as Assistant Physician for two years previously. His total period of service as Hospital Physician was, therefore, twenty-eight years, and not seventeen as stated.

A Tragic Interruption.

At last Friday's meeting of the Clinical Society, Dr Mott showed a man suffering from a curious nervous affection which supervened under peculiarly tragic circumstances. The patient was a professional musician, and, like most of that ilk, was not averse to entertaining his friends. A jovial party had assembled one evening and the host was doing his best to contribute to the general enjoyment at the piano, when he suddenly felt faint and rose to drink a glass of water. He found to his surprise that he was unable to swallow, the fluid returning through the nose. A second and a third attempt were not more successful, and when he endeavoured to explain he discovered that he was also bereft of the power of speech. All this time his friends were uproariously amused at his discomfiture, the gravity of which they failed to appreciate, as well they might. After a time, however, it dawned upon the more intelligent of the party that something serious was the matter, and medical assistance was procured, doubtless much to the relief of the sufferer, who neither desired nor understood the laughter to which his misfortunes had given rise.

The Lepers in Russia.

We see that Miss Marsden is again on the hunt after the Russian lepers. All the newspapers have had a highly eulogistic paragraph about this "philanthropic" person, to the effect that she was again about to visit the lepers' settlement in Russia, and had been provided with an autograph letter from Her Majesty the Queen, in which everyone is asked to render Miss Marsden all the assistance in their power in furtherance of this "noble" woman's self-sacrifice. The only commentary which need be made upon these facts is that "nothing succeeds like success." Miss Marsden has never been famous for hiding her "light under a bushel," and we who have been permitted a view behind the scenes do not share in this quasi-journalistic enthusiasm.

The Use of Cocaine.

The universality of the use of cocaine by surgeons throughout the world makes the official statistics showing the amount of the drug which is supplied by no means uninteresting. In the year 1892 there were imported into London no less than 2,672 pounds of coco leaves; into Hamburg, during the same period, 932 pounds; and New York, 221 pounds. Altogether the total quantity supplied was 3,825 pounds, the value of which was estimated at £16,000. Huanuco, in Peru, is the chief locality from which the coco leaves are obtained. The excess of the produce which reaches the London market is remarkable in comparison with other countries.

The sun's rays have been found to penetrate water to a depth of 553 feet. At this depth the darkness was to all intents and purposes the same as that on a clear but moonless night. Sensitised plates exposed beyond this distance from the surface of the water for a considerable length of time gave no evidence of light action.

The West London Hospital Post-Graduate Course.

The Post-Graduate Course arranged by the staff of the West London Hospital was begun on the 24th inst. with a lecture by the Senior Physician to the Hospital, Dr. Donald Hood, "On the Symptoms of Acute Pneumonia." There was a large attendance, which augurs well for the future success of the enterprise. The course consists of twelve lectures, inclusive of demonstrations, and will be continued on every succeeding Wednesday until April 11th next. The lecture for this day (31st) will be given by Mr. Keetley, the Senior Surgeon to the Hospital, on "Ankyloses and Stiff Joints."

Outbreak of Insanity in a Patient at St. Bartholomew's Hospital.

A regrettable circumstance occurred last week in one of the surgical wards of St. Bartholomew's Hospital. A patient who had undergone a small operation suddenly sprang from his bed and fiercely attacked the sister of the ward. Assistance, however, was promptly forthcoming before much harm was done; nevertheless it was only too plainly manifest that the patient was suffering from delusional insanity, as the result of which it was found necessary to certify him and remove him to an asylum. The patient was a younger brother of a former house surgeon of the hospital, who is now in practice on the South Coast.

Sanitation in Dublin.

Apropos of the sanitation controversy in Dublin, to which we have referred elsewhere, it is worthy of note that the Corporation was occupied last week by a lengthened debate as to what should be done. The discussion was chiefly notable from two statements made by the Chairman of the Public Health Committee, who is himself a sanitary engineer. Referring to the contention of the amateur sanitarians that the excessive death-rate from typhoid is due to waterlogging of the soil, and that the remedy is subsoil drainage, he said:—

> "The results of the subsoil water experiments up to date show that in 1892, when the subsoil water was at its lowest point, typhoid was most prevalent, and when it was highest the typhoid was less marked."

He also said:—

> "Any cross drains laid by the Corporation within the last ten years which were bad should be relaid at the cost of the Corporation, and any bad drains laid by the Corporation more than a few years ago must be laid by the house-owners. *The Corporation laid* 400 *cross drains every year. Within the past ten years they had laid* 4,000 *cross drains, and most of them were bad.*"

A pleasant look-out for the Dublin citizen!

A case of some interest to the profession was decided in the Court of Queen's Bench on Monday last. It was briefly this: Dr. Fenoulhet, of Herne Bay, advised a patient to leave a house because of its insanitary condition: the owner of the house thereupon took an action against him for libel and damage. The hearing occupied the whole day, and ultimately ended in a verdict with costs in favour of Dr. Fenoulhet.

Surgeons and Barbers.

The historic connection between the surgeons and the barbers has its illustration in Dublin at present. The lady-barbers who started last year in London have been introduced into Dublin as a new sensation, and are now plying their trade in a street off Parliament Street. The fact derives professional interest from the statement that the lady-barbers are both patronised and financed by a well-known general practitioner a few doors off from their shop, and from the further circumstance that this medical speculator in "barbarism" is a Vice-President of a London Medico-political Association, and is also a newspaper censor and the most viciously bitter of all the critics of medical propriety in Dublin.

The Death of Dr. Cranstoun Charles.

We have to record with regret the death of Dr. Cranstoun Charles on the morning of the 24th instant. An inquest was held in due course, but was adjourned for a month in order to allow an analysis to be made of the contents of the stomach. According to the medical evidence there were circumstances which pointed to poison having been self-administered. Dr. Charles at the time of his death held the post of Lectureship on Practical Physiology at St. Thomas's Hospital, and it was only as recently as last year that he took the Membership of the Royal College of Physicians, London.

Medical Scholarships for Ladies.

Two scholarships of £100 and £50 respectively have been founded in connection with the Edinburgh School of Medicine for Women by a wealthy lady who is interested in the medical missionary system. The scholarships are tenable only at the School, and the £100 prize will cover the entire expense of medical education thereat and at the hospital.

Poisonings by Carbolic Acid.

From a return recently presented to the House of Commons it appears that in the five years last past no less than 375 lives were sacrificed in England and Wales to this drug, of which 138 are said to have been accidental. Much of this fatality is to be laid at the door of the Privy Council, which persistently refuses to recognise carbolic acid as a poison.

We note that the Sanitary Authority of St. George's, Bristol, has discovered that small-pox has been prevalent in the district for some time, and has grown to serious dimensions because the people have kept it secret, fearing the interposition of the sanitary authority. If the compulsory notification system had not been in force in Bristol it is pretty certain that medical advisers would have been called in by the sufferers long ago, and all necessary precautions would have been taken under their guidance. As it was the infected population kept the doctors out and resorted to chemists, quacks, and unqualified assistants, for the purpose of keeping the existence of the disease secret, and, of course, the infection spread. So much for compulsory notification.

THE death occurred recently of one of the oldest inhabitants of Cardiff, namely, Dr. I. H. Paine. During a large proportion of his life time he paid a great deal of attention to the sanitary condition of the town, and it was largely owing to his exertions that Cardiff has now acquired such an excellent position from a public health point of view. Dr. Paine also held for many years the post of physician to the Cardiff Infirmary, and was chairman to the Board of Guardians, besides being a Justice of the Peace for the Borough. He was born in Canterbury some eighty years ago.

DR. HOWARD W. ACHESON, of Farnham Street, Cavan, has been presented with a purse of sovereigns on his retirement from the appointment of medical officer of the Killenagh Dispensary District.

SIR W. PRIESTLY has been nominated the delegate to represent the Royal College of Physicians, London, at the forthcoming International Medical Congress at Rome.

A SERIOUS outbreak of cholera of a virulent type has occured at Ranipet, in India, and two European ladies have already been numbered among the victims.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

THE MORRISON LECTURES ON INSANITY.—The sketch plan of this year's Morrison Lectures on Insanity has just been published. These lectures, which are biennial, will be delivered this year by Dr J. Batty Tuke, M.D., F.R.C P.Ed., at the Royal College of Physicians, Edinburgh. Dr. Tuke has chosen as his subject: What Lessons as to Treatment can be derived from the Study of the Anatomy, Physiology, and Pathology of the Brain? The syllabus of the lectures indicates that Dr. Tuke intends to demonstrate all the latest discoveries with regard to the histology, normal and pathological, of the brain tissue, including the work of Golgi, Ramon-y-Cajal, and Hodge. There will be five lectures delivered each Wednesday from the 31st January to 28th February, at 5 p.m. It will be remembered that Dr. T. S. Clouston delivered the last course in 1892 on the Neuroses of Development.

EDINBURGH ROYAL INFIRMARY.—The Board of Managers resolved last week by 10 votes to 8 that the meetings be henceforth open to representatives of the press. The Law Committee to whom the question of the validity of members of the staff being at the same time managers reported that legally it was valid but inexpedient. The report was allowed to lie over until next meeting.

THE POWERS OF MEDICAL OFFICERS OF HEALTH.—A question arising out of the action of the Medical Officer of Health of Leith insisting on a small-pox patient being removed to a fever hospital was decided in the Sheriff Court last week. The patient, who was the pursuer, said that she was only induced to consent to go to the public hospital by the threats of the Medical Officer of Health, and claimed expenses for legal and other actions. The action was begun when she was still in the hospital, and she also claimed to be taken back to her own home. Before the proceedings in court commenced, however, she had recovered and been sent home, so that the question was left undecided. The Sheriff dismissed the case without costs to either side, evidently because the pursuer had consented to go to the Fever Hospital herself, and the alleged threats were not sufficiently proved.

INCREASE OF SCARLET FEVER IN GLASGOW.—The Medical Officers of Health for the City report that there are at present 990 cases of infectious diseases existing in Glasgow, an increase of 33 cases—the number of scarlet fever cases having risen from 629 to 652. The number of other infectious cases are as follows:—Typhus fever, 5 cases; enteric fever, 100; puerperal fever, 4; small-pox, 1; erysipelas, 33; measles, 38; whooping-cough, 121; and chicken-pox, 9 cases.

A BONESETTER REWARDED.—A bonesetter in Hawick, George Crosbie by name, was sued some weeks ago in the local Sheriff Court for damages for alleged unskilful treatment of a patient. The jury brought in a verdict in his favour. As the action had entailed on the defendant much trouble and expense, a number of his friends have presented him with a purse of sovereigns. A local manufacturer, who made the presentation, was able from personal experience to speak of the great benefits and advantages to be derived from Mr. Crosbie's treatment. There is no doubt that in many parts of Scotland, and notably in the Border Counties, a bonesetter is looked upon as the equal, if not the superior, of the qualified practitioner in the treatment of sprains and bruises. Nor is this to be wondered at in many instances, because the bonesetter, however little knowledge he may possess, is generally a practical man, and a good, though untrained, masseur. Of course, on occasion they do harm, but frequently the physician might learn from them that a vigorous treatment of a sprain or bruise by passive movement and massage is of more value than a masterly inactivity.

THE BRITISH MEDICAL ASSOCIATION.—A joint meeting of the Edinburgh (Fife and the Lothians), the Stirling, Kinross, and Clackmannan, and the Border Counties Branches of the British Medical Association will be held in Edinburgh on Friday, Feb. 2nd. The programme arranged for the meeting comprises an exhibition of specimens, instruments, and special demonstrations in one of the surgical theatres of the Royal Infirmary, a medical congress with a demonstration of remarkable clinical cases in the large surgical theatre, and a dinner at the Waterloo Hotel in the evening. Professor Annandale, president of the Edinburgh Branch, will be in the chair.

DEATH FROM SWALLOWING FALSE TEETH.—A middle-aged man died on the 26th inst., in the Royal Infirmary from the effects of swallowing a set of false teeth. A medical man was called in to see the patient in his own house, as he was feeling unwell, and on examination the doctor discovered that the patient had accidentally swallowed the upper case of his teeth. His removal was ordered to the Royal Infirmary, where he was taken in in an insensible condition, and where he died.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

INADEQUATE VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As bearing upon the comments that appeared in your last week's issue, permit me to remark that I have seen it stated that the protective efficiency of vaccination does not depend on the number of vesicles, and that many medical men appear to act on this assumption in that, in deference to the wishes of parents, they content themselves with vaccinating in one small spot.

It is highly important that this question should be threshed out, and as it seems useless to wait for the final report of the dilatory Commission which has been sitting until everyone is heartily tired of asking when it is likely to be forthcoming, perhaps I may be permitted to deal with it. Apart from the fact that the statistics of the incidence of small-pox among the vaccinated demonstrate an increase of protection in direct proportion to the number of scars, common sense suggests that an eruptive disease with several vesicles must produce a more lasting effect on the organism than one in which the eruption is limited to a single vesicle.

Theoretically, if the one vesicle corresponded in area to the usual four vesicles, the effect would be the same. Not only, however, is this assumption unconfirmed by experience, but it is well known that danger attends the creation of the extensive area of suppuration which this would involve. Vaccinators have been warned not to make their several inoculations so close together that the resulting vesicles will be likely to coalesce, because the risks of septicæmic complications and of generalised varioloid eruption are thereby materially increased.

Under these circumstances any departure from the time-honoured practice of vaccinating in several places ought not to be departed from by those who believe in the protective nature of the operation. When resorted to as a means of evasory compliance with the law such a practice is utterly unworthy of members of an honourable profession. I am, Sir, yours, &c.,

A PUBLIC VACCINATOR.

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MIDWIVES AND THEIR DOINGS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think that the following may be taken as a fair example of what will take place much more frequently than at present, when midwives receive recognition in the special form of registration, unless very stringent regulations are framed to the contrary, and most rigorously enforced.

B. B., residing at 14 Myrtle Road, Sheffield, æt. 30, married, 6 children, the last 5 months old, presented herself at the Jessop Hospital on my out-patient day with womb trouble. At her last confinement she was attended by a "certificated midwife from the London hospitals." She was in labour for 48 hours, the waters broke 24 hours before delivery took place; there was loss of blood, which a woman who was with her described as pretty free, throughout the whole labour. The midwife left her in labour, to attend another case whilst labour was proceeding, and said that there was no occasion to call in medical assistance. The patient was confined to bed for two months with a bad attack of phlebitis from the effects of which she is still suffering. Throughout the whole of that time the midwife continued to attend and treat her, prescribing medicine and pills for her. Not regaining her strength, she was at length compelled to present herself at the Hospital. The most ardent advocates for the training and registration of midwives will hardly be prepared to say that this is a satisfactory state of affairs. No doubt they believe that they will prevent women from doing as this woman did; but I fear they will, if successful in their efforts, find that they are mistaken. At all events they must be most cautious in framing their legislation on the subject, and they must see that the machinery by which practices such as this are punished is of the simplest kind, and thoroughly effective. The throwing of more power into the hands of trained midwives is most seriously affecting the prospects of the younger members of the profession, and robs them of the opportunities of gathering that practical experience in this branch of their profession, which is so essential to their success in it in after life. No man can know too much about normal midwifery who is called in to deal with such cases as are abnormal. If the general practice of midwifery is handed over to midwives, such knowledge will become rare, and those who advocate it may rest assured that the work of the midwife will not rest at the attendance upon labour, but, as in the case I have mentioned, will extend to after treatment; and, also, to the treatment of the ailments of children, as has already come under my notice in several cases. I sincerely hope that there will be no attempt to rush legislation through upon this subject, and that no steps will be taken that are not the outcome of the most careful and weightiest consideration. This is not a question upon which the higher lights of the special branch of Gynæcology ought to push their opinions. It is a question for the general practitioner to speak upon, and one to be considered in the light of what the effect will be upon the work and prospects of our younger brethren.

Trusting that you may be able to find space for the above, and thanking you in anticipation,

I am, Sir, yours, &c.,
JOHN W. MARTIN, M.D.,
Hon. Med. Officer, Jessop Hospital for Women, Sheffield.
Claremont Place, Sheffield.
Jan. 22nd, 1894.

HYSTERECTOMY BY THE CLAMP OPERATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is not enough for Mr. Taylor to say that my objections to his proposal are hypothetical when they are based on experience of it? Such a reply shows clearly he has not understood them, but to repeat it is simply this, that nothing save stitching the peritonium on both sides of the stump will keep it tightly round the collar, and this his method does not do.

The question of priority in this or almost any other point is of little or no importance, but if I come across the paper I referred to but could not specify by name I shall let him have it.

I have a clear recollection that the author was of a Roman people, either Italian or Spanish, and I remember the woodcuts clearly showed the purpose and details of the method as anticipating Mr. Taylor's publication. I feel pretty sure the pamphlet is amongst the vast mass of ephemeral literature concerning gynæcology I have accumulated during the last thirty years—most of it hardly worth looking back at.

I am, Sir, yours, &c.,
LAWSON TAIT.
7 The Crescent, Birmingham,
Jan. 23rd, 1894.

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THE CONTROL OF HOSPITAL PATIENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with more than ordinary interest your excellent leader on "The Control of Hospital Patients." The questions at issue so ably put are continually presenting themselves to every hospital physician, especially to those in provincial hospitals. It is often a very fine point to decide, not only for an experienced house-surgeon, but also for the physician in charge of the patient. The old arguments, "It is not a prison," "You will be better nursed here," and "You go at your own risk," &c., &c., are often of no avail; and the patient goes out to die, if not on the way, shortly after he reaches home. It is particularly annoying when this occurs in cases of myxœdema, in the second stage of acute nephritis, or of a recovering pneumonia.

Your article will undoubtedly have for its effect the inducement of making one think more seriously, not only on the suicidal aspect of the question, but also on the moral and psychical aspect of it.

I am, Sir, yours, &c.,
WILLIAM DYSON, M.D. Lond.,
Physician to Sheffield General Infirmary.
Jan. 25th, 1894.

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MEDICAL MISSIONARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

SIR,—I scarcely know how I am to take or understand Dr. Rentoul's letter in your number of January 24th—was it meant as a joke or abuse? One of the two it must be. I have not the felicity of knowing Dr. Rentoul. Perhaps if I had I might understand him better, but I do know that he hates to see midwives made more efficient and licensed, and I remember his hostility to them before the British Gynæcological Society when the question was mooted there. Evidently he is very sore on this subject.

First, he speaks of those who have to do with the Zenana Medical College—Examiners and referees than whom I think there are no more honourable men in the profession. He omits all mention of the patrons and patronesses, which include a Royal Duchess and Duke, an Archbishop, and several of the most distinguished bishops, and nobility and clergy, and as President of the Managing Committee, Sir R. Temple. I should have thought these names would prove honourable convictions and intentions. But no, what right have these men to belong to a College whose conduct Dr. Rentoul disapproves!

Secondly, with all this, Dr. Rentoul is clearly a very innocent man in the ways of the world. He voluntarily assumes the position of a *plaintiff* before the profession, "Rentoul *v.* Zenana Medical College." Imagine the simplicity of a plaintiff asking the defendants for information, hoping thereby that they will criminate themselves! Poor man! Is it because he wants a companion in his misery that he calls my apology for the College a very poor affair!

But Dr. Rentoul, I fear, must be under the influence of some nightmare or hypnotising evil spirit. Who asserted that medical practitioners have not "as clean hands and as pure hearts as those who are supposed to be filled wlth some superior influence?" Who said then when a man selected "the practice of medicine as a vocation," the inference follows that he must have dirty hands and an impure heart? I never did say so—*pas si bête, mon ami!* But if it can soothe down Dr. Rentoul's anger I am quite ready to say that Dr. Rentoul has very clean hands, and so far as I know, he may also be "an emblem of purity."

Again, who said that "two years' curriculum turns out a better practitioner, even for niggers, than one of five years?" I am afraid this hypnotising evil spirit has led Dr. Rentoul to read what I never said.

Again, Dr. Rentoul objects to the word "Medical" in the title of the College, the word being included between commas. Does Dr. Rentoul know that the word *medical* does not necessarily mean a *fully* qualified man? Walker defines it as "*physical, relating to the art of healing.*" Thus it may apply to a calling, *medical publisher, medical* instrument maker. Why are *medical* students so-called when they are not qualified? Our ladies are missionaries first, taught medicine up to certain degrees to help them in their calling, and therefore have a right to be called *medical* missionaries.

Then the *diploma* they receive is a dreadfully sore subject with Dr. Rentoul. Now what does *diploma* mean? Does that always imply the right to practise? Walker defines it "*as a letter of writing conferring some privilege.*" A man may have a diploma putting forth his membership of some learned society. The Medico-Chirurgical Society gives one to its Honorary Fellows. It is an honour conferred, but gives them no right to practise medicine or surgery. Many men receive diplomas of merit, who are not even in the profession. The Obstetrical Society of London gives, and has given for years, diplomas to practise midwifery to midwives. But again, to pacify Dr. Rentoul, I append a copy of this fearful document. Our ladies have also to pass the Obstetrical Society's examination besides that of the Zenana Medical College, but it is expressly stated that they can only use their knowledge while missionaries, and for ordinary cases of disease. It is an authentic certificate of ability. It is not sought to be used in England, but is their passport among the heathen.

But I am anxious to give Dr. Rentoul, if he would kindly do so, some further occupation. Only a few months ago a Medical Missionary College, I am told, was opened in London to give its students a training for *under one year.* Also, I am informed that in Scotland there is one which gives 2½ *years' training*, and another in Southern India which exacts 3 years' training. Now I should like Dr. Rentoul to look after these colleges also, and doubtless, with his persevering diligence, he might find several others.

It cannot be denied that our medical missionaries do achieve much good. Dr. A. Neve, Kashmir, says, "I am prepared fully to acknowledge that much good work is being done by some *practically* qualified, though holding no diploma." The Rev. Moir Duncan, M.A. (writing from China as a non-medical missionary): "To witness unmoved suffering unrelieved—to see without sympathy hundreds smitten with notorious common and easily diagnosed diseases, for which he has specific and certain remedies, would be unpityingly to act the part of the Levite."

But now, let me ask a few questions of Dr. Rentoul. Is it true or not that in India *women* can *never* be seen and treated when ill by medical *men?* Secondly, is it true that very few fully qualified medical women, *if any*, and with means at their disposal, go out as medical missionaries? If so, what are we to do with the teeming millions to help them? I will tell Dr. Rentoul. Send poor but willing ladies, it may be not fully qualified but yet knowing a good deal to help these poor creatures, because they are missionaries first, and *medical* afterwards.

Once more, in China shoals of women kill their female children, or throw them into towers built for that purpose outside of cities in the fields, and there they are left to die, and if Dr. Rentoul took a walk in those fields he would hear the piteous wails of these babies in the agony of death. He will hear of women in labour left four days without interference, and then the babes are pulled out piecemeal without skill or knowledge, which generally hastens the mother's death also. Is it not kind and our bounden duty to send these help in the way of trained Zenana Medical College missionaries and midwives? Then look at the poor girls whose feet are put in hard shoes so as to prevent their growth, and yet are so ignorantly attended subsequently that mortification and death very commonly follow! Does this not call for missionaries first, and *medical* afterwards.

Lastly, Dr. Rentoul should take a cruise to Dahomey, and then I would ask him, supposing he was taken a prisoner by the heathen there, would they respect him one bit the more because when contemplating his manly form for a supper, and about to eat him, he should cry out "Oh! don't do it, because I am an M.D., an F.R.C.S., have been registered by the Medical Council, &c"? Would this cry stop their appetites? Why, millions of persons in Africa, indeed in most heathen lands, never heard of such titles. But if one of our compassionate, tender-hearted medical missionaries, who had sweetly tended on sick women and children, and touched the hearts of their monster husbands, was similarly a prisoner, I do not think they would eat her; gratitude would quite tame them.

A woman who imperils her life and health by going to teach the heathen in the Master's name better ways, spiritual and physical, is to my mind much more admirable and grand than those who seek to destroy their unselfish efforts and their holy intentions.

I am, Sir, yours, &c.,
C. H. F. Routh.

Montague Sq., London.

Copy of Diploma of Zenana Medical College, 58 St. George's Road, S.W.:—

We certify that we have examined........................., a student in the Zenana Medical College (who is desirous of combining a knowledge of Medicine with her Missionary work) in the following subjects—Medicine, Disorders of Tropical Climates, Minor and Practical Surgery, including Diseases of the Eye, Midwifery and Diseases of Women and Children, and we find that she possesses such a knowledge of them as will qualify her to render professional aid in ordinary cases of disease.

(Signed) ....
....
....
....
Chairman of Committee, ...
Honorary Treasurer, ...
Honorary Secretary, ...

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DENTAL ADVERTISING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—On November 22nd, you issued a leader on the above subject, setting forth the case of the Dental Advertiser as it then stood. Those of us dentists who were advocating the Petition to the General Medical Council to strike the names off the Dentist's Register of those whom we considered so much disgraced our profession, were full of anxiety for its fate, fearing lest the Council should let "I dare not" wait upon "I would," like so many of our own profession ever have done. The result has shown that my confidence in, and reliance upon, the policy of the Council was justified, and that it is determined to see to the purity of its Register. As you have already, published the resolution moved by Mr. Brudenell Carter, and seconded by Sir Dyce Duckworth, with the discussion upon it, it is unnecessary for me to take up space by quoting it. I will only say that it is intended as a warning note, and will take a legal shape next May Session. This attempt of advertising adventurers to turn a profession into a trade must be seriously grappled with now, and the dentists of Great Britain and Ireland are looking, I hope not in vain, to their medical friends to help them in the matter. We get our diplomas from the same Colleges, and are under the same central authority, and are a part of the medical profession. If we allow this degrading advertising to go on amongst dentists, we feel we are disgracing the whole medical profession, and it is on these grounds we appeal to it to help us all it can by pointing out to patients the true state of the case. Qualified dentists are not, and very soon we hope even Registered dentists will not be allowed to advertise, and a dental advertisement will carry its own condemnation of the advertiser as a man neither qualified nor registered. There is another way in which we are asking our medical friends to help us, and that is by boycotting those advertising and unregistered dentists, by refusing to meet them in consultation or giving anæsthetics for them.

At a full meeting of the Nottingham Medico-Chirurgical Society, held to-night, Jan. 3rd, the following motions, moved by Dr. Tresidder, seconded by Mr. Anderson, F.R.C.S., and supported by myself, were unanimously passed: (1) That this meeting considers it unprofessional for registered medical men to give anæsthetics for unregistered or advertising dentists; (2) that the Notts and Derbyshire Dental Association be asked to furnish every registered medical practitioner in the neighbourhood with a printed list of the local dentists whose names are on the Register, and who do not advertise.

Of course this is a good deal to ask of a medical man—that he will sacrifice a fee of from half a guinea to two guineas occasionally to uphold the dignity of his profession—and perhaps throw those fees into the pocket of some practitioner not so over-nice. But I do not think a doctor will lose in the end, as both patient and dentist will appreciate his care of them and his motive. Besides, even if he did lose a little now and then, we all have to do that to maintain our reputation as professional men. These resolutions have also been passed by the Medical Society of Plymouth, and I hope every medical society in the Kingdom may be induced to follow suit. The whole medical press has helped the movement greatly by publishing letters and commenting on the question. To it we owe great thanks. But, Sir, the game is not ended yet. When the General Medical Council shall have purged our Register from the grosser offenders, they will still advertise, and unqualified and unregistered men will still practise dentistry to the detriment of the public, who are deluded into consulting them.

To meet this contingency we want an Act of Parliament prohibiting any from practising dentistry for gain who are not qualified and registered. This is what the medical profession generally needs also to put down all kinds of quackery. Can we not unite and go together for amendments to the Medical and Dental Acts? It would be a thing worth living for indeed if we could form a society for putting down all forms of medical, surgical, and dental quackery. We legislate against food adulteration, and all kinds of false pretences but medical ones. We leave our friends and neighbours to be preyed upon by the ignorant and the sharper, and we say I will educate myself, and they will die out. But they do not die out; they increase and multiply.

I am, Sir, yours, &c.,
HENRY BLANDY, L.D.S.EDIN.

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Special Articles.

THE PROPOSED AMALGAMATION OF THE MEDICAL DEFENCE UNION AND MEDICAL PROTECTION SOCIETY.

[FROM A CORRESPONDENT.]

THE negotiations which were entered into between the London and Counties Medical Protection Society and the Medical Defence Union have come to an end without effecting their object, and unfortunately the amalgamation of these two societies, each of which has the same object in view, is as far off as ever. It is unnecessary to dwell upon the early history of the Medical Defence Union, on the good which it has effected for the profession, on the election of Mr. Lawson Tait as its President, or on the circumstances which lead to Mr. Victor Horsley being selected as Mr. Tait's successor; they are all fresh in our readers' minds. Suffice it only to remark that less than two years ago certain prominent members of the Defence Union, feeling that they were unable any longer to endorse the views and action of their committee, seceded and formed a new society entitled the London and Counties Medical Protection Society, and prominent amongst the seceders was Dr. Mead, of Newmarket, who had been largely instrumental in bringing the Defence Union into existence. Mr. Jonathan Hutchinson was elected President of the new society. In little more than a year and a half from its date of foundation the Protection Society can boast of upwards of a thousand members. It had evidently, therefore, nothing to fear from its older rival. Its Council wisely, however, determined that in such matters there should be no rivalry, and entered into negotiations with the Defence Union for the purpose of effecting a fusion of the two societies. Their views on the point are well described in one of the letters which appeared in our pages:—"Our desire for union was based on the sincere belief that union in the medical profession, as elsewhere, means strength, and that one society is better than two when the objects of both are so nearly identical. The cause which led to the formation of a second society had, we had every reason to hope, ceased to exist." In due course of time two sub-committees, one from each of the two Societies, were appointed, and, as appears from the correspondence, they met and fully discussed matters. Neither committee had power to make any final arrangements for amalgamation, but as far as we can gather from a perusal of the correspondence in question, whilst the committee of the Defence Union reported from time to time to their society the progress of the would-be amalgamation scheme, the committee of the Protection Society did not do so, but waited to learn how far the Medical Defence Union would meet them before laying its proposals before their Committee. The wisdom of these two plans it is not for us to criticise. No doubt each party decided on its own plan of action, and considered it under the circumstances the best that could be followed. But it is difficult to understand how Mr. Victor Horsley, as the President of the Medical Defence Union could send a *résumé* of the proceedings to the medical papers if he clearly grasped the fact which is unequivocally stated by Dr. Bruce Clarke, Dr. Heron, and Dr. Woods in their letter from which we have quoted, viz., that no account of the proposals of the Medical Defence Union had ever been laid before the General Committee of the Medical Protection Society. There is an obvious force in the contention of Mr. Bruce Clarke and his colleagues that no opportunity was ever offered them for laying the proposals before their General Committee. We presume that stated very boldly their meaning is this. It is quite true they would say to the Defence Union that some of your terms were, in our opinion, unreasonable; but we did not know whether our committee would necessarily hold the same opinion as ourselves, and we had no opportunity of asking them before you published your *résumé*. It is certainly due to the members of both Societies that the sub-committee of the Defence Union should clearly state whether they knew, as the Protection Society sub-committee assert, that the committee of the Protection Society had not been formally reported to on the subject of the negotiations. We can hardly believe that Mr. Horsley, if he did know it, would ever have published his now well-known *résumé* of the proceedings. Quite apart, however, from this, it seems clear to us that when two sub-committees meet to discuss any question they constitute, for the time being, a joint committee, and no *résumé* of the proceedings should be published by one party without the consent of all those that composed that committee. If all cannot agree upon a report the dissentients should have the power to pen, should they desire it, a minority report in which their views might find echo. We are surprised that this view has never, at least, been urged by the sub-committee of the Protection Society. But there are other points in this amalgamation failure which require elucidation, and other questions which must be answered before the medical profession will clearly understand how it was that these negotiations came to an untimely end. If we read the matter aright negotiations had proceeded with a reasonable prospect of agreement up to a certain point. The Protection Society, as the smaller concern, was to be asked to wind up, and the members and the good-will of its business, if we may use the expression, were to be transferred to the Defence Union. Having reached this stage it became clear that the Defence Union must agree to accept certain members of the Protection Society, so as to constitute a conjoint committee which should watch over the interests, and carry on the government of the amalgamated Societies. Much discussion evidently took place on the number of new committee-men that should be drafted from the Protection Society to the Defence Union in order to constitute the amalgamated committee, and twenty was the number finally agreed on by the two sub-committees. A further request was, we gather, then made by the Defence Union, viz., that the names of the twenty committee men they were asked to take over should be furnished them. What was the cause of this demand? Mr. Horsley mentions the fact in his *résumé*, but assigns no reason for it. The blank is filled in by Mr. Bruce Clarke, Dr. Heron, and Dr. Woods, for they speak of "the revision of the names of their representatives by the Medical Defence Union," and state that they at once "proposed that the Medical Defence Union should submit its list of councillors to be proposed by the Medical Protection Society. It is further asserted that Dr. Leslie Phillips wrote out this proposal, and we presume gave a copy of it to each of the sub-committees. If this were so, and it has never been denied, what do Dr. Leslie Phillips and Dr. Bateman mean by saying that this "counter-suggestion was utterly meaningless." We must confess that this stage of the proceedings is beyond our ken, and we should like to know why such a demand was ever made, and if it was a reasonable demand for one side to make, why not equally so for the other? On the evidence before us the responsibility for failure clearly does not lie at the door of the Protection Society.

Obituary.

PROFESSOR HIRSCH, BERLIN UNIVERSITY.

This distinguished physician and pathologist, and Professor of Medicine in the University of Berlin, died on Monday last, at the age of 83. During his earlier career as a general practitioner he make extensive researches into the history and geographical distribution of malarial fever, typhoidal maladies, dysentery, aud analogous complaints, and embodied his conclusions in a work of two volumes entitled "Hand-book of Historico-Geographical Pathology," by which Professor Hirsch was regarded as the founder of the study of the geographical distribution of disease, which also secured to him in 1863 the appointment of Professor of Medicine at Berlin University. In the same year he was delegated by the Government to inquire into the outbreak of cerebro-spinal meningitis, then prevalent in an epidemic form in West Prussia. In 1873 he was a member of the German Imperial Cholera Commission, the appointment of which was largely due to his initiative, and in the following year he represented Germany at the International Sanitary Conference of Vienna. For his services on this occasion he received the title of Medical Councillor. In 1879 he went to Astrakhan to study the outbreak of the plague in that province, and compiled an elaborate report on the disease. Among the many works on special subjects written by the deceased was a History of the Epidemics of the Middle Ages, and an important text-book on diseases of the eye.

GEORGE BOLTON, M.R.C.S., L.R.C.P. Edin.,

The Volunteer Service in Sunderland has lost an old and enthusiastic supporter in the death of Dr. Bolton, who held the rank of Surgeon-Major of the Sunderland Artillery Volunteers. He had not been in good health for a protracted period, and for the last few weeks his condition was such as to cause his friends a good deal of anxiety. The immediate cause of death was bronchitis. After becoming qualified Dr. Bolton started practice in Chester-le-Street and whilst there served in the 4th Durham Light Infantry, as an ensign. He ultimately returned to Sunderland, and joined the 1st Durham Artillery Volunteers as gunner on the 17th April, 1867, passing to that rank of acting-surgeon on the 6th July, 1873. He held that rank until 12th May, 1888, when he was promoted to the rank of surgeon, and in December, 1889, he was appointed surgeon-major. On the 28th November, 1892, the deceased was presented with the Volunteer Decoration for service. He acted for a time, and always when there was no resident medical man at the Barracks, as the examiner of recruits, and the hospital doctor. He did a great deal for the Sunderland Volunteer Artillery when the regiment was in a bad way, and he was credited with having revived a drooping corps.

The Medical Benevolent Fund.

At the annual general meeting of subscribers to this Fund, held a few days since at the residence of the Treasurer, Dr. Broadbent, the President, Sir James Paget, Bart., F.R.S., in the chair, the financial statement and the Report of the Committee were submitted to the meeting, from which it appeared that during the past year the relief afforded by the fund had, as is usual, been given in the form of money grants to approved cases and in annuities. The income during the year amounted to £4,748; from investments, £2,073, an increase of £9: donations, £471 14s.; and subscriptions, £1,023 17s., a total of £1,495, as against £1,561 in the previous year. Legacies produced £1,180—£1,000 from the estate of the late Miss M. S. Johnstone and £180 from that of the late Charles Hawksley, M.D. Expenditure.—Grant Department: £1,866 was distributed in grants varying from £5 to £20 amongst 170 applicants, chiefly in instalments, through honorary local secretaries, or through the agency of the Cheque Bank. Annuity Department.—The sum of £2,140 was divided amongst 103 annuitants, 100 being £20 annuitants, 8 at £26, 2 "Dunlop Gift" and "John Morgan." The recipents of annuities are members of the medical profession, or their widows or daughters of more than 60 years of age, and are selected by a special Committee, meeting twice a year to decide which are in the more urgent need of permanent assistance, and in many of cases the annuities they receive are all that stands between them and parish relief. The annuities are £20 each, though eight of them have been increased to £26 a year through a special fund, and the number of annuitants have increased from 51 in 1883, who received £1,062, to 103 in 1893, who received the sum of £2,140. Notwithstanding the large increases in the number of persons receiving annuities, the applications from others in need of immediate relief has been so much in excess of those for many years that the funds available for this purpose derived from donations and annual subscriptions have fallen far short of the needs of the Committee.

Three vacancies occurred upon the Committee, and Drs. George Eastes and J. Lowe were elected to supply them. The resignation of Dr. John Bright was received with regret, and he and Dr. Brett were elected Vice-Presidents of the charity. Votes of thanks to the chairman of committee, auditors, treasurer, and hon. secs., the Medical Press, and Sir James Paget were accorded and suitably acknowledged. The Committee, in drawing attention to the deficiency of funds, mentioned above, would observe that the entire work of the charity is voluntary, only printing and stationery costing anything, collectors' commission excepted. Every penny subscribed is available for the services of the fund, and they would draw the attention of the profession to the work and utility of the charity, and solicit a corresponding increase in subscriptions instead of the falling off the Committee so greatly deplore. Subscriptions and donations should be sent to the treasurer or hon. financial secretary, Dr. Sidney Phillips, 62 Upper Berkeley Street, London, W.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

FIVE CASES OF PSEUDO-HYPERTROPHIC PARALYSIS IN ONE FAMILY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I regret that stress of work prevented the corrected proof of my report of Five Cases of Pseudo-Mypertrophic Paralysis reaching your printer in time to be inserted

May I now state that the woodcut is from a photo of the eldest son, aged 15 years, taken shortly before his death. He had to be supported in this posture for the short period during the taking of the negative. It shows well the general appearance, contractions, and curvatures in an advanced case.

In the table showing the nerve supply of various muscles there are italics "id," which of course should have been "1 D," viz., first dorsal nerve, in the description of the composition of the inner cord of the brachial plexus. I had also intended to refer to the treatment by thymus gland extract, which is now on trial.

I am, Sir, yours, &c.,
J. CHRISTIAN SIMPSON, M.B.

Tunbridge Wells,
Jan. 18th, 1894.

⁂ So soon as our correspondent has completed his experimental treatment with the thymus gland extract we shall be pleased to afford space for further notes.—ED.

Country Practitioner.—We have so far been unable to obtain the information you want. Those to whom we have applied appear never to have heard of the invention; but we shall pursue our inquiries, and hope to be in a position to inform you if such a contrivance exists in our next.

ALL SAINTS' CHILDREN'S HOSPITAL.

Two corresponddnts have asked where this institution exists, as it is not to be found in the Medical Directory. From inquiries made we are enabled to give the following information: It is under the direction, and in fact, part of All Saints' Sisterhood, and is situated at 4 Margaret Street, Cavendish Square, London. It is essentially for chronic cases, such as caries of the spine, joint disease, &c.

Erratum.—In the report of a specimen exhibited at the West London Medico-Chirurgical Society in our issue of the 10th inst., page 87, for "boy's" heart read *dog's* heart.

THE METROPOLITAN MEDICAL PROVIDENT ASSOCIATION.

For the information of correspondents who have written us regarding the whereabouts of this institution, we have, through the courtesy of a private letter from another correspondent, ascertained the following facts: "This Association is situated at 5 Lambs Conduit Street, London, W.C., and is doing very good work, and would be still better if the out patient departments could be reformed and brought under some rational system. Your correspondents should apply to the Secretary for further information."

Meetings of Societies, Lectures, &c.

WEDNESDAY, JANUARY 31ST.

London Post-Graduate Course.—Hospital for Consumption, Brompton, at 4 p.m., Dr. Green: Bronchitis and Emphysema. Royal London Ophthalmic Hospital, Moorfields, at 8 p.m., Mr. A. Q. Silcock: Myopia.—Hospital for Skin Diseases, Blackfriars, at 1 p.m., Dr. Payne: The Treatment of Eczema.

West London Hospital (Hammersmith).—At 5 p.m., Mr. Keetley: Ankyloses and Stiff Joints. (Post-Graduate Course).

THURSDAY, FEBRUARY 1ST.

Harveian Society.—At 8.30 p.m., Dr. W. J. Gow: Eight Cases of Vaginal Hysterectomy for Cancer.—Dr. W. R. Dakin: Modern Methods of Treating Post-partum Hæmorrhage.

London Post-Graduate Course.—Hospital for Sick Children, Great Ormond Street, at 3.30 p.m., Dr. Barlow: Cases in the Wards. National Hospital for Paralysed, Bloomsbury, at 2 p.m., Dr. Buzzard: Cases in the Hospital.—Central London Sick Asylum, Cleveland Street, W. at 5.30 p.m., Mr. Thomas Bryant: Cases in the Wards.

FRIDAY, FEBRUARY 2ND.

West London Medico-Chirurgical Society (West London Hospital).—At 8 p.m., Pathological Specimens:—Dr. Clemow: Perforated Gastric ulcer.—Mr. J. R. Lunn: (1) Case of Appendicitis; (2) Growth of Pancreas ulcerated into Stomach, Fatal Melæna: (3) Perforation of Sigmoid Flexure, Peritonitis and Sudden Death. Papers:—Mr. Alban Doran: The Feeding of Patients after Abdominal Section.—Mr. Lenthal Cheatle: Complications in certain Ear Diseases and their Treatment.

London Post-Graduate Course. — Hospital for Consumption, Brompton, at 4 p.m., Dr. Green: Cases in the Wards.

West Kent Medico-Chirurgical Society.—At 8 p.m., Dr. Bantock: On the Diagnosis of Abdominal Tumours and Intumescence.

SATURDAY, FEBRUARY 3RD.

London Post-Graduate Course.—Bethlem Hospital.—At 11 a.m., Dr. Corner: Stupor, Catalepsy, Katatonia, Dementia.

MONDAY, FEBRUARY, 5TH.

Odontological Society.—The President (Mr. F. Canton) will read his Inaugural Address.—A discussion upon Root Filling will be opened by Mr. H. Baldwin.—Casual Communications by Messrs. F. J. Bennett, Storer Bennett, Hern, and J. F. Colyer.

St. John's Hospital for Skin Diseases.—At 6 p.m., Dr. Morgan Dockrell: The Lichens.

Vacancies.

Alnwick Infirmary.—House Surgeon (unmarried). Salary £120 per annum with furnished apartments, attendance, coal and gas. Applications and testimonials to the Medical and Managing Committees on or before Feb. 16th.

Brighton Throat and Ear Hospital.—Non-Resident House Surgeon Salary £52 per annum. Applications and testimonials to the Sec. on or before Feb. 5th.

City of Dublin Hospital.—Visiting Physician. Applications to the Hon. Sec. Medical Board by Saturday next. (see advert.)

Greenwich Union Infirmary.—Second Assistant Medical Officer (unmarried). Salary £80 per annum, with board, lodging, &c., Applications and testimonials to the Medical Officer on or before Feb. 5th.

Owens College, Manchester.—Professorship of Zoology. Applications to the Registrar on or before April 3rd.

Ramsgate and St. Lawrence Royal Dispensary and Seaman's Infirmary.—Medical Officer (unmarried). Salary £120 per annum, with furnished apartments, gas, firing, and attendance. Applications and testimonials to the Sec. on or before Feb. 6th.

Salford Royal Hospital.—House Surgeon. Salary £100 per annum, with board and residence. Applications and testimonials to the Institution on or before Feb. 15th.

Whitechapel Union Dispensary.—Assistant Medical Dispenser. Salary £90 per annum, increasing £5 yearly to £100 per annum. Applications to the Clerk to the Guardians on or before Feb. 3rd.

Appointments

Gibbon, W., L.R.C.P. Irel., L.F.P.S. Glasg., *pro tem.*, Acting Superintendent to the Joint Counties Lunatic Asylum, Carmarthen.

Gibson, E. A., M.B., C.M. Glasg., House Surgeon to the Paddington Children's Hospital, London.

Jackson, C., L.R.C.P. Edin., L.F.P.S. Glasg., Medical Officer for the North Sanitary District of the King's Lynn Union.

Maingay, H. B., M.R.C.S., L.R.C.P. Lond., Assistant House Surgeon to the Scarborough Hospital and Dispensary.

North, T., M.B. Dub., B.Ch., Medical Officer for the High Sanitary District of the Longstown Union

O'Sullivan, M. U., L.R.C.P., L.R.C.S. Edin., Honorary Surgeon to the St. Vincent's Hospital, Melbourne, Victoria.

Ramsay, F. W., M.D. Dunelm, M.S., F.R.C.S. Edin., Honorary Surgeon to the Royal Victoria Hospital, Bournemouth.

Robertshaw, W. M., M.B., C.M. Edin., Medical Officer of Health to the Stockbridge Local Board, Yorkshire.

Stephens, W. J., M.R.C.S., L.R.C.P. Lond., Second Assistant Resident Surgeon to the General Dispensary, Nottingham.

Torrance, J., M.B., B.S. Univ. New Zealand, Public Vaccinator for the district of Campbelltown, New Zealand.

Waterhouse, H. F., M.D., C.M. Edin., F.R.C.S. Eng., Surgeon-in-Charge of the Aural Department, Charing Cross Hospital.

Welch, J. B., M.B. Lond., M.R.C.S., Honorary Consulting Physician to the Children's Hospital Birmingham.

Births.

Archer.—Jan. 23rd, at Foregate Street, Chester, the wife of Arthur M. Archer, B.A., M.D., of a son.

Gillett.—Jan. 24th, at Elmhurst, Eastleigh, Hants, the wife of J. F. Gillett, M.B., of a son.

Ruel.—Jan. 15th, at Cromwell House, Kent Road, Southsea, the wife of C. Percival Ruel, L.R.C.P. Lond., M.R.C.S. of a daughter.

Marriages.

Slevin—Dunne.—Jan. 25th, at St. James's, Spanish Place, London, Dr. P. Slevin, of West Drayton, Middlesex, son of Dr. J. Slevin, F.R.C.S., J.P. co. Longford, to Eugénie, daughter of the late Jeremiah Dunne, Esq., J.P., of Dublin.

Wyncoll—Dorman.—Jan. 23rd, at St. Paul's, Cheltenham, J. W. Wyncoll, M.B., C.M. Edin., of Buckfastleigh, South Devon, to Emily Jane Dorman, of Cheltenham.

Deaths.

Clarke.—Jan. 28th, at Abbey House, Kenilworth, suddenly, John Clarke, M.R.C.S., L.S.A., aged 69.

Fisher.—Jan. 24th, at Newcastle-on-Tyne, Alexander Fisher, M.D., Deputy Inspector General R.N. (retired).

Leech.—Jan. 18th, at Broseley, Salop, of apoplexy, Arthur Herbert Leech, M.R.C.S., late of Woolpit, Suffolk, aged 34.

CLIFDEN UNION, CLIFDEN DISPENSARY DISTRICT.—MIDWIFE WANTED.—The Committee of Management of the above Dispensary District will, at their Ordinary Meeting to be held at the Dispensary, Clifden, on the 7th day of FEBRUARY, 1894, at the hour of One o'clock, p.m., receive and consider applications from duly qualified persons (Trained Nurses) for the office of Midwife for the above Dispensary District, at a salary of Twenty-five Pounds per annum. Applications with Testimonials to be lodged with me not later than Twelve o'clock noon on day of election. Candidates to be in attendance.—By Order,
WILLIAM GORHAM, Hon. Sec.
Clifden, Connemara 23rd January, 1894.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY, FEBRUARY 7, 1894. No. 6.

Original Communications.

ILLUSTRATIVE CASES OF DISEASE OF THE OVARIES REQUIRING OPERATION.

By SKENE KEITH, M.B., F.R.C.S. Ed.

THE treatment of chronic inflammatory disease of the ovaries and Fallopian tubes varies from the two extremes of doing nothing, and removal of the organs entirely. There are many cases where a middle course is the more satisfactory, and the difficulty is to determine which cases can be cured without a radical operation, and those where the patient cannot hope for a return to health without going through this ordeal. My own conviction is, that in the present state of our knowledge there are some cases, even where the disease has not gone on to suppuration, which can only be cured by a surgical procedure. Our aim ought to be to reduce the number of such as much as possible, and at the same time endeavour to differentiate those where it is only waste of time to try any less heroic means of cure.

One very important question naturally arises, and that is, what is the length of time which usually elapses before the patient is in a perfect state of health after removal of the ovaries and tubes for so-called inflammatory disease? This is most important. I consider that two years, at least, must be allowed to most women to become perfectly well after this operation; and this opinion is based not only on the experience gained with my own operation cases, but also from being consulted by the patients of others after operation had been performed. It may be taken that all patients do not take so long to recover, some on account of greater recuperative power, and others on whom the operation has been performed in an early stage of the disease, or perhaps unnecessarily. Progress after the operation is sometimes extremely slow, indeed, at the end of six months or even a year, it may be, that the patient is not stronger than before, but in the second year progress is much more rapid. It cannot therefore be expected that the treatment of a less radical nature will result in a cure within a few months. Unfortunately, the fact of the slowness of convalescence is not sufficiently brought before the patients, and once they know that an operation will cure them they are apt to grudge the time spent on other treatment, thinking somewhat naturally, that after the operation—the last resort—they will quickly be well. This is an entire mistake, and it will be found that those women who can be cured by means short of removal, will get well more quickly than those who have had to resort to this procedure. Nor is it difficult to understand why this should be; in one case, that of operation, we have first the shock or injury, and secondly, and of greater importance, there is the artificial menopause which is produced. We know that even at its natural time, at the age of forty-five or fifty, there is not infrequently much nervous disturbance at the change of life. When the change is produced artificially, ten, or may be twenty years, before the system is prepared for it, there will be usually a greater disturbance. We cannot alter the fact that between the ages of fifteen and fifty, the generative organs of women play a greatly more important part than they do either before or after those ages. Before the first they are not fully developed; after the second they are functionally inactive. Nature has ordained that for a certain number of years those organs are to be in an active state. If then, we disarrange nature the woman must suffer, at least for a time. One point of great difficulty requires explanation; it is this, that whereas women from whom two ovarian tumours have been removed, suffer comparatively little after operation and recover quickly, though subject to flushings for many years: women, after removal of the ovaries, regain their health much more slowly. This fact may be partly explained in the following way:—those women from whom I have considered it necessary to remove the ovaries for inflammatory diseases have been, more or less, of the neurotic type of women, and I would guard myself against the idea that I mean "nervous women," for all women with disease of the ovaries become, in time, neurotic. What is meant is the nervous type, women in whom the nervous system dominates, and which is, in its turn, often dominated by the organs of generation, when these are diseased. In those women, therefore, the alteration made by the artificial menopause is greater than in the average woman on whom the operation of double ovariotomy may become necessary. In one of my early cases of ovariotomy, I had one case of extremely slow return to health after operation, thus bearing out this idea to a certain extent, as the patient undoubtedly belonged to the type I speak of. Four years ago I had a second case, where, even now, the lady tells me that she often wakes up feeling depressed and unhappy, and this is only since double ovariotomy was performed. Another reason must not be lost sight of; it is that the general health is either not so much broken down before ovariotomy, or the descent from health has been much more rapid than when the ovaries have been removed for chronic inflammatory disease. Still there is something behind, possibly some change in the nervous system, some great lowering of its vitality, due perhaps in the first place, to increased excitability.

Removal of the ovaries must not be performed unnecessarily, but the operation ought not to be delayed after it has become evident that a cure cannot result in any other way. The record of the following cases operated on within a few weeks of each other gives some idea of the length of time which is often allowed to elapse before operation is resorted to, and also of the different conditions which may be found in the pelvis. Mrs. W., æt. 34, no family, began to suffer without any known reason with pain in the back and sides, these pains being aggravated every month. Menstruation was regular.

About three years after the pains first began, an operation was performed in Melbourne, and it was supposed that both ovaries had been removed. This operation appears to have been a formidable one, and the lady was not expected to recover for some days, and was unable to leave the private hospital for three months. A drainage tube was required for ten days. The operation was not a success, for the pains became steadily worse, and in addition there was much nausea. Menstruation was regular as before. A year afterwards Sir Spencer Wells advised a second operation, if improvement did not soon take place. Dr Matthews Duncan was also consulted, but did not think well of the suggestion. In another year's time, every third period became a flooding, and in the intervals the nausea and feeling of ill-health became worse. In addition, there were several very severe attacks of abdominal pain, one of these attacks being relieved by a large rectal injection. The bowels had become much constipated. Nearly five years after the operation the patient came to Europe in the beginning of the year, and while at Lausanne was confined to bed for nine weeks with hæmorrhage. Later, a well-known gynæcologist in Vienna was consulted, and curetting was suggested.

When the lady came to London it was found on examination that the uterus was fairly normal; on the right there was a soft and tender swelling closely connected to the side of the womb; on the left, no swelling could be made out, but the whole of that side was exquisitely tender, both internally and externally. As it seemed to be probable that the first operation had not been a complete one, a second was performed in April. The old scar was cut through, and on drawing up the soft swelling, which had been felt to be attached to the right side of the uterus, it was found to be a knuckle of small intestine joined together by a short thick band of adhesion, and connected to the uterus by a second band as thick as an ordinary cedar pencil. These adhesions were divided between double ligatures. Fully half an inch of the uterine end of the right, and rather more of the left, tube were removed; and the left ovary was discovered, close against the pelvic wall and enclosed in the layers of the broad ligament. A drainage tube was left in for two days. Convalescence was easy, and the lady went to the country at the end of five weeks, and when she sailed for Australia in August, had gained considerably in weight and was almost quite well.

Mrs. O., æt. 35, married fifteen years, four children, had suffered from the birth of her first child. She complained of constant pain in both sides, in the back, and down the legs; she was very thin, said she always felt ill and miserable, and certainly looked wretched. She had been treated by over a dozen doctors; once continuously for fifteen months with pessaries, &c., without obtaining any benefit. Finally she consulted Dr. Currie, of Finsbury, who advised operation and sent her to me. On examination, the uterus was found to be lying backwards, and on both sides a large tender swelling was to be felt.

The operation was performed in May; the left ovary was as large as a turkey's egg; it was partly enclosed in the broad ligament, and partly adherent to the intestine. I ruptured it during removal, the contents being dark, tarry-looking fluid; the right ovary was half the size of the left. Both tubes were enlarged and swollen. The pelvis was slightly washed out and then sponged dry; a drainage tube was not used. Convalescence was easy and in July the husband wrote as follows, "I am sure you will be glad to know that the operation has given her relief and a sense of enjoyment of life not experienced by her for many years previously."

Mrs. H., æt. 37, was sent by Mr. Hawkridge, of Welshpool. She also had not been well since her first child was born twelve years ago; for years she has not been able to dance, ride, nor stand, and has been unable to go out anywhere, chiefly on account of this inability to stand. She was never free from pain, and was more like a skeleton than any woman, not actually confined to bed, I have ever seen. She had been treated in different parts of the world by eighteen doctors, by blisters, glycerine pads, &c., always with benefit, but with a quick relapse as soon as the treatment was discontinued. The pain was chiefly in the right thigh, in both sides, and in the back, aggravated at the periods, and on the slightest exertion. Examination showed that both ovaries were enlarged, the right prolapsed and the tubes hard; and this was found to be the case at the operation in May. The veins were enormously distended. In three months the patient had made considerable progress, and was gaining weight, 6½lb. during the third month.

Miss M., æt. 41, has been a specially interesting case. About five years ago this lady's kidneys became diseased, and she was said to have had on several occasions uræmic convulsions. She kept about and busy, however, till two-and-a-half or three years ago, when she had an attack of pelvic peritonitis; since then there has been a recurrence every four months, and for eighteen months before the operation, she had been confined to bed. Three obstetric physicians, attached to large hospitals declined to operate, and a well-known specialist was of opinion that the condition of the kidneys would prevent surgical interference being successful. Fifteen months before operation, an abscess had discharged through the rectum. In the month of January there was an attack of cystitis.

Examination of the urine showed that the sp. gr. was 1024, that there was but a trace of albumen, at one time there had been one half; and casts, at one time plentiful, were entirely absent. The amount of urea excreted was 315 grains. The uterus was completely retroverted, absolutely fixed, and the contents of the pelvis were very much matted together. The temperature had not been below 99·8 deg. for six months, and the pulse had seldom been counted at less than 100.

The operation was performed in the country, in the beginning of June. Dr. Blaxall gave ether, my brother assisted me, and Dr. Swindale was present. On opening the abdomen all entrance into the pelvis was completely prevented by adherent intestine, which was attached to the peritoneum in front and extended across the abdomen at a level of a couple of inches above the pubes. The adhesions were detached in front over the pubes and bladder, the bowel being separated in every direction until the coils could be got out of the pelvis. The anterior surfaces of the uterus and broad ligaments formed the floor of the pelvis; the tissues below feeling quite solid, and nothing like an ovary or tube could be felt. At this stage the completion of the operation seemed to be hopeless. Assisted, however, by the finger in the vagina I was enabled to dig behind the uterus, and thus reach the end of the right tube; then working along it, tearing vascular adhesions, this tube was freed, and the ovary below got out. The left tube was even more firmly fixed than the other, and it contained some thick, curdy pus. The ovary was situated in a solid mass of adhesion, lying on the pelvic wall. By the time the operation was finished, the uterus did not tend to retrovert, its posterior attachments having been so completely destroyed. A drainage tube was left in. Immediately before the operation the pulse had been 116, after it was over it was 100, and it quickly fell to 80, the slowest it had been for many months. Time of operation 55 minutes; the friends who were "well up" in surgical matters had expected that it would take at least a couple of hours! In some respects it was the most difficult operation of the kind I have ever performed, and one which I could not have completed had I not learned, from previous experience, the great amount of force which can be used in the pelvis, when applied in the proper direction.

Eighteen hours after the operation the patient was vomiting incessantly, and the pulse had risen to 150. One-twelfth of a grain of morphia was given hypodermically, and was quickly followed by the passage of flatus. Within the next four hours the pulse fell 20 beats. On the fourth morning the temperature was 98·8 deg., the lowest it had been since January. The drainage tube was taken out at the end of five days, 12 ounces of bloody serum having been removed.

Within seven weeks the lady was able to get into the garden, the first time in nearly two years. Four months after the operation, she was able to walk about the house, take long drives, and had walked close on 100 yards, and she is now gaining weight steadily; still, she will not be well for a long time.

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The Lettsomian Lectures
ON
PERITONITIS. (a)

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Lecture I.

I have ventured to select peritonitis as the subject of these lectures, not only on account of the fact that the diseased conditions known by that name still occupy a terrible prominence among the causes of death, but because the present time appears to be peculiarly convenient for reviewing the clinical and pathological aspects of this fatal trouble, and for criticising opinions which the custom of years has endued with a spurious appearance of accuracy.

The Nature of Peritonitis.—By peritonitis is understood an inflammation of the peritoneum. From the limited standpoint of morbid anatomy no exception can be taken to this definition, but when it is assumed that the various clinical phenomena which are classed together under the title of "peritonitis" are due, either solely or in the main, to an inflammation of the great serous membrane, then the definition becomes to some extent misleading.

It may almost be said that peritonitis, clinically as well as pathologically, has comparatively little to do with inflammation of the peritoneum, and it would be erroneous to state that the majority of those who die of what is called peritonitis die of a peritoneal inflammation.

In order that this very fundamental matter may be fully discussed it is necessary that two questions should be considered. The first concerns itself with the general nature of inflammation, and the second with the relation peritonitis bears to that process.

(1) The Purpose of Inflammation.

If one may judge from the terms and expressions which are in common use respecting inflammation, and if deductions may be drawn from those ready criticisms of the process which are uttered without fear of scientific cavillings, then inflammation is still the dread thing it was many centuries ago, when phlegmon was a ruthless fetish, and when the antiphlogistic regimen was the only means of propitiation. Inflammation is still referred to as a calamity, as a thing that is violent, as an utter evil, and as an ill wind that can blow no other than ill. It is spoken of as "breaking out," and made comparable with a riot which lays waste a peaceful city. It is often said that the patient "did well until inflammation set in," or that "his progress towards recovery was cut short by a fatal attack of inflammation."

The treatment which should be directed against this evil is commonly assumed to be of the same heroic type as are the drastic measures which may be taken to arrest the progress of fire and pestilence. Inflammation was represented in the literature of the past as the great enemy of mankind, and even in the popular science of the present it retains no little of its satanic disposition.

This view of the inflammatory process needs to be amended, and a very brief survey of some examples of the process should quite justify such amendment. A man, let it be supposed, receives a lacerated wound of the hand in dissecting the body of a patient who has died of puerperal fever. He becomes thereby inoculated at the wounded point with what is practically a culture of pus-producing cocci.

Now, as the human body is an excellent medium for the cultivation of bacteria, the micro-organisms begin forthwith to settle down and multiply. But here steps in the process of inflammation. Under its ægis the cells of the body rise in their millions against the invaders, and there takes place at the point of the outbreak a battle which—if the account of Metchnikoff and others is to be accepted—is without a parallel in the very deadliest warfare imagined by man.

It is by the inflammatory process that the poison is destroyed, and the growth of the parasite is arrested.

But with inflammation a man who is accidentally inoculated with a septic micro-organism becomes at once little more than a test-tube, prepared for the favourable development and culture of the particular coccus or bacterium. In malignant pustule can be well seen the desperate struggle which takes place in the tissues between the invading bacillus and the aroused and active cells of the body. This conflict is a representation of the inflammatory process, and the beneficent purpose of the change is splendidly obvious. But for this inflammation, which has been so much condemned, a human being may be regarded as an organism not far raised above the level of a peculiarly shaped mass of intelligent agar agar.

In a case of tuberculous phthisis it is generally assumed that a destructive inflammation of the lung is the chief cause leading to the patient's death. It is not the inflammation which is to blame but the bacillus which has caused it. How long it would take for the non-resisting lung to become wholly occupied by this particular bacterium it is impossible to say, but it is safe to assert that the inflammation of the lung prolongs the infected man's life, and that his prospects of improvement and recovery depend almost wholly upon it. How many lives and limbs have been saved for a reasonable span by that process in a joint called tuberculous disease, a process which after many centuries of unjust ignominy is now servilely imitated by the surgeon is his operation of arthrectomy. In the familiar "white swelling" is represented the often successful attempt of the organism to rid itself of the tubercle bacillus by means of the inflammatory process. In this, as in other invasions, the enemy is not repelled without loss, but it is the loss of a part as against the loss of the whole. The philanthropic busybody who, after contemplating the death-roll ascribed to inflammations of the lung and brain and kidney, could succeed in ridding the earth of the process of inflammation, would see a result which hardly a pessimist could regard as kindly. It may be assumed that within a month or so of the disappearance of inflammation from the business of the body the human race would become extinct.

What has been said of inflammation in general applies equally to inflammation within the great serous cavity of the abdomen. Peritoneal inflammation is not a purposeless calamity. That which has caused it is the thing which is wholly ill. It is by the process of inflammation that the advance of certain deadly irritants, which have gained access to the cavity, can be arrested. The purpose of peritonitis is towards the saving of life and not towards the destruction of it. What is seen within the abdomen at the autopsy on a case of peritonitis represents the results of an attempt on the part of the organism to avert a too potent cause of death. It does not represent, as is too commonly assumed, the reckless and fanatical destruction wrought by a wholly evil-tending process.

(a) Delivered Jan. 29, 1894, before the Medical Society of London.

(2) The Relation of Peritonitis to the Inflammatory Process.

In the larger proportion of examples of fatal peritonitis the leading symptoms are those of poisoning and not of inflammation, and death is due rather to toxæmia than to inflammation of the serous membrane. This view of the subject was advanced by Wegner (*a*) nearly twenty years ago.

There is about the patient who is dying of peritonitis every suggestion of a poisoned man. He lies back in bed prostrate, with gaunt cheeks and sunken eyes. There is a look of unceasing anxiousness in his face, and a sense of hopeless unquiet in his movements. The hands, which wander with pathetic restlessness over the bedclothes, are cold and damp. The tongue is that of a man who is dying of thirst. There is constant vomiting. The breathing is laboured, and accompanied with faint sighs and groans, and the countenance is ashen and livid. Such a picture makes a reality of the metaphor of "the shadow of death." So far as the aspect of the patient goes, he might be dying from snake-bite or from the poison of cholera, while there is little to suggest an inflammation so intense as to be ending fatally in a few distressful days.

When the patient dies and the abdomen is opened, the amount of inflammation discovered is out of all proportion to the phenomena which preceded death. In one case there may be merely some injection of the peritoneum with loss of its polished surface, and in its place a general stickiness and a few frail and insignificant adhesions. In another, there may be an ounce or so of thin greenish pus around the cæcum, an exudation looking ill-conditioned enough to the surgical eye, but still a mere scanty mixture of pus and turbid fluid, and not the kind of formidable effusion which would be expected in a case of death from inflammation.

In the human subject, as in the laboratory experiments, it must be remembered that where the question of sepsis is concerned, not only must the dose be considered, but also the power of resistance of the individual.

In further support of the statement that in the larger proportion of the examples of fatal peritonitis the leading symptoms are those of poisoning and not of inflammation, and that death is due rather to toxæmia than to inflammation of the serous membrane, the following points may be adduced.

It is noteworthy that the cases in which suppuration is the most pronounced, are among the most favourable examples of peritonitis, and that on the other hand the most acute and favourable cases are those which show the least inflammatory changes.

In not a few instances of puerperal peritonitis, the cases, if regarded pathologically, are merely examples of septicæmia in the most ordinary sense. In addition to the usual constitutional signs of that condition, there are certain local symptoms which indicate a disturbance within the peritoneum.

Then, again, the surgical treatment of acute diffused peritonitis as a purely inflammatory affection has not been very successful, and has indeed been comparatively unsuccessful. This treatment consists of incision and the evacuation of the effusion. It answers admirably in suppurative inflammation of the purulent peritonitis, as met with in the pelvis and about the cæcum, and in the tuberculous variety, but in the form of peritonitis now under consideration it is comparatively useless. It may be also incidentally mentioned that the mortality attending the operation for strangulated hernia, does not appear—except in connection with umbilical hernia—to have been greatly improved since the introduction of aseptic measures in surgery. These measures, if complete, are assumed to reduce the risks of inflammation in an operation like herniotomy to a minimum.

But even in cases in which neither gangrene nor perforation of the gut occurs, it is evident that there is something besides mere inflammation which is leading to death. It must not be assumed in a contrary direction that inflammatory phenomena are wholly subordinate in peritonitis. In many instances such as those consequent upon troubles in the pelvis or in the vermiform appendix, the signs of inflammation are paramount. There may be an initial rigor, the fever is high, the pain and tenderness are intense, and the production of aggressive pus is often early and vigorous. Moreover, in tuberculous peritonitis the leading symptoms more usually belong to the category of chronic inflammation, and the patient not infrequently dies of suppuration and its consequences. One cannot avoid repeating that these cases represent the more favourable aspects of peritonitis, and that they respond well to those general operative measures which are applicable to inflammation.

In concluding this part of the subject, it is only fair to say that other views of the mode of death in peritonitis are held by many competent authorities, and in illustration of this I cannot do better than refer to the very thoughtful and original monograph on this subject by Dr. John Malcolm (*a*), who contends that to nervous disturbances must be referred many of the conditions which have just been discussed.

The Peculiarities of the Peritoneum.

It is obvious that there are phenomena attending a lesion of the peritoneum which a reference to like disturbances in other serous membranes cannot explain.

Both pleuræ may be violently inflamed, and that inflammation may run on to suppuration, and yet the condition has not the gravity of a case of peritonitis in which the evidences of inflammation may be slight, and in which the exudation, if collected, may only amount to a few ounces of sero-purulent fluid. Even when the necessary allowance is made for the greatly different extent of surface in the two cavities, an explanation of the differences in the relative prospects of death is not forthcoming. It will be said that the gravity of the two cases depends, not upon a damage to the serous membranes, but upon a resulting disturbance of function in the viscera they cover. From this point of view peritonitis may be considered to be more aptly compared with inflammation of the meninges of the brain. But even this comparison is not entirely satisfactory. That death must follow a gross interference with the functions of the brain is obvious, but it is not so evident that those who die of peritonitis die because the functions of the abdominal viscera are gravely disturbed. We do not encounter in peritonitis such fatal functional disturbances as suppression of bile or suppression of urine. In a case of acute peritonitis ending in death in four days we have, for that time the following evidences of abdominal disorder. There is constant pain, and frequent vomiting, and absolute constipation, and the ingestion of no food. But a patient may be in pain for four days, and may be starved for four days, and may vomit for four days, and have no action of the bowels for four days, and yet live. So far as functional disturbance of the viscera within the belly is concerned, it is safe to say that in many cases of severe lead poisoning which end in recovery, the visceral disorders are more considerable than they are in some examples of peritonitis which end fatally in a few days.

Then, again, septic matter often finds its way into the pleural cavity. It is true that serious symptoms may follow, but they are by no means of necessity fatal, and are certainly not to be compared in gravity and deadliness with the results of introducing a part of the same septic matter into the peritoneal cavity.

(*a*) *Arch. fur Klin. Chir.*, 1876.

(*a*) "Medical Society's Transactions," vol. xvi., 1893, p. 188.

The following points may be noted with regard to the peritoneum:—

1. Its surface is very considerable, and is probably, as Wegner (*a*) states, as great as that represented by the whole integument of the body.

2. The membrane possesses remarkable powers of absorption, as shown by the manner in which milk, blood, peptones, &c., are taken up. It is said to be capable of absorbing an amount equal to from 3 to 8 per cent. of the body weight. It is noticed that septic intoxication occurs quicker in peritoneal infection than in any other. Dirt, pus, fæcal matter are more dangerous to life when introduced into the peritoneal sac than when brought into contact with any other like cavity.

3. The peritoneum offers a limited resistance to septic organisms and their products. Experiments upon animals and clinical experience in man show that it can safely dispose of a certain quantity of septic germs. The precise process by which this is effected is a matter of some doubt. There is evidence to show that the resistance of the peritoneum varies within wide limits, and is affected by age, and by such enfeebling disorders as chronic liver or kidney disease. The peritoneum of the rabbit appears to be remarkably sensitive to sepsis, whereas that of the dog has comparatively high powers of resistance. The intestinal mucous membrane affords an infinitely less sensitive medium for septic infection than does the serous covering of the bowel.

4. No tissue in the body provides more favourable conditions for healing than does the peritoneum.

5. The peritoneum does not show the same degree of vulnerability in all parts, nor are all portions of it alike in the manner in which certain lesions are responded to. The part which is apparently most sensitive to infection, and which is most prone to rapidly spreading and diffuse inflammation, is that which covers the small intestine. The parietal peritoneum has certainly not so high a degree of susceptibility, and is not so apt to assume the diffuse and low form of inflammation.

6. The peritoneum appears to be possessed of great sensitiveness—a matter of moment in the production of shock. This sensibility is evidently peculiar and is not quite comparable to that possessed by the skin. Certainly the peritoneum does not feel pain as does the skin.

The twisting of a hernial sac and the securing of it with a tight ligature is seldom followed by much distress, and yet the same process carried out on integument of equal extent would assuredly be attended by considerable nerve disturbance. The pain which may accompany the injecting of a large hydrocele with iodine is noteworthy.

The handling of perfectly normal peritoneum is attended with more or less distress in conscious patients. This is illustrated in iliac colotomy performed without anæsthesia, in the reduction of prolapsed coils of intestine covered with unaltered peritoneum, and especially in the removal of gauze tampons. When the surface of the serous membrane has become inflamed and covered with lymph, the ordinary sensibility appears to be dulled or lost. This is noticed in the decrease of pain and tenderness which is not uncommon as a plastic peritonitis advances, and also by the fact that in iliac colotomy or gastrotomy carried out in two stages, the cutting of the gut or of the stomach when once it has become covered with lymph, is more or less entirely painless. The irritant which of all others appears to affect the peritoneum the most acutely, is that represented by the invasion of the surface by certain bacteria or by their products. The disproportion between the intensity of the pain and the comparatively small area of infection, is often to be well seen in cases of disease of the vermiform appendix.

7. One matter of great interest, although of some obscurity, concerns the condition of pressure within the abdominal area, and the effects which follow upon the disturbance of it. It has been many times pointed out that there is no cavity of the abdomen, and that the term, the sac of the peritoneum, is a misnomer. "Every practical anatomist," wrote Benjamin Travers nearly a century ago, "has a familiar illustration of the non-existence of an abdominal cavity in the operation of laying open the abdomen." (*a*)

In performing laparotomy, the surgeon is constantly reminded that he is cutting into a vacuum and is exposing what is merely a potential cavity. This appears to be more noticeable when the operation is quickly done. I have the impression that when the serous membrane is fully exposed and yet undivided, air may pass through it into the potential space. Some invisible damage may have been wrought by the forceps in some of the more striking instances. Sometimes, especially in a child, a loop of gut may be seen through the peritoneum to be lying in the very closest contact with it. A minute prick is made, and the gut seems to fall away from the membrane and a cavity is revealed.

One would imagine that the disturbance of pressure relations of this kind, could not be without effect upon the sensitive tissues and thin walled blood vessels within the abdominal parietes. The effect of a mere incision into the abdomen is often entirely remarkable. In not a few cases of tuberculous peritonitis a simple laparotomy has been performed, the fluid within the abdomen has been allowed to escape, and the wound has been hastily closed. Yet to the surprise of the operator this elementary proceeding has been followed by complete cure. (*b*) What explanation is there to give?

The examples in which complete and quite unexpected relief of abdominal troubles has followed the mere opening of the peritoneal space are numerous. Many remarkable instances have been collected by Professor William White, of Philadelphia, in an interesting paper on the curative effect of operations *per se*. (*c*) If all those cases of cure by simple incision be excluded in which a neurosis may have been the foundation of the trouble, there still remain many instances in which the assumption is very strong, that considerable physical changes within the abdomen must attend the mere opening of the cavity.

There are certain other points in connection with intra-peritoneal pressure which remain to be mentioned. In the first place, gravity does not appear to follow the usual lines within the abdomen. One would expect that any effusion which is free within the cavity of the belly would find its way into the pelvis as the most dependent part, and that this would take place even in patients who are lying in bed. It is quite obvious that adhesions must much influence this matter. At the same time, the great frequency with which this action of gravity appears to be inoperative, or at least imperfect, is so marked as to call for some explanation. In the second place, the frequency with which escape of fæces fails to take place in spontaneous perforation of the intestine and in punctured wounds of that viscus is somewhat remarkable. Travers (*d*) lays especial stress upon this, and gives several illustrative cases. He is of opinion that the explanation is to be found in the state of pressure within the abdomen.

Zeigler (*e*) states that in fifteen cases of laparotomy

(*a*) *Verhand. d. Deutsch. Gesell. fur Chirurgie*, Berlin, 1877.

(*a*) "An Inquiry into the Repairing of Injuries of the Intestines," London, 1812, p. 8.

(*b*) *Annals of Surgery*, August and September, 1891.

(*c*) Spencer Wells, "Diseases of the Ovaries," 1865, p. 331

(*d*) *Loc. cit.*, pages 16-18, *et seq.*

(*e*) "Uber die intestinale Form der Peritonitis," Munich, 1893.

for wound of the intestine, fæcal extravasation was found to have taken place in six instances only. He also considers that this is to be accounted for by pressure, and alludes to the observation of Klemm, (*a*) who asserts that the idea that the wound in the bowel is blocked up by prolapsed mucous membrane is fallacious.

8. The last point concerns the possibility of the peritoneum acquiring some degree of immunity from septic infection. It has been shown by Reichel (*b*) and others that in dogs an immunity from peritoneal infection from pyogenic cocci can be produced artificially. A small dose of septic material is introduced into the abdominal cavity, and after the animal has recovered from the disturbance produced a large dose is injected. This process is repeated at intervals with increasing amounts of the poison, until at last no symptoms are induced by an amount which, in a control experiment, would cause death within twenty-four to thirty-six hours.

A not unlike invulnerability appears to be possible in the human subject. Other things being equal, an operation carried out within the abdomen of a person who has had chronic peritonitis, or who has exhibited repeated subacute attacks, and whose peritoneum presents substantial adhesions, is likely to be attended with better results than when the peritoneum is found to be wholly undisturbed. In the operation for removal of the vermiform appendix in cases of relapsing typhlitis, the little disturbance which follows extensive procedures occupying as long as one hour and a-half can, I think, be explained only by an immunity acquired by the peritoneum after repeated attacks of inflammation. Moreover, in advanced cases the disproportion which is often noted between the constitutional disturbance and the local condition discovered at the operation appears to be capable only of the same explanation.

I have reported (*c*) the case of a woman with a fæcal fistula, due to the destructive suppuration of a dermoid cyst of the ovary. I opened the abdomen for the purpose of closing the fistula. The tract led down to a hole in the sigmoid flexure, which was firmly fixed in left iliac fossa. As the bowel could not be brought to the surface, and as the opening could not be sutured *in situ*, there was nothing to be done but to leave it, and to back the area between the hole in the bowel and the parietal wound with iodoform gauze. Very extensive adhesions existed, and for some twelve months previously there had been a smouldering peritonitis. The patient did well, and the good result was probably to no small extent due to the immunity the peritoneum had acquired during the twelve months of inflammatory turmoil.

In looking over the records of laparotomy performed for perforations in the stomach or bowel it is impossible not to be struck with the fact that in many of the successful cases there had been long antecedent visceral or peritoneal trouble. (*d*)

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PREPUTIAL WARTS.

By TOM ROBINSON, M.D.

We are all familiar with cases of warts occurring at those parts of the body where the skin loses its type and passes into the mucous membrane (*cutaneous borderland*). A good example of this hybrid tissue is under the prepuce and at the end of the penis, and here we often find warts growing with singular rapidity and exuberance, sometimes obtaining sufficient size to prevent the foreskin being drawn over the end of the glans. These warts are frequently found in those who have been exposed to venereal maladies, whilst in others they will occur where there is neither suspicion or possibility of such a cause. Most frequently they appear in individuals where the prepuce is long and constantly covers the corona. Moreover, in the absence of scrupulous cleanliness the secretion from the sebaceous glands in this position decomposes and gives rise to an offensive odour resembling that of mice.

We do not remember to have seen a case in anyone over 30 years of age, and, as a rule, they have been met with in individuals about 20 to 25. If the organism is tainted with syphilis the warts will be influenced by the poison, but not in such a way as to give them distinctive clinical characteristics.

The chief object in alluding to this very common ailment is to draw attention to the treatment. There are two distinct courses open to us :—

A. To cut off the warts and apply a caustic.

B. To apply local remedies.

The first appears the most attractive, and it will frequently be successful in one sitting, but there are difficulties of procedure caused by the very copious bleeding, or by the way in which the warts often nestle down by the side of the foreskin. After operation, moreover, in not a few cases your patient finds the warts growing almost if not quite as exuberantly as ever.

The local remedies have been in some cases unexpectedly successful, and have produced a cure without the loss of any time.

The application of the stronger caustics, such as chloride of zinc, has not been found practicable, whilst the strong acids have run into the surrounding tissues in spite of every care.

We have in the first instance ordered a powder composed of equal parts of acetate of copper, powdered savin leaves, and starch, to be dusted over the warts for four consecutive mornings ; the effect is to eat down the warts. The patient was afterwards directed to wash away any secretion twice a day, and to keep the following powder over the under surface of the prepuce and glans penis for a couple of weeks. The second powder is composed of half a drachm of tannin, half a drachm of camphor, half a drachm of powdered savin, mixed with six drachms of oxide of zinc.

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Selected Prescriptions and Therapeutic Notes.

48.—Thiersh's Antiseptic Solution :—

℞ Acid. salicylatis, ʒss ;
Acid. boracis, ℥ss ;
Aq., ad ℥viij. M.

49.—Some Points in the Treatment of Influenza :—In catarrh of the upper respiratory tract a pill of belladonna, camphor, morphia, and quinine every two or three hours gives speedy relief.

In all stages of the disease whisky is the remedy *par excellence*, to counteract the great prostration, and should be given three times a day throughout the attack. If whisky is not well borne give champagne, brandy, or sherry.

In the musculo-neuralgic variety of influenza we have a specific in the pill of phenacetin and salol, two grains and a half of each every three hours.

The drugs antipyrine, antifebrine, or phenacetin, whenever administered to relieve the headache, fever, and muscular and neuralgic pains, should be given with whisky, as the latter hastens their action and tends to counteract their depressing effects.

When the muscular pains are obstinate salol in five grain, or salicylate of soda, in fifteen-grain doses three

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(*a*) *Deutsch. Zeit. fur Chir.*, 1892.
(*b*) *Deut. Zeit. fur Chir.*, Bd. xxx, p. 1.
(*c*) *Lancet*, June 10th, 1893, p. 1376.
(*d*) Note Cases by Kriege, *Berl. klin. Woch.*, 1892.

times a day, will generally bring relief.—Dr. Ramon Guiteras.

50.—For Multiple Warts of the Face :—

℞ Sulphuris sublim. ʒv ;
Glycerini, ℥jss ;
Acid. acet., ʒijss.

M. Apply locally to each wart. The warts dry up, and then drop off. The treatment may be continued for several days.—Kaposi.

51.—For Rosacea :—

℞ Icthyol, 2 parts ;
Resorcin, 1 part ;
Collod : flex, 30 parts.

M. —Petrinio.

52.—Scabies :—

Creoline, ʒj ;
Vaseline, ℥iij.

To be rubbed in every day.—*From our French Correspondent.*

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Clinical Records.

THE WHITWORTH HOSPITAL, DUBLIN.

Case of Locomotor Ataxy with Charcot's Disease.

Under the care of Dr. G. P. L'Estrange Nugent.

An army pensioner, æt. 49, admitted to the Whitworth Hospital, December 28th, 1892, complaining of swelling in right knee and general difficulty of walking. No history of syphilis, excess of any sort, or heredity.

About three years before admission symptoms commenced, which gradually increased. Weakness and difficulty in walking—first in left leg, then in right—accompanied by lancinating pains and slight bladder trouble. Later on periodical fits of "choking," which were laryngeal in character, and which started, as he described, from the pit of his stomach.

Three months before he came under observation he got a fall off a vehicle striking his right knee against the ground, and at that time felt something give. The knee rapidly swelled, but was almost painless. It increased or diminished in size from time to time, and in about six weeks after the accident commenced to bend backwards.

His symptoms while in hospital were briefly these. His voice was impaired from paresis of the adductor muscles of the larynx, and speech thick from apparent deficient tongue movement. Pupils markedly myotic ; Argyll-Robertson phenomenon well developed ; and slight ptosis of both upper eyelids. Severe pains in the stomach and constipation. Frequent micturition, especially at night—urine containing large quantity of pus and sometimes a little blood—and occasionally incontinence. Ordinary sensation is diminished and distinctly delayed to a smart prick of needle. Slight paræsthesia, such as tingling, &c., and occasionally allocheiria. Knee-jerks are lost, and plantar reflexes diminished.

His gait was considerably modified by the condition of his right knee, and he could only progress with extreme difficulty with the aid of two sticks, and when he rested the weight of his body on his right leg. the retroflexion of his right knee was so great as to cause apprehension of the condyles of his femur, which projected strongly backwards, bursting through the skin. The knee in circumference measured four or five inches more than that of the opposite side, and this increase, due chiefly to fluid effusion, would considerably subside after some days' rest in bed. The veins over the joint were considerably distended, and the ends of tibia and fibula could be felt to be enlarged. The patient ultimately sank from urinary complications, and died in April, 1893. The autopsy revealed the following condition of the knee-joint :—

The muscles in the neighbourhood of the joint were well developed. Capsule greatly thickened, especially on either side of the ligament patella. External lateral ligament thickened ; internal, normal in appearance. On the joint being opened the synovial membrane was found to be much thickened, both the part covering the non-articular surface of the bone and that lining the capsule. Numerous small bands passed across at the angle of reflexion. Small pedunculated bodies, hard to the touch, projected into the joint cavity. Near the patella the membrane was roughened, and had a warty appearance. The lower end of the femur was greatly enlarged, the cartilage covering the articular portion was eroded in parts, and eburnated bone shone through.

The margin of the articular surface above projected abruptly, was irregular and lipped, and overhung the non-articular surface of the femur. On looking at the posterior surface of the joint large synovial fringes overlapped the condyles, the cartilage was eroded in parts, and in other places elastic elevations projected from it ; irregular bony outgrowths were found along the upper part of condyles. The patella is transversely enlarged, slightly diminished in size from above downwards ; its cartilage was partially eroded, and a bony lip of the same character as that on the femur projected from its upper border.

The lip of the tibia was enlarged ; the cartilage on the upper surface was eroded in a similar manner to that on the femur, and bony outgrowths appeared between the tuberosities. The anterior crucial ligament had disappeared, the posterior also to a great extent, and the femur could with ease be luxated backwards to a very considerable degree. The semilunar cartilages appeared to be intact.

The spinal cord, examined by Dr. Alfred Scott, presented the usual appearances found in locomotor ataxy. The posterior columns in all parts were degenerated. In the cervical and dorsal region the postero-internal columns were in an extreme condition of degeneration, while the postero-external columns were less so. In the lumbar regions both columns were equally degenerated, but not so much as the postero-internal columns higher up.

The cells in the anterior cornua of grey matter stained badly, and many of the cells in those parts throughout the cord were pigmented and granular. There did not appear to be any degeneration in the cerebellar tract or elsewhere, except as mentioned above.

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Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Surgery.

Meeting held Friday, January 12th.

Sir W. Stokes in the Chair.

FIBROUS STRICTURE OF THE ŒSOPHAGUS TREATED BY GASTROTOMY AND DILATATION FROM BELOW.

Mr. Kendal Franks read a paper on Fibrous Stricture of the Œsophagus treated by Gastrotomy and Dilatation from below. The patient, a young lady, æt. 24, had suffered from dysphagia ever since she had had scarlatina, when seven years of age. Symptoms had during past two years been progressively worse, and she was reduced from 8 stones to 5½ stones in last 12 months. Bougies introduced showed a practically impermeable stricture 3 inches above cardiac orifice. On July 6th, 1892, abdomen was opened in middle line from xiphoid cartilage downwards. The stomach, very contracted, was opened for about an inch, cleaned out, and the finger introduced. The stricture was found 3 inches above cardia. Otis' dilating urethrotome, without the blade, was passed along the finger through the stricture, and the stricture was dilated first antero-posteriorly and then laterally. A bougie passed through the mouth emerged in the stomach and by its means strong silk drawn up the œsophagus to the mouth. A plug of gauze tied to this, with another silk ligature at the other end, was drawn backwards and forwards through the stricture, and was finally left in the stricture, the lower ligature being cut off. The stomach was immediately closed, returned to abdomen, and the external wound sutured. The plug was withdrawn in six hours. The patient made an uninterrupted recovery, and was able to go out on the 21st day. Two months later the stricture readily admitted a medium-sized bougie. Dilatation, supplemented by electrolysis, was carried on at intervals. The patient, 18 months after operation, was in perfect health, and had increased in weight from 5½ to 8½ stones. The author exhibited a table he had prepared of all the cases hitherto published which he could find; they numbered 21. Eight of these had been done by the immediate method, same as the case recorded. In the remainder a gastric fistula had been first established, and subsequently, from one to four months, retrograde dilatation of the œsophagus, either by Hagenbach's or some other method, had been carried out. The author argued in favour of the immediate method in all cases of impermeable fibrous stricture, except after extensive injuries involving a great length of the tube, when immediate dilatation would be impracticable.

Sir W. Stokes said there were many points of surgical interest and importance in this paper. There were three to which he might direct attention. The first of these was as to the relative merits of gastrotomy or gastrostomy in cases where the retrograde dilatation was to be performed. He gathered that Mr. Franks was in favour altogether of gastrotomy, and he was inclined to agree with him, because, where dilatation was to be performed, there were much greater facilities by performing gastrotomy than where they would have to work their way through a comparatively small fistulous opening in the stomach. Then again, in cases where gastric fistula is established there was always great difficulty in getting it to heal. The next point that occurred to him—and he hoped Mr. Franks would not think he was going to throw any doubt upon the accuracy of his diagnosis—was, that it struck him as being very remarkable, if this was a case of fibrous stricture of the œsophagus of nearly over 17 years' standing, that it should be so very amenable to the treatment of dilatation, and in that respect differing so much from what they knew by experience to occur in cases of stricture of other organs, particularly that of the rectum and urethra. Here they had a case of great chronicity, and on the 21st day after operation the patient was perfectly well. It was very exceptional, assuming it was a fibrous stricture, and he would like to hear Mr. Franks in reference to the possibility of its being a spasmodic closure of the œsophagus. This condition was by no means infrequent in persons of a neurotic tendency. There was one other point he would wish to allude to, and that was to the operation of œsophagotomy in cases where the stricture occurred close to the cardiac end. And although the operation required a considerable degree of anatomical skill, still the dangers of the operation were not so great as in gastrotomy. By opening the œsophagus low down they would have as much facilities for dilatation as through the stomach. He merely threw out the suggestion, and he would like to have Mr. Franks' opinion on the point.

Mr. T. Myles thought there was nothing more difficult than to arrive at a correct diagnosis regarding obstructions in the œsophagus. The most experienced surgeons had erred in these intra-thoracic obstructions, and even allowing that the diagnosis is made, they had then to learn whether the obstruction was benign or malignant. He also thought the relations of the œsophagus to the diaphragm very important, and in many cases stricture of the œsophagus, close to the cardiac end, was due to some interference with the normal physiological opening in the diaphragm. Many of those cases which were cured by electricity and bougies, were merely strictures comparable to the "stammering" of the bladder in retention of urine. He believed Mr. Franks' case to be one of *bonâ fide* stricture successfully treated. He submitted that owing to proximity of great vessels and nerves to the œsophagus, and to the fact that an instrument must form an acute angle with the œsophagus, the dangers of œsophagotomy were much greater than those of gastrotomy. He failed to see any analogy in stricture of the urethra, because in the latter case they had a canal composed of unyielding structures, and subject to the passage of irritating matters

Mr. F. A. Nixon thought that the dilator should not be used as long as the finger could reach the stricture. He found from examinations on the dead subject as well as from Mr. Myles' case, that when the hand is passed into the stomach with the finger in the œsophagus, the cardiac auricle rested in the palm of the hand, and very slight pressure would cause it to perforate the œsophagus and wound the auricle. He thought the operation of gastrotomy much more simple than opening the œsophagus.

Mr. Tobin said that among the various measures enumerated for the cure of the stricture, no mention had been made of leaving in a tube for a considerable length of time with a view of bringing about gradual enlargement of the stricture. He thought the passing of the threads through the œsophagus, and into the opening in the stomach, a very admirable method; but if a full-sized instrument occupied the place of the thread its pressure might bring about absorption, just as occurred in urethral stricture. The operation, as suggested by Mr. Franks, seemed to him to possess great advantages, because, even if they failed to get the stricture dilated they would still have means left of getting food into the stomach, which would not exist where œsophagotomy was performed.

Mr. Wheeler said he could not agree with Mr. Myles as to the difficulty or danger of œsophagotomy. He performed the operation on four different occasions, and he avoided all the vessels which Mr. Myles dreaded so much. He thought the best method of keeping the wound aseptic was to drain with catgut. The question to his mind was, whether they could dilate a stricture three inches from the stomach by opening the œsophagus through the neck.

Mr. M'Ardle said that in performing the operation of œsophagotomy he had no difficulty, but he had a good deal in guiding a bougie through the stricture. He opened it high up on account of cellulitis having occurred where the opening in the œsophagus originally occurred. In dilating the œsophagus, he found it easier to work from the mouth —and why perform the operation when they had a natural opening above?

Mr. Kendal Franks, in reply, said his paper did not deal with the question of œsophagotomy, but he thought it was quite proper to discuss whether œsophagotomy might not possibly be a better method than gastrotomy. He was quite well aware that Mr. Richardson, of Boston, maintains that it is much easier to reach the stricture through an opening in the œsophagus than through the mouth, and that the bougie can be passed with much greater ease. His (Mr. Franks') great objection to œsophagotomy, as compared with gastrotomy in cases of almost impermeable stricture, was the difficulty of finding the small opening from above. They might sometimes as well look for a "needle in a bundle of straw" as find the small opening from above. But when dealing from below, it was comparatively easy to pass the bougie, because they had not a dilated œsophagus to deal with.

SOME INTERESTING CASES OF GUNSHOT WOUNDS.

Mr. Austin Meldon read some notes on cases of this class:—

1. A boy was accidentally shot, the bullet entering the abdomen to the right of the sternum at the lower end. Peritonitis and escape of bile followed. The fistula closed, and he was discharged in a month.

2. A woman was shot in four places. One bullet passed through the muscles of the right arm; the second lodged in the wrist; the third entered between umbilicus and spine, and was removed from the groin; the fourth entered to the right of the sternum, passed through the lung, and was found in the muscle on the left side. She recovered.

3. A man accidentally shot himself. The bullet entered on the right side of the thorax above the nipple, and passed into the lung. He recovered.

Mr. Myles mentioned the case of a young policeman who was shot in the right side of the neck under the sterno-mastoid, and the wound healed perfectly. He had paralysis of the right arm, and all the time confidently asserted that the bullet was in his neck. His view was the correct one, for the bullet was extracted a considerable number of years after by another surgeon. Another case was that of a man struck in the thigh, and the bullet ran in the line of his femoral artery. He suffered from no pain or trouble, and the wound healed up with the bullet still in the leg.

Mr. Tweedy mentioned the case of a young man who shot himself in the park, and subsequently walked to the hospital. There was a hole below the right nipple and a lump on the side of the spine, indicating where, as they thought, the bullet was. He died of peritonitis, and it was found that the bullet had gone through both walls of the stomach.

Mr. Wheeler mentioned a case of a young man shot below the ensiform cartilage who recovered. He was also called to a case in Kilkenny, where an officer was shot through the temporal region, and the bullet lodged in the brain. He had no symptoms save that he could not speak, and that there were some slight twitchings of the face. He passed a probe and hit the bullet, but refused to operate on account of the absence of symptoms. The patient was now quite well. He next referred to a gamekeeper who shot himself with a revolver on the side of the neck. He got aphasia and paralysis of the right arm and leg. There was no aperture of exit, so he adopted no treatment, and the man got gradually well. His next case was one in which a man shot himself in the gluteal region, and the bullet travelled round towards the great trochanter. He removed it along with the anterior and external portion of the femur. His next case was a penetrating wound of the lung, and whenever the person spoke a hissing noise could be heard at the back of the lung.

Mr. F. A. **Nixon** mentioned the case of a young man brought into hospital suffering from a very slight wound in the foot, with some discolouration. He was walking in a procession, and thought that somebody must have trod on his foot. The wound was dressed, and subsequently an abscess formed. At the bottom of it they found a revolver bullet.

Mr. **Wheeler** also referred to a bullet found in the pericardium of a man who died in Baggot Street Hospital. He received it at the battle of Salamanca.

Mr. **Kendal Franks** mentioned the case of an American who came to him some years ago to have a bullet removed from the frontal sinus. He had apparently attempted to commit suicide by holding a revolver beneath the jaw and firing upwards—that was about two months previously. The track of the bullet was manifest. It had gone through the tongue, through the hard palate, up through the left nostril, and entered the left frontal sinus. The point of the bullet had impinged on the edge of some bone, because it was found split, and the bullet had turned completely round so that its apex was downwards.

The Section then adjourned.

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LARYNGOLOGICAL SOCIETY OF LONDON.

Annual General Meeting held Wednesday, Jan. 10th.

Dr. **Felix Semon**, M.D., F.R.C.P., Vice-President, in the Chair.

The Treasurer's Annual Statement was presented and adopted.

The expenditure for the year had been £98 6s. 8d., and the income £114.

The Librarian reported the presentation of several works to the Society's Library.

The following were elected as Officers and Council for 1894:—President—Felix Semon, M.D.; Vice-Presidents—P. McBride, M.D.; W. McN. Whistler, M.D.; Treasurer—H. T. Butlin, Esq.; Librarian—F. de Havilland Hall, M.D.; Secretaries—E. Clifford Beale, M.B.; Scanes Spicer, M.D.; Council—E. Cresswell Baber, M.B.; A. Bronner, M.D.: Dundas Grant, M.D.; T. Mark Hovell, Esq.; C. J. Symonds, Esq.

An Ordinary Meeting of the Society was subsequently held, the President, Dr. Felix Semon, being in the Chair.

Dr. **Bronner** exhibited some laryngeal syringes which had been so constructed as to admit of their being rendered aseptic by boiling. He also showed some portions of deviated septum removed by means of a cutting trephine, which he had found useful in dealing with such cases.

RHINITIS ATROPHICA FŒTIDA WITH APHONIA.

This case was exhibited by Drs. **Hill** and **Cagney**. A. H——, æt. 24, a domestic servant, had suffered from dry nose and throat for four years and a half; aphonia three years. In May, 1893, she was found to have rhinitis sicca, pharyngitis sicca, and laryngitis; under appropriate *local* treatment these conditions were improved, but the aphonia was unrelieved, and recently neuralgia of the left side of pharynx and head had become developed. Faradism and galvanism to the larynx had been used persistently three or four times a week for about two months with no practical benefit. Suggestions were invited as to best line of treatment.

Dr. **Dundas Grant** considered the laryngeal condition secondary to the disease of the nose. The aphonia was a remnant of the laryngitis so caused, and he believed that after successful treatment of the nasal suppuration, the laryngeal condition would yield to the judicious use of local applications and electricity.

Dr. **Bronner** mentioned that such cases were very common in Bradford. Of about 250 cases, at least 40 would be cases of dry catarrh, but he had seen many cases where the larynx was alone affected, and which were successfully treated by intra-laryngeal injection.

The **President** was not convinced of the connection between the nasal and the laryngeal trouble in this case. The aphonia was still complete although the crusts and dryness were no longer visible.

Dr. W. **Hill**, in reply, agreed with the President's view. He did not think that the laryngeal affection was simply secondary to a suppurating sinus. There appeared to be a general atrophy of the mucous membrane.

Dr. A. A. **Kanthack** read notes on "The Function and Anatomy of the Epiglottis," and was followed by Dr. **Percy Kidd**, who showed a case of

RECURRENT PAPILLOMA OF LARYNX TWICE OPERATED ON BY THYROTOMY.

Chas. W., æt. 9, was admitted into the Brompton Hospital on Sept. 7th, 1893, on account of loss of voice and slight inspiratory stridor. His voice had been lost since April, 1893. Laryngoscopic examination showed the presence of growths on the anterior portions of both vocal cords, especially the right. On Sept 19th Mr. Godlee performed thyrotomy, and removed the growths with a sharp spoon. Rapid healing ensued, but the growth recurred twice in the next three months, and was each time removed by thyrotomy. Microscopically the growth was a papilloma.

Mr. **Butlin** recalled two cases in which he had performed thyrotomy on the same day. In one the operation was simple and successful, with good recovery of voice. In the other case the growth was diffuse and difficult to distinguish from healthy tissue; it was removed by scraping, but recurred again and again, and the patient was now wearing a tracheotomy tube.

Dr. **Dundas Grant** would attack the growth by means of his safety endo-laryngeal forceps under anæsthesia, and at the same time administer arsenic.

Dr. **Scanes Spicer** thought that the growth might be removed endo-laryngeally, and recommended the use of chloroform supplemented by frequent mopping with cocainised mops to produce complete anæsthesia and paralyse secretion.

The **President** mentioned a case in which no less than seventeen thyrotomies had been performed on the same patient, the result after each being simply recurrence of the growth. He agreed that Dr. Kidd's case might be treated endo-laryngeally with Dr. Dundas Grant's forceps. As a general rule he would prefer to leave such growths alone in young children, unless they were causing dyspnœa. Although brilliant results might occasionally occur, recurrence generally took place, and perpetual operations had to be performed. Even where there was dyspnœa it was sometimes better to perform tracheotomy and wait until the child grew older before removing the growth.

Dr. **Percy Kidd** next showed a microscopical section of a portion of a tumour showing the characters of an "angioma," which had given rise to hoarseness and a sore feeling in the throat for twelve months. Laryngoscopic examination showed a rounded tumour of the size of a pea springing from the left vocal cord, about the junction of the anterior and middle thirds. The growth presented a pinkish grey colour, and was attached by a broad flat pedicle which permitted a considerable degree of movement. The tumour was removed in two pieces with Mackenzie's cutting forceps, under cocain. No bleeding of any note resulted. Three days later the left vocal cord presented a reddish irregular appearance, but no trace of the growth remained.

Mr. L. A. **Lawrence** showed a patient with enlargement of posterior faucial pillars, a man-servant, æt. 30, who had suffered as long as he could remember with his throat. The tonsils were large. Posterior faucial folds very large, smooth, red, and hard to the feel, and extending some considerable way down the back wall of the pharynx. Uvula also swelled. Vocal cords normal. The turbinate bones were slightly enlarged, but the nostrils not blocked. The pharynx was greatly narrowed by the projection of the large posterior pillars.

LARYNGEAL PAPILLOMATA.

Dr. **Scanes Spicer** exhibited a pathological specimen from a schoolgirl, æt. 8, who lost her voice during an attack of measles, and whose right vocal cord on its upper surface and inner margin was covered with sessile warty growths. After removal by Mackenzie's lateral forceps, her restoration to health of voice and larynx was perfect.

Dr. **Scanes Spicer** also exhibited a pathological specimen of papilloma of uvula in a girl, æt 15.

CARCINOMA OF THE ŒSOPHAGUS.

Mr. W. R. H. **Stewart** exhibited this specimen, L. G—, æt. 29, a cook, an anæmic and somewhat emaciated woman, who stated that in February, 1893, she had a sore throat, with dryness and difficulty of swallowing, taking fluids better than solids. She began to lose flesh, and the food occasionally regurgitated through the nose. There was no history of syphilis or injury to the throat of any description. The father and one brother died of phthisis. The voice was hoarse. There was tenderness over the right side of the larynx, and she expectorated a white frothy fluid. Laryngoscopic examination showed some irregular swellings about half an inch above the arytænoids to the right of the middle line, and from one point pus was oozing; through this a fine probe could be passed into the œsophagus, some roughness being felt as it went through. Larynx normal. Patient gradually got weaker, the difficulty in swallowing, tenderness and pain in the right side of the neck increased, and there was a good deal of swelling in this region. On July 21st, the swelling in the neck having increased, Mr. Stewart dissected down to it, and found a mass of tough, thickened tissue, which proved to be the thickened wall of the œsophagus. This was removed, and a large drainage tube inserted; but the patient gradually got worse, and it was found impossible to feed her either through a catheter or by the tube in the wound: gastrostomy was performed by Mr. Macready, and a good meal was given through the tube during the operation; she seemed greatly relieved, but gradually sank, and died two days after. *Post-mortem*.—The upper portion of the œsophagus for about four inches was found to be affected, and the microscope proved the growth to be carcinoma. There were several points of interest in this case. First, with regard to the unusually early age—twenty-nine. The disease was thought to be very rare before thirty-five years, and although it occurred earlier in women than men, forty-five to fifty-five was the usual time. Again, it was an instance of the reputed disposition of children of tuberculous parents to develop cancer of the œsophagus. There was no traceable exciting cause, and the disease did not spread from an adjacent organ.

Mr. **Symonds** showed a man, æt. 45, with syphilitic stenosis of the larynx of recent origin. There was a general diffused thickening of the mucous membrane, with much narrowing of the glottis and impeded respiration. The affection had existed for one year, and though so recent had not yielded to a vigorous course of remedies. A prophylactic tracheotomy was recommended.

Dr. **Watson Williams** (Bristol) brought forward a case of epithelioma of the soft palate and fauces in a patient æt. 65. The main portion of the growth showed light pink, granular, but deep ulceration, covered with greyish mucopus and disintegrated tissue which gave a characteristic fœtor to the breath. The surface of the ulcerated portion was fissured, nodular, and of a cauliflower aspect, while the margin was seen to be elevated, distinct, and hard. There was no glandular enlargement or infiltration in the neck at first, nor was the pain intense. It had been relieved by iodide of potassium for a time, and when it became more severe by ten-grain doses of analgen. The growth gradually spread and disintegrated. The gland of neck became rapidly involved, and the patient sank and died two months later. An attempt was made to arrest the growth by inoculations with pure cultures of the *Streptococcus erysipelatosus*, but without success.

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WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Meeting held Friday, Feb. 2nd.

Dr. **Travers**, Vice-President, in the chair.

The following specimens were shown:—

Dr. **Clemow**: "Perforated Gastric Ulcer."

Mr. J. R. **Lunn** showed the following;—

I. *Perforation of Sigmoid Flexure.*—The specimen was removed from an old man, æt. 72, who died soon after admission into St. Marylebone Infirmary, January 2nd, 1894. At the post-mortem, the abdomen was distended with flatus, and fæces were found in the abdominal cavity. It was noticed that the descending colon was about ten yards long. About nine inches from the anus was found a large perforation into a gangrenous condition of the gut, and its interior was completely blocked by hard fæces, the anus was surrounded by an ulcerating growth, *i.e.*, malignant, which had, however, not produced obstruction. The other viscera were not examined.

II.—*Perforation of Vermiform Appendix.*—The specimen was removed from a boy, æt. 9½, who was admitted into St. Marylebone Infirmary in a dying condition, July 17th, 1893. He was taken ill four days before admission with abdominal pains and sickness. Bowels had not been open for ten days. *Post-mortem*—Abdomen was distended, viscera normal; the intestines were moderately distended, some recent lymph was found amongst the coils of the small intestines, and some offensive pus was found in the pelvic cavity between the left iliac fossa and abdominal walls. The appendix vermiformis was four inches long, around which was some lymph and pus. No perforation was found, but the appendix contained ten round deposits, *i.e.*, concretions. The post-mortem showed that there had been appendicitis, followed by suppuration, which had ruptured into the pelvic cavity, causing death, which was evidently accelerated by the boy's removal in the cab to the infirmary.

III.—*Perforation of Stomach by Primary Cancer of Pancreas.*—The specimen was removed from a man, æt. 35, Jan. 5th, 1894, who had died suddenly of internal hæmorrhage. During life he had no physical signs. At the post-mortem all the viscera were anæmic and bloodless, except the stomach and intestines, which were full of clotted blood. On lifting up the liver, it was found adherent to the stomach, the pancreas was also adherent to the stomach, and had ulcerated through into the stomach cavity; this ulceration had eaten into some large blood-vessel causing the internal hæmorrhage. The œsophagus was healthy and not obstructed. The pancreas was adherent to the surrounding structures, and was replaced apparently by a new growth, *i.e.*, malignant. No secondary deposits were found in the body.

Mr. S. **Paget**: showed a specimen of "Sarcoma of Femur."

Mr. **Alban Doran** read a paper on

THE FEEDING OF PATIENTS AFTER ABDOMINAL SECTION.

The author remarked that the importance of care in after treatment was universally recognised, and diet was the most essential feature in after treatment. The surgeon had to consider how shock might best be counteracted by dietetic means; how much the stomach could bear; and how far the peritoneum and intestines could be left undisturbed. In old and feeble patients, and in any subject after long and severe operations, the starving system was dangerous, nor was food well tolerated by the mouth. Beef-tea enemata were excellent in such cases. These nutrient enemata fed the patient, counteracting the dangers of shock. They allowed the stomach to rest, saving that organ, at the same time, from the dangerous irritability to which starvation made it subject. Barley-water was the best food to give by the mouth after twenty-four hours. Meat-broths were not advisable before the bowels were opened, they tended to make the urine concentrated. Exclusive milk-diet was bad, but a certain amount of milk was beneficial after the second or third day. The bowels were best opened by drugs when there were signs of gastro-intestinal irritation; by enemata when the patient was doing well and it was simply a question of removing accumulated fæces. After a fair action of the bowels, fish, and then fowl, and then meat, might safely be given. Whenever sickness or flatulence returned or came on some days after abdominal section, it was best to stop feeding by the mouth and to rely on beef-tea enemata. The dangers of flatulent distension were very great whether the flatulence were primary or secondary, and feeding by the mouth increased those dangers.

Dr. **Travers** said the subject raised questions of considerable interest. He desired especially to say how much reliance he placed on turpentine in cases of flatulence.

Mr. **Jessett** preferred peptonised foods for rectal feeding, also alternation of fluids and suppositories; he considered flatulence chiefly due to paralysis of the bowel from handling.

Dr. **Macnaughton Jones** also had a high opinion of the value of turpentine in flatulence.

Mr. **Bidwell** thought solids might be given early; fish after the fourth day.

Mr. **Cheatle** read a paper on "Complications in Certain Diseases of the Middle Ear."

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Thursday, January 18th, 1894.

The President, Mr. **Richard Favell**, M.R.C.S., in the Chair.

SPECIMENS.

Dr. **Arthur Hall** showed microscopic specimens of adenoid cancer of rectum; also a liver with perihepatitis.

Dr. **Hunt** showed a specimen of cancer for which he had recently performed excision of the tongue.

Dr. **Waters** showed the uterus and lungs from an unusual case of puerperal fever.

Dr. **Burgess** showed a brain with fresh blood clots in the ventricles.

Mr. **Pye-Smith** showed a young man whose left eye had been penetrated a month previously by a chip of steel from a hammer with which he was striking. The chip had gone through the cornea, iris, and edge of lens on the inner side of the eye and had struck, and perhaps passed through the sclerotic at the equator on the inner side, where a white scar was visible. Vision was $^{10}/_{70}$

Mr. **Richard Favell** showed a multilocular ovarian tumour removed from a woman 2½ months after her confinement, 1st child. The tumour was felt after the expulsion of the child and placenta lying in the middle line above the pubes. The puerperal period ran a natural course, the tumour remaining inert and setting up no irritation.

Dr. **Sinclair White** related particulars of a case in which he had removed the vermiform appendix for relapsing appendicitis. The patient was a waitress, æt. 22. Her first attack occurred in December, 1892. During the succeeding four months she had three relapses, each of which appeared immediately on attempting to partake of solid food. She was operated on in May, 1893. The appendix was very much thickened, but measured only an inch in length. It was tightly stretched, and its apex adherent to a coil of the ileum deep in the pelvis. There were no concretions and no pus. Owing to its pelvic position it was impossible to feel the deformed appendix previous to operation. The patient made a good recovery, and had returned to her situation.

Mr. **Snell** introduced a boy, æt. 12, the interesting feature being the small field of vision; perimetric chart showed that it was confined almost to the point of fixation. It had existed for years, but the lad had nevertheless pursued very successfully his studies. Vision, $^{6}/_{18}$ in each eye, the discs were white and suggested antecedent neurites. There appeared to have been meningites in infancy. The case raised the interesting medico-legal point as to what could be done, not only in near work but in walking easily about with such a very restricted field.

Dr. **Porter** showed, for Mr. C. A. Atkin, specimens from a case of simple ulcerative colitis. The patient, a man, æt. 27, was ill for rather more than a month with profuse diarrhœa, offensive dark-brown motions mixed with bright fluid blood and clots. Towards the end a large ulcer formed at the anal aperture. Post-mortem: There was complete ulceration of the colon and rectum, the folds of the mucous membrane being swollen between the ulcers in polypoid masses and of a port wine colour. There was a small perforation in the cæcum near the valve which was closed by adherent omentum. All the other organs of the body were healthy.

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France.

(From our own Correspondent.)

Paris, Feb. 3rd.

A New Treatment of Phthisis.

M. **Lancereaux** read a paper at the last meeting of the Académie de Médecine on a new treatment of consumption by substances which produce in the organism succinic acid, such as raw meat, fats, benzoic acid, carrots, green vegetables, &c.

According to the author, this treatment provoked a notable improvement in nearly all the patients on whom it was tried. What is the action of succinic acid? Does it kill the microbe? M. Lancereaux thought that this agent had no action on the tuberculous matter containing the microbes, but thanks to its antiseptic properties it prevents the propagation of the bacilli.

Compression of the Phrenic Nerve.

Dr. Bidon, of Marseilles, had recently recourse to digital compression of the phrenic nerve in two cases of spasm of the glottis, imitating thus the treatment of Prof. Leloir, of Lille, for obstinate hiccough. The first case observed by M. Bidon was that of a young hysterical girl who, after a convulsive attack, was seized with spasm of the glottis so violent that her life was in danger.

The practitioner buried his index finger between the origins of the sterno-mastoid muscle, by which means the phrenic nerve was compressed. Almost immediately the patient began to breathe, and continuing the digital pressure for the space of one minute, all symptoms had disappeared. The spasm returned at intervals subsequently, but the same treatment proved to be efficient.

The second case was that of a man already suffering from ataxy. He was suddenly seized with a feeling of constriction of the larynx, and in a few seconds fell off into a semi-asphyxiated condition. The attacks occurred every ten minutes. Digital pressure of the phrenic nerve produced an immediate cessation of the spasm, but when the finger was removed it returned. However, by persisting in this treatment the man recovered completely.

These cases go to prove that the above treatment can be relied on in spasm of the glottis, but its action must be indirect, as the pressure nerve does not control the larynx.

Treatment of Pneumonia.

Pilocarpine in croup, scarlatina, and certain other affections has rendered good service, and has many partisans, but none more warm than Prof. Sziklai, who pretends that he can cure acute pneumonia in three days by this agent, administered by the mouth or by hypodermic injection at the very outset. He cites several cases which he treated in this way, and all turned out well. No unpleasant symptom was witnessed in any of those treated.

Subclavicular Glands.

The value of the presence of glands in the subclavicular region as a symptom in certain morbid affections of the viscera has been admitted very generally. To diagnose carcinoma of the stomach or the head of the pancreas is not always easy, and when glands are found in the left subclavicular space little doubt need be entertained as to the nature of the disease. M. Gaillard read a paper before the Société des Hopitaux on this subject, in which was dscribed the following case:—A woman, æt. 63, came under his care at the hospital. She was in a very emaciated condition, presenting all the appearances of a person in the last stage of consumption. However, a very minute examination of the chest was unable to reveal any trace of tuberculosis. But in the left subclavicular space a lymphatic ganglion could be felt about the size of a marble, and close by two or three very small ganglions. On the right side nothing could be found. The microscopic examination of the expectoration failing to reveal the bacilli of Koch, M. Gaillard thought of the possibility of the existence of visceral cancer. A short time afterwards the woman died from broncho-pneumonia, and at the autopsy a small white mass was discovered in the region of the thymus gland, which was proved to be cancerous. No trace of cancer was found elsewhere.

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Germany.

[From our own Correspondent.]

Berlin, Feb. 2nd.

Medical Statistics in Berlin.

The week before last I referred to Dr. Weyl's paper on "Medical Statistics" read before the Medical Society, in which it was claimed that the diminution in the death-rate that has taken place during the past few years was due to an improved water supply and to improvements in the system of drainage. After the proceedings connected with the annual meeting, the Society proceeded to discuss the paper, when somewhat of a surprise was experienced.

Dr. Zadek, who has recently come rapidly to the front as a leader of the Social Democrats, and who is one of the City Deputies, denied that the diminished death-rate could properly be placed to the credit of either the water supply or to any system of sewage. He maintained that Dr. Weyl had left out of his calculation the chief cause of the diminished death-rate. This, he claimed, lay in *the diminished birth-rate* in Berlin. The fewer children were born, the fewer died, and the mortality amongst infants was always the most important part of the total mortality. The increase in the population of the city was not due to births in the city, but principally to the influx of grown-up people mostly at the best age—between twenty and thirty. The increased population being brought about in this way in conjunction with the diminished birth-rate sufficiently explained the diminished death-rate. It was not necessary to invoke the aid of hygienic causes to explain the facts. At the most a diminished death-rate in infants might be assisted by improvement in the milk supply, but the city of Berlin had done nothing to diminish the shockingly high infant mortality; it had done nothing to assist poor lying-in women, nor for foundlings; it had done nothing to prevent overcrowding of the dwellings of the poor, and had refused to supply sterilised milk for the children of the poor. It was not entitled to the credit of the diminished mortality from diarrhœa, tetanus, &c. Consumption had diminished in the city only because of the influx of more resisting older classes of people from without.

On the other hand, he entirely agreed with the proposed hygienic demands of Hr. Werzl. As a member of the City Council he had already made proposals for the introduction of school physicians and health overseers, for the better cleansing of school rooms, for gratis disinfection, for improvement in the treatment of convalescents, for the re-arrangement of medical services in the city hospitals, &c. All his exertions, however, for lack of understanding had remained unconsidered.

This reverse side of the medal, the condemnation of the otherwise so much lauded hygienic condition of the city made, we are told, a deep impression, and the conclusion of his speech met with considerable applause.

Transmission of Tubercle through the Placenta.

At the same meeting Hr. Lehmann showed preparations presenting the typical appearances of placental tuberculosis, taken from a patient suffering from tubercle of the lungs and larynx. The patient was confined on December 1st, 1893, and was still in hospital under treatment for the disease. The tuberculous tissue changes were present in the chorionic tufts. The child died on the tenth day, but without presenting on post-mortem examination any appearances due to tubercle. The transmigration of the disease from the chorion to the glands and bones as the natural and continuous channel was certainly presumable. He suspected that by such observations one would be led back once more to the older views. In the preparations the tuberculous nodules were grey, translucent, and round. It was to be presumed theoretically that the tubercle first developed in the decidua; the further passage to the chorion was then readily explained by the breaking through of tuberculous centres.

At the meeting of the Society for Innere Medizin Hr. Ullmann reported a case of

Membranous Enteritis.

The preparation was taken from a child born of a healthy mother on September 29th of last year. The child was perfectly quiet the first day; in the afternoon a something that looked like a young cucumber was found in the napkin. It was 2·5 cm. in diameter at one end and 1·5 at the other, and 7 cm. long, coloured a dark green in the centre and a yellowish green at the ends. One end was pedunculated and twisted. It had a thready mucous covering. It consisted of dark green contents with a smooth skin. The contents were meconium. The dark green colour of the skin was due to imbibition of biliary colouring matter. There was also a stringy structure with a skin of several layers lying together. The striated arrangement arose from the embedded cells running lengthwise in each layer. It was evident that the sausage-shaped object came from the ampullæ of the rectum. It was clear that it was formed a considerable time before birth.

Hr. Rothmann had also seen a case of true membranous enteritis in a new-born child. Fæcal vomiting came on soon after the birth of the child. After injection into the bowel meconium was passed in balls covered with mucus. Four hours later, after taking food, fæces were passed per os. As the child did not improve under treatment it was taken into hospital, when an artificial anus was made. It died on the twelfth day, passing two days before its death a true membrane as in enteritis. On post-mortem examination intussusception was found in the lower portion of the ileum. The colon was completely collapsed; there were numerous pieces of membrane in the large intestine.

A Windfall for Berlin University.

From a legacy of 100,000 marks under the will of Dr.

Adolf Düsterhoff, just received by the authorities, the most diligent student of medicine in the University will receive each six months the interest of this trust fund to help him in his studies. The amount available for this purpose is calculated at about £200 per annum.

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Austria.

[From our own Correspondent.]

Vienna, Feb. 2nd.

Sub-Conjunctival Injections.

Prof. Bergmeister related his experience with not a little confidence in the success attending sub-conjunctival injections of sublimate in ocular afflictions. He assured the "Aerzte" that this was no new treatment for Darier is reported to have practised it in 1889, and since then it had frequently been tried in France. There was little doubt of its efficacy in the infectious diseases. In these cases it is not advisable to use strong antiseptics for the bulbus, for mercury when injected into the vitreous humour produces violent phenomena. His own practice was to use a "Pravaz" syringe armed with a steel needle having a gold cannula and a mercurial solution of 1 in 2,000, of which he injected 3 to 4 minims under the conjunctiva at the margin of the cornea after the eye had been well cocainised to reduce the pain. After the injection the whole surface becomes chemotic, becoming more intense during the next half hour, but not causing any great amount of pain.

At this point he showed a young woman in whom he had performed iridocyclitis, but which threatened speedy destruction in spite of anti-syphilitic treatment, but which yielded immediately after four injections of the mercury.

Two other cases, one of which was a woman, æt. 68, with recently acquired syphilis and specific iritis of the left eye. After three sub-conjunctival injections of sublimate, no other medicine being given, the eye rapidly healed. By experimental injections this sublimate was found twelve hours later in the anterior chamber, and operated as an antiseptic notwithstanding the small quantity injected.

Prof. Reuss remarked that he had frequently used this method of treatment in his own section. He quite agreed with Bergmeister that it was efficacious and easily applied even without the aid of assistance, though he could not boast of a golden cannula in his case, but he had used the cyanate of mercury with equal effect. Bergmeister added that he had attempted to carry this local treatment further in other diseases, but doubted their success. He had applied injections of three per cent. salicylate of soda solutions in rheumatic scleritis, but with very questionable results.

Iodide Œdema.

At the "Doktoren Kollegiums" Ziesl related the results of his experiments with the iodide of potassium which he has performed in Basch's laboratory. He confined his investigations to subcutaneous injections of the iodine preparations to dogs. When injected into the vena jugularis a severe œdema of the lung ensued, which is rapidly induced by the use of iodo-iodate of soda. The iodate of potassium and lithia do not exhibit these phenomena. The œdema has every appearance of muscarine action. These experiments perfectly accord with the clinical observations recently observed in the human subject, where large quantities of iodoform had been brought into contact with open wounds and sudden death from œdema of the lung being proved at the post-mortem.

Prof. Basch remarked that he had watched several of these experiments, and quite concurred in the results drawn from the phenomena. He considered the heart was in a certain measure influenced by the drug, that the flow of blood in the lung was retarded, and that hyperæmia with œdema and apoplexy was the result, thus producing dyspnœa as the result of transudation. These, he presumed, were important points to be noted in the use of iodine, as he considered the accidents due to it more common than was usually admitted. This condition of the lung obtains with equal significance as muscarine and other mechanical irritations, though he must admit the use of iodine was more severe than any of them. The next question to be investigated was whether the blood or the vessels were at fault. Should it turn out that the changes were confined to the vessels and the transudation resulting therefrom it would go far to prove the arterio-sclerosis of syphilis which is often found in those subjects at death after long treatment with the drug.

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The Operating Theatres.

ROYAL FREE HOSPITAL.

Radical Cure of Hydrocele.—Unusual Condition of Sac.—Mr. **Battle** operated on a young man, æt. 18, who had been rejected on application for enlistment in the army, on account of a swelling in the right side of the scrotum. The patient had not paid much attention to the swelling himself until it had been pointed out to him by the examining officer. It had caused him no pain or inconvenience. The right side of the scrotum was moderately distended with a soft, fluctuating, translucent, cylindrical swelling, which extended into the inguinal canal, but there was no impulse on coughing, nor could the swelling be reduced with gentle taxis. Under an anæsthetic, however, Mr. Battle pointed out that the swelling could be partially reduced into the abdomen, but that it required steady and firm pressure to effect this. He proposed at first to treat the hydrocele by means of Volckman's method, but on finding the fluid could be returned to the abdomen he decided to treat it as a case of empty congenital hernial sac. Accordingly an incision was made into the sac and the hydrocele emptied. On passing the finger along the canal no opening could be felt through which the fluid had been expressed before operation; it simply entered a *cul-de-sac*; more prolonged examination showed that this condition of the sac resulted from the presence of a valve-like fold of peritoneum with a thickened edge concave towards the testis and situated below the internal ring; this, when opposed to the posterior and opposite wall, effectually prevented the escape of fluid until considerable pressure had caused the sac to dilate at the neck, when the free margin of the cusp was lifted from the part against which it had previously rested; the sac near this valve was somewhat white in patches and thickened. A tunica vaginalis was fashioned by dividing the sac across about half an inch above the level of the epididymis, and the insertion of a continuous suture in the lower part; the upper part was carefully dissected up from the cord, to which it was rather adherent, and was difficult of separation on account of its thinness; a silk ligature was applied round the neck of the sac at a level of the internal ring and the wound afterwards closed, a drainage tube being inserted. Mr. Battle pointed out that he did not suture the pillars of the ring because, although the finger could be passed through into the abdomen, the internal ring was valve-shaped and did not appear to have been distended or stretched by any hernial protrusion; he also said that the condition of valve was rare and that he had only met with it in on one former occasion, and that was in the case of a young naval officer on whom he had operated for radical cure of an irreducible inguinal hernia; he had found when operating that the hernia was irreducible on account of a pouch into which the omentum passed; it was of similar formation to the one in the present case. He considered that in both cases the pouch had been formed by an imperfect attempt at closure of the funicular process of the peritoneum. He showed the structure of the abdominal opening was such that an attempt to expel any of the abdominal contents would force the flaps of this valve together and so close the opening. He thought that in cases similar to this it was possible to obtain a radical cure of a hernia without suturing the pillars of the ring, but that such cases were rarely met with.

GREAT NORTHERN HOSPITAL.

Laminectomy.—The patient operated upon by Mr. **Herbert Allingham** was a girl, æt. 18, who had had a dorsal angular curvature for the last two years. About a month back she lost all power in her legs and bladder; this was soon followed by absolute loss of sensation also, and large sloughs formed over the sacrum and heels. On admission a large curve was noticed in the spine above the upper dorsal region. There was complete paralysis and loss of sensation up to the umbilicus, no power over bladder and rectum, and large sloughs upon the heels and sacrum. Patient very ill and temperature high. Mr. Allingham made an incision over the spinal prominence about 7 inches long, freed the muscles from the spinous processes, cut them away and sawed through the laminæ, removing the laminæ of about three vertebræ. The cord was exposed and found to have been pressed upon by one of the laminæ. The dura mater of the cord was opened. No abscess was found. It is interesting to note that four days after the operation the sensation in the legs had returned, and that the patient had recovered some power over the bladder, and that she is daily improving.

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The four boys and the servant who a few weeks ago were sent to the Pasteur Institute in Paris for treatment after having been bitten by a mad dog at Wavertree have arrived home. Each of them were inoculated twice daily for the first five days after their arrival, and afterwards once daily for ten days. No bad symptoms have so far developed.

An experienced Medical Officer of Prisons has said that sick convicts reminded him of the lower animals by the uncomplaining, patient way in which they passed through severe illnesses.

A criminal lawyer of Cincinnati boasts that he is able at a glance to tell a criminal from an innocent person. Clearly this is just the kind of man required for lynch-law practice.

Dr. Latham has resigned the Downing Professorship of Medicine in the University of Cambridge, after having held the post for twenty years.

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WEDNESDAY, FEBRUARY 7, 1894.

THE LEGAL PERILS OF MEDICAL MEN.

In the Annual Report of the Medical Defence Union for 1893, just issued, some interesting details are contained with reference to the cases defended or otherwise dealt with by the Union. It is worthy of note that the applications of the members for protection were of the most varied description, indeed, many of these were outside the powers and province of the Union, by reason of the fact that no question of professional principle was involved. For example, one member applied for assistance to defend an action brought against him by the friends of a patient by whose will he had become entitled to £12,000! The friends were about to contest the will, and the member thought that the Union might help him, but the application was rejected. Another similar case was that of a member who was threatened with action for injuries resulting from his bicycle causing a person's horse to bolt. But here again, of course, the application for assistance was not within the province of the Union. Among the more serious cases with which the Union had to deal may be mentioned the following: A hospital ophthalmic surgeon who was a member performed a preliminary iridectomy for cataract. The operation was, as far as its details went, perfectly successful, but panopthalmitis ensued, requiring enucleation of the globe. The member received a letter from the patient demanding compensation and threatening, in the alternative, an action at law. The letter was replied to by the secretaries of the Union, stating that the solicitors of the Union were prepared to accept service on behalf of the attacked member. This led to the collapse of the case. Again, a woman who had formerly been a patient of a member received in due course a request for payment of his professional charges. Her reply, however, was a threat to bring proceedings of affiliation. This she did, and the medical man was defended by the Union. The case was dismissed by the magistrate, on the ground of the entire absence of corroborative evidence. In both these cases it is plain that the Union rendered signal services to the members who had appealed for assistance, and the same may be said of the member against whom a patient made an accusation of criminal assault, demanding £500 damages. In this instance the secretaries wrote demanding a retraction and an apology, with the result that the request was immediately complied with. As showing the importance of the Union to medical practitioners attending cases of midwifery two cases may be cited. In one a patient died from puerperal fever, and the medical man was threatened with an action for negligent treatment, and in the other the action was threatened on account of alleged malpraxis, by which secondary post-partum hæmorrhage ensued. In each case the Union informed the plaintiff that its solicitors would accept service on behalf of the medical man concerned, and the result of this was that both cases at once collapsed. In a large number of cases advice was given to members who complained of improper criticism on the part of patients, clergymen and other persons. In numerous cases the secretaries have addressed letters of warning to persons known to be circulating slanderous reports concerning members, and this course not unfrequently caused the annoyance to cease. Included, also, among the list of cases for last year is the action for libel by the Medical Battery Company, based on a letter addressed by Dr. Bateman to the medical journals. Dr. Bateman, on behalf of the Union, defended this action, and in the end it was withdrawn by the plaintiff, who paid all costs. Practitioners, it seems, are exposed to legal proceedings for quite unexpected reasons. For example, a member of the Union was threatened with an action by a person who alleged negligence in the non-diagnosis of a case of scarlet fever. But this person thought better of his contemplated proceedings when the Union gave instructions that it would defend the action. The case collapsed. From these brief references it will at once appear plain how important it is for medical men to belong to such an association as that under discussion. At any moment they might require its valuable aid, and it is highly gratifying to note that in many instances nothing more than the intimation of the intention to defend an action was sufficient to cause the collapse of the case.

PRISONS AND PRISONERS.

One of the most remarkable phases of the "new journalism" is the boldness with which it criticises the conduct and the ultimate results of each and every department of State administration. Nor is this tendency to be deprecated, for it may be safely asserted that this country, the freest in the world, owes no small measure of that freedom to the outspoken energy of an independent press. So that the modern mind has become familiar with the process of an agitation started by the public newspapers, sifted by official Government inquiry, and followed by legislative reforms. Quite lately a lay contemporary has cast the journalistic searchlight upon what appears to constitute a dark spot in our social system. Its special commissioner has contributed a series of articles animadverting seriously upon the defects of our prison system. He characterises as a failure the present method of administration which is carried on under the Home Office and Sir Edmund Du Cane. He condemns unsparingly the militarism and bureaucracy of the central control which is virtually placed in the hands of Sir Edmund, and these defects he attributes to the increased powers vested in the Prisons Board by Disraeli's Act of 1877. Speaking of "solitary confinement," he writes: "I am for rigid separation at night and for associated work in the daytime, the kind of work indeed which went on in the prisons very much more largely than since the full establishment of the Du Cane *régime*, with its cheeseparings and its increasing rigors. Without any extension of the workshop system the curse of the solitary system cannot be abated, and I would rather the Home Secretary did not touch the matter at all unless he declares for associated work instead of for 23 hours in the cell." From these sentences readers will readily infer that the commissioner is a man of strong views and energetic language. As to the truth of his assertions it is not our business to inquire, that is a task which may safely be left to others, but there are some more purely medical aspects of the case to which the attention of scientists, whether anthropologists, alienists, or sociologists, may be drawn with advantage. But in the first place it will be well to glance at the admitted evils of the cellular system, with its terrible silence, its lack of human interests, its monotony, and its utter erasure of sympathy. No scheme for the regulation of society that has yet been proposed has, so far as we know, definitely asserted that all crime should be treated as a symptom of a pathological moral state. Even the most advanced psychologists do not appear to have imagined such a position as falling within the range of practical jurisdiction. But apart from such abstract questions there is no doubt that only too often as the outcome of modern punishment the spirit of the criminal is broken and his self-respect destroyed. The very fact that he is cut off from all useful work is in itself a degradation and an ever-present reproach. Indeed, there is no question that our prison system has not justified the contentions of those who were answerable for its initiation. There is probably some truth in the complaint that the official staff is both overworked and undermanned. The fact of the increasing percentage of re-committals during late years certainly points to the bad moral influence of solitary confinement upon prisoners. Between 1857 and 1876 the re-committals average 34 per cent. Between 1888 and 1892, under the new system, they rose to 48 per cent. All these statements are sufficiently suggestive to demand a searching inquiry, but there are other aspects of the question with which medical men are more directly concerned. It is freely alleged that the prison fare is such that the health of the unfortunate criminal is often seriously undermined, or more particularly, that the food is inferior both in quality and quantity, and is, indeed, barely sufficient to maintain life. If these accusations be true, then there is urgent need of drastic reform. Our criminal population is already large, and its recruits appear to be drawn chiefly from those waifs and strays of society, discharged prisoners. In other words, if current criticisms be correct, the modern system turns out men who have served their sentences in such a condition of mental and bodily starvation that their speedy relapse into criminal courses is well nigh an absolute certainty. This state of affairs, if only partially true, deserves the serious attention of scientific men. By all means let physiologists, physicians, and alienists go to work and settle authoritatively once for all whether the food and the surroundings of the modern prisoner are or are not such as to undermine his physical and mental life, and so render him an ever-increasing danger to the welfare of the community.

Notes on Current Topics.

Latin and Medicine.

THE struggle between the classical and the scientific methods of education which from time to time goes through an acute stage in this country is just now the order of the day in French educational circles, so far as medical students are concerned. Dr. Potain recently made a report to the Minister of Public Instruction in which he vehemently opposed the proposal to admit to the study of medicine men who had matriculated on the "modern" side. All the old saws about the elevating and refining virtues of a classical education were re-edited on this occasion, but Dr. Potain, like so many others on this side of the Channel, forgets that this train of reasoning is altogether *ultra vires.* No educated person would deny for an instant, or in any degree, the advantages attending a thorough acquaintance with ancient literature, but this does not imply that it is indispensable to the formation of a sound practitioner or an astute and successful lawyer. We have consistently taken the view that while very desirable, a knowledge of Latin and *a fortiori* of Greek, ought not to be exacted of all candidates irrespective of their personal tastes and aptitudes. The ancient languages cannot be considered to be indispensable to a medical training even in respect of terminology, for this can be mastered by an effort of the memory, and it would be easy and profitable to substitute modern languages and a more perfect acquaintance with sciences germane to medicine. Medicine is before everything a science of observation, and no course of training is so conducive to exact observation and logical deduction as the scientific. This is not a new view, for the absurd importance attached by the orthodox physician was ridiculed by Rabelais and later by Molière. Medical men have gained in status and medical science in precision since the days of Molière, but we must beware lest, by too fervid and persistent a prejudice in favour of Latin, to the exclusion of other more immediately important subjects, we create an impression among the outside and irreverent public that if medicine has advanced medical men are fundamentally the same. We are glad to hear that a movement is on foot in England in favour of writing all prescriptions in the vernacular—a practice which long since became general in France. If the modern school in France succeed in carrying their point, the bigwigs of the Faculty notwithstanding, a great step will have been taken in the direction of rendering the training of medical students more purely scientific. The present standard of attainments required in Latin here, as there, is miserably inadequate, and does not confer upon those who have attained it any of the advantages claimed for a sound classical education. The standard cannot well be raised, because the requirements in respect of the sciences are yearly being rendered more stringent. The time misspent in acquiring this mere smattering of the classics had, therefore, far better be spent in a more useful field of labour.

A Medical Trading Company, Limited.

THIS is a progressive age, and one must be prepared for surprises; but by this time probably most of our readers will have seen an announcement of the formation of a Medical Trading Company which must have fairly astounded them. For sheer audacity and impertinence the announcement in question surpasses anything of the kind which has come under our notice. On the 24th ult. a new company was registered under the style of "The New Premier Medical Aid and Insurance Association, Limited," with a capital of £50,000 in £1 shares. The objects of this company are stated to be "to provide medical and surgical attendance and medicine and surgical appliances, generally to carry on the business of a Medical Aid Association and Agency, to appoint and dismiss such medical and other officers, servants, clerks, and agents as may be necessary, and to pay them by fees, salary, commission or otherwise, and to carry on business as insurance, guarantee, and indemnity in every branch saving that of life insurance and life annuity business." Then follow the names of seven persons, with their addresses, forming the signatories, and the interesting details are added that there shall not be less than three nor more than seven directors. The first are to be appointed by the signatories to the memorandum of association; qualification, £100 shares or stock; remuneration, £300 per annum, and a percentage of the profits divided between them. Let the profession read, mark, learn, and inwardly digest this latest phase of the prostituting process which has been introduced by these Medical Aid Associations. There is one question in this connection to which the profession must insist upon an answer. Has the General Medical Council absolutely determined to take no further steps in putting a stop to medical men connecting themselves with these wholly unprofessional concerns? The whole of the matter has been laid before it in a manner which fully proved the objectionable nature in a professional respect of the work of these associations. But the timid policy of the Council resulted in a resolution which was practically meaningless, and which experience has shown to be entirely inoperative. If the General Medical Council will not protect the profession, then the profession must take steps to protect itself. To discuss, however, at all dispassionately this latest scheme for trading by means of medical men is scarcely possible. On the face of it it is insulting to a degree, and it may be safely predicted that in the event of the company paying good dividends, similar schemes of the kind will be founded all over the country. Verily the profession has a great deal to thank the General Medical Council for in this matter!

The Erectile Tissues.

Dr. Caldwell, of Baltimore, sends us a paper under this heading in which he groups the causes, symptoms, and treatment of impotence and sterility in both sexes. The old theory of the existence of "nervi erigentes," by whose action alone such tissues were swelled, has now given place to the more rational idea of a genito-spinal centre governing certain muscular bands which can compress the veins and impede the outflow of blood from the tract. It is, therefore, worth remembering that the relations between potency and the vasomotor tonus of the genito-spinal centre are very close. Among the ordinary causes of impotence Dr. Caldwell classes and lays some stress on the over use of both tobacco and alcohol, giving an instance of a case belonging to the former category. Remarkable success seems to have attended the author in his endeavours in some cases to facilitate the appearance of the long-waited for hair, although to our ears, apart from the usual tonic treatment adopted and holidays advised, the list of drugs recommended as useful in such contingencies sounds somewhat strange. Here are some of them:—Damiana, yerba santa, saw palmetto, vanilla, black haw, picki, and stylo-santhus elatior. We concur in his remarks on the danger to the community to be found in the large trade obtained by advertising quacks in these delicate and often all-important cases. It would be well if the advertisements of such men could be forbidden.

Phonographic Otitis.

A new competitor for public patronage has made his appearance during the last year or so at the street corners and unoccupied shops. He is the proud possessor of a diminutive machine provided with octopus-like prolongations which hang down gracefully along its sides and ends, and its very appearance is calculated to rivet the attention of the passer-by. This is the latest form of Edison's wonderful phonograph, which, after having for years been seen little of outside scientific societies and evening parties, has now been popularised on a large scale. It cannot be denied that the entertainment is well worth the price charged per *séance*. One has only to push the xylonite extremities well into the ears, and then on touching a spring one is treated to band music, orations, humorous recitals, and the whole, or part, of a very extensive *répertoire*, as per contract. As a means of educating and amusing the public nothing could be better, but every medal has its reverse, and the phonograph is not exempt from the common failing. Our attention was called to this "reverse" by several cases in which patients with catarrh and even suppuration of the external ear have dated the onset of the affection from their interview with the aforesaid phonograph. One hardly needs a medical education to appreciate at once the gravity of the risks incurred by pushing into one's ears a nozzle which has been used by a motley crowd, possibly only a few instants previously. When one reflects upon the very large proportion of people who suffer from one form or another of suppurative disease the danger, nay the certainty, of the transfer of the *materies morbi* is apparent. In many cases the matter thus introduced into so sensitive an organ as the ear is of such a virulent nature that no special predisposition is necessary on the part of the recipient to ensure immediate irritation, followed in all probability by more or less serious local mischief. Every medical man is cognisant of the risks entailed by suppurative disease of the ear. So grave is it, even in comparatively mild cases, that life assurance companies usually hesitate to accept a proposal from anyone thus afflicted. Hence it is sufficient to call attention to the danger to ensure that intelligent persons will think twice before listening to a public phonograph, though for the matter of that the risk is not materially less when the exhibition takes place in a drawing-room instead of at a street-corner.

The Extension of St. Bartholomew's Hospital.

The Governors of St. Bartholomew's Hospital have in contemplation the proposal to purchase some of the land which will be available for building purposes after the boys at Christ's Hospital have found a home in the country. It has for long been felt that some extension of St. Bartholomew's was urgently needed. In the first place the present out-patient department is totally inadequate for the purposes of the requirements of the work entailed by the crowds of out-patients which throng for treatment. Again, anyone who knows St. Bartholomew's must admit that the present college for the students is unworthy of the great medical school. Possibly in earlier days the college served its purpose, but now competition has come into play, and other hospitals have shown the students what a residential college should be, and how far that at St. Bartholomew's is behind the requirements of the times. Lastly, new quarters are urgently needed for the resident medical staff, as well as for the nurses. Evidently, therefore, the Governors of the hospital have no option in coming to a decision in respect to the purchase of land for extension purposes.

Alleged Asylums Board Extravagance.

It is usual with a certain class of writers who favour the principle of democratic local administration to point to the London Asylums Board as a striking instance of the success of a decentralising system. That the work of the Board is well done most people will readily admit. Its lunatic asylums are well regulated, properly constructed, and for the most part fulfil the requirements of modern scientific treatment. On the other hand, its fever hospitals are insufficient in number, and now and then one hears a hint that their internal economy might bear an occasional overhaul with advantage. Of late the Board has advanced a scheme which has startled Boards of Guardians all over the metropolis by its costliness, and at numerous vestry meetings the attention of members has been called to what has been freely described as the extravagance of the Asylums Board. Nor does the latter description appear to be altogether unwarranted by the facts of the case. Briefly, the Asylums Board proposes to build a new hospital at Shooter's Hill at a cost of £220,000, or £440 a bed. That sum certainly seems unduly large, especially when it is stated that it does not include the purchase of land and of pumping machinery. At the same time it must be remembered that the Local Government now exacts a much larger air space for patients than formerly, so that larger wards are needed. There is another item in the scheme for the new hospital which will require a good deal of explanation, namely, that beds have been provided for 300 officers to wait on the 500 patients. The statement that this large staff is wanted because of the increase of diphtheria patients does not appear to us to afford an adequate reason for such a proportion as three officers to one patient. The contrast from some recent revelations as the scandalous under-nursing of some of our Poor-law infirmaries is simply startling. The attention of the Local Government Board might be directed with advantage to the double task of stirring up the penurious no less than of checking the extravagant Boards.

The Prosecution of Qualified Unregistered Practitioners.

A case of some importance came before the magistrate at Greenwich Police Court last week. A practitioner was summoned by the Superintendent Registrar of Births and Deaths for the district for wilfully making a false certificate respecting the death of a child. The evidence showed that the practitioner in question was an assistant to another medical man and held the diploma of "L.R.C.P.," and the offence was that he signed the death certificate as if he were registered under this qualification. As a matter of fact, however, he was not registered, inasmuch as since 1887 a double qualification in medicine and surgery has been requisite before registration was obtainable. The Superintendent admitted that there were medical men holding good medical appointments with only the same qualification as that possessed by the defendant, but this fact did not alter the circumstances of the present case. A fine of twenty shillings and two shillings costs was imposed. Legally, of course, the practitioner was in error in representing himself as registered when he was not so, but presumably he could have overcome the difficulty while filling in the death certificate either by erasing the word "registered" or by inserting the letters "un" before it. Strictly speaking the offence was one of a technical nature rather than one which really called for the active steps taken by the Superintendent Registrar for the purpose of vindicating the law. We should have supposed that a timely warning from this official to the practitioner to the effect that the latter could not be allowed to represent himself as registered would have amply met the circumstances of the case. Had the false representation not been made the Superintendent could not have proceeded against the practitioner for filling in the certificate.

A Hint for Dublin Educational Authorities.

We invite the very serious attention of Dublin teachers and colleges to the list of Irish students published by the Scotch Examining Board in the medical and other papers. Thirty students who, one would think, ought to be the legitimate "spoil" of the Dublin Colleges, are gazetted as having passed their exams. in Scotland. Why? Is it because one or other of the Dublin Colleges is so inflated with the sense of its own supreme respectability that it cannot descend to do business in a practical way? or is it that the Colleges are too busy squabbling with each other to give attention to the wholesale exodus of Irish students? Or is it that Dublin teachers and Dublin Colleges are willing to pile on additional fees for the teaching of such redundant specialities as mental disease and vaccination? or is it that the Dublin diploma fee of £42 is kept up to a prohibitory amount because the dignity of somebody will not come down to market price? or, (we think not) that Dublin teaching is less thorough, less businesslike, less carefully supervised, and less attractive to students than elsewhere? or is it that the Irish examinations are more "cruxy," more like a collecting of examinations in specialities, less calculated to test what the practical knowledge of the student is, or more risky in the passing? We cannot answer. But we are quite clear that the sooner the Dublin teachers and qualifying bodies proceed to set their heads together to solve the riddle like sensible men the better for their prospects.

Dr. Cornelius Herz.

Dr. Cornelius Herz has a serious grievance against the French medical men who were deputed by their Government to examine and report upon his case. According to his statement they never made any physical examination of him, although it was known that he was suffering from heart disease, and while admitting that he was ill, they agreed that he could not be taken to Bow Street without putting his life in danger. Yet, despite all this, on their return to Paris they affirmed that Dr. Herz was well enough to be extradited. Clearly either Dr. Herz has been very ill-used in the matter or he is mistaken in his facts.

Fraudulent Titles.

A case came before the Houghton (Durham) magistrates on Thursday last which revealed the practice of fraud on the public almost inconceivable in its barefaced audacity. Eighteen months ago the *soi-disant* doctor was a working miner, but being desirous of soaring in higher elements he was elected member of "The Incorporated Council of Safe Medicine," and forthwith set up in practice with a brass-plate on his door with the magic initials M.D., B.C., after his name. He visited and prescribed, signed death and birth certificates, and even notified cases of infectious disease under the Act to the Medical Officer of Health. Neither his brazen face nor door-plate, however, will now avail him, and the heavy fine inflicted with the alternative of imprisonment may perhaps teach him that, although the public may be hoodwinked with fraudulent titles for a time, a day of reckoning is a certain eventuality. During the hearing it was sought to fix the initial prosecution on the Medical Officer of Health; he, however, proved that he had ignored the fellow altogether. But what of this iniquity, "The Society of Safe Medicine," which awarded the miner a diploma and elected him member of the Council? Need we add that this is of American origin, and like all this class of quackery, is helped in its unholy work by ministers of various religious denominations, which our laws are impotent to arrest.

No Money Returned!

It is unfortunately not unusual for a doctor to have to sue for a fee, but we never, until now, heard of a case in which a doctor was sued for the recovery of part of a fee which had already been voluntarily paid to him. Such a case was tried before the County Court Judge for Fermanagh last week. Drs. Walsh and Gunning, of Enniskillen, had been summoned to to attend a farmer's son who had received a very dangerous injury of the thigh. They had to drive ten miles in the middle of the night, and to walk a mile up the mountain. They found that amputation was indispensable, and told the farmer the boy could be operated on in the County Infirmary at a small charge, but that they considered that his removal to such a distance would be excessively dangerous. The farmer elected to pay the requisite fees, which he was apparently well able to do, and the amputation was then and there done. The doctors did not leave the house until three o'clock the next day, when their fees (£10 to Dr. Walsh, and £5 to Dr. Gunning) were cheerfully paid. The boy subsequently died from secondary hæmorrhage, and the farmer now sued Dr. Gunning to get back £2 18s. We do not know by what principle of law or equity such a claim could be upheld. At all events, the Judge at once dismissed the case with costs against the farmer.

The Bengal Branch of the Pasteur Institute was successfully inaugurated on the 30th ult. in the presence of a large company. After the ceremony subscriptions to a considerable amount were promised.

The Signs of Death.

The only certain evidence upon which reliance can be placed of death having occurred is the presence of decomposition. In this connection a curious experience recently came under the notice of a medical man in respect to a patient who had died from angina pectoris. The report runs that "the face of the corpse seemed to be bathed in perspiration, the moisture reproducing itself after having been repeatedly wiped off, despite the presence of *rigor mortis* and other unmistakable evidences of death. This most extraordinary phenomenon was witnessed by several local medical men who also viewed the body. The funeral was consequently delayed several hours until decomposition had fully set in." Doubtless certain physical causes were present to account for the phenomenon displayed, but it would be difficult to explain precisely their true nature. Obviously, however, in all cases of suspected so-called suspended animation the duty of the medical man is clearly defined. He should prohibit the ceremony of burial until the unequivocal signs of decomposition have developed.

The Coombe Lying-in Hospital.

We understand that the Council of the Dublin Hospital Sunday Fund decided at its meeting on Wednesday last to withhold the grant to the Coombe Hospital until the Committee of Distribution should consider the administration of the hospital worthy of support. The amount of the grant would have been about £83. We believe that the Council, in coming to this conclusion, was influenced by the conduct of the Governors referred to in our last issue in refusing to appoint a Matron unless she was of their own religious persuasion. The suit of the late Master, Dr. Colclough-Hoey, for damages for libel against the *Irish Independent* seems to be still pending, for a preliminary motion in it was made in the Dublin law courts last week. If it goes to trial it is very certain that the public will know more about what are called the "Coombe Hospital Scandals" than they have yet had any opportunity of knowing.

The Harness Prosecution.

The magistrate at Marlborough Street Police-court last week stopped the proceedings in the Harness case, and the defendants were discharged. This result has come in no way as a surprise to those who had followed the course of the trial. The charges were of conspiracy to defraud, and the prosecution sought to infer the guilt of the defendants from their practice of demanding sums of money in advance and from their reluctance to fight out in open court charges previously brought against them. In order to do this successfully it became necessary to show that the defendants were absolutely cognisant of the fact that their electropathic belts were worthless appliances, and that the only way of securing payment for them was by demanding it beforehand. After hearing the evidence of the witnesses Mr. Hannay considered that the prosecution had failed to establish their case, and accordingly dismissed the defendants.

Travelling to the International Congress at Rome.

THE facilities afforded to members of the Congress by the home and Continental railways and steamship companies are most generous, and they indicate the anxiety of foreign nations to promote educational movements which are both financially and in other ways for the benefit of their countries. One great English Company, the London and North-Western, has distinguished itself, as, indeed, in many instances it has done before, for its stupid policy of selfishness. It has not been able to see that it would be to its own advantage to encourage doctors to go to Rome and to bring their wives and families, even though a minimum profit might be derived from the transaction. This is the system of administration which has caused the Company to fall back, as it has done, into the rear rank of the great English Companies, and which, if persisted in, will inevitably bring down the dividends and the prices of North-Western stock below the very modest value at which they now stand.

A New Phase in Milk Adulteration.

FOR a long time past a large trade has been done in adulterated milk by a person trading under the title of a Dairy Company. Numerous prosecutions and convictions have followed, and the "Company" has now hit on an ingenious plan for evading the Adulteration Acts. Their plan is to sell their milk to carriers, who also hire their barrows. The consequence is that when an inspector proves a case of adulteration he finds himself obliged to prosecute a man of straw. In a case which came before the Westminster Police Court a short while since, the defendant, a carrier, deposed that he paid 2s. a barn gallon for new milk and 1s. 1d. for skimmed, and 1s. 6d. a week for the hire of the Company's barrows. The prosecuting counsel observed that, although he had no moral doubt that the defendant in the case was sent out by the dealer, yet it could not be proved unless the former would give information. It is obvious that the interests of the public demand a legislative safeguard against an evasion of this kind.

The New Medical Officer of Health for Manchester.

THE Manchester City Council had not far to go in order to find a suitable candidate for the vacant post of Medical Officer of Health for the city. The appointment has been conferred upon Dr. James Niven, who for some years has been the Medical Officer of Health for Oldham. Thus, as has often proved to be the case in the competition for posts, the claims of a good local candidate have been shown to have been paramount. There were thirty-three candidates for the office, out of whom six were selected for a personal interview with the committee, and ultimately, as before stated, Dr. Niven was chosen. The appointment carries with it a salary of £850 per annum.

WE understand that Sir Joseph Lister, Bart., Prof. Pasteur, and Prof. Virchow have been the recipients of the distinguished order of S.S. Maurice and Lazarus bestowed by H.M. the King of Italy.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

DR. TUKE ON OVER-EXERTION OF THE BRAIN.—Dr. Tuke, in his first lecture delivered last week, announced that the subject of this series of Morrison Lectures on Insanity would be the *modus operandi* of over-exertion of the brain, especially during the earliest stages, as a cause of insanity. He first insisted on the misconception involved in speaking of insanity as a mental disease, a term which did not indicate the possibility of organic as contrasted with purely functional disease. If a case of acute mania or acute melancholia were presented at this date to the profession for the first time the symptoms would lead them to seek for some bodily disease accompanied by delirium, not a purely mental trouble. The cerebral convolutions were not sufficiently regarded as an apparatus in which changes may take place in consequence of the action of malign influences. It was difficult to comprehend mentally the structure of a convolution from ordinary descriptions in text-books, as the whole of the elements were not brought together in one place. With such a belief he had prepared a description of a typical Rolandic convolution following the statements of Ramon-y-Cajal and Retzius.

SEPTICÆMIA IN THE EDINBURGH MATERNITY HOSPITAL.—This hospital, we understand, is to be shortly closed, or even now has been closed, in consequence of an epidemic of septicæmia. Several consecutive cases occurred a little time ago, and since then no fresh patients have been admitted. The disease is either of the nature of puerperal septicæmia or due to some diptheritic poison introduced into the hospital.

ALLEGED CURES OF DRUNKENNESS BY TYSON'S SPECIFIC.—It is reported that all those who, as we before have drawn attention to, were put under this so-called cure for inebriety have completely recovered. During the "cure," they were allowed to go about their ordinary occupations, and no restrictions on their ability to procure alcohol were imposed. They report that now they have an unutterable loathing for alcohol in any form, and that they feel themselves able to withstand any of its temptations. We remember similar evidence in "the Keeley cure."

MEDICAL CHARITIES IN EDINBURGH.—Edinburgh has been described as a paradise for beggars. It may also be termed a paradise for the sick. If it is easy to make a fortune by begging in this city, it is no more difficult to get medical advice gratis. Emeritus Professor Struthers last week called attention to the fact that, while the total population of Edinburgh in 1889 was about 236,000, no fewer than 103,095 patients, indoor and outdoor, were treated gratuitously at the different hospitals and dispensaries. Of course this number included some country cases, but their number was not great enough to affect his argument. He especially decried the establishment of new and special dispensaries, whose work so often overlapped, while he thought that some central regulating board should be formed of competent gentlemen willing to look into the matter, in the hope that it might prevent such a waste of public money as was entailed by the present system. Dr. Russell, the Lord Provost of Edinburgh, re-echoed Professor Struthers' remarks, but thought that the matter was a most difficult one to settle, as too often the special hospitals and dispensaries had some private end, it might be of the attending medical officers to subtend, in whose interests the establishment was puffed far and wide. The time, however, has come when something should be done in Edinburgh in the way of regulating its medical charities.

THE REPRESENTATIVE COUNCILS—INTER-UNIVERSITY MEETING.—The Inter-University Conference of the Students' Representative Councils of Scotland was held on the 2nd inst., in the University Court Room. The Conference is an annual one, and is held in rotation at the four Universities of Scotland. It is now four years since the Conference was last held in Glasgow. Representatives were present from the Glasgow, Edinburgh, St. Andrew's, and Aberdeen Universities, each University having its full complement of four delegates. The delegates were photographed in a group before the Conference opened.

Glasgow Royal Infirmary.—The year's report of the Glasgow Royal Infirmary to hand is far from satisfactory, and shows a falling-off in the subscriptions, which has been going on steadily since 1886; in that year it amounted to £6,000, and has now reached the sum of £11,091 odd, and were it not for the Bellahouston bequest of £10,000, the deficiency this year would have been appalling. The falling off is said to be chiefly due to a decrease in the subscriptions from *employés* in public works. This, of course, should not be, but there is no denying the fact that the tendency is to allow these institutions to be kept up and managed by the moneyed classes, who derive no benefit, and who are too frequently and unjustly accused of fastening too tightly their purse-strings. At present 'tis the "working man" who has shown a callous indifference in withholding what gives him and his fellow-men a substantial return for his support.

The Churches and the Infirmaries.—A meeting was convened by the Lord-Provost in the City Chambers on the 31st ult., at which representatives of the three Infirmaries and the various religious denominations were present. An informal conference was held on the proposal that there should be one general collection on a fixed date in all the churches on behalf of the Royal Western and Victoria Infirmaries of Glasgow, and a committee was appointed to approach the churches with a view to carrying out the suggestion. The churches, it was pointed out, do not subscribe as they ought, and taking the Established Churches in Glasgow and Aberdeen as example, the former only subscribed £775, while the latter gave £1,038.

MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last (Feb. 5th), opened with a paper by Mr. Harrison Cripps on the treatment of a very difficult class of cases, viz., cases of suppurating ovarian cyst or pyosalpinx, in which a communication has formed between the cyst and the rectum. He read notes of four cases of the kind which had come under his notice among a hundred other ovariotomies. It is therefore—and fortunately—a rare complication. He tried puncture through the roof of the vagina in the first case in order to allow the opening in the rectum to close, but abdominal section became necessary. In the other three cases he resorted forthwith to this plan, with one death.

Mr. Goodsall suggested that it would be possible by inguinal colotomy to divert the passage of fæcal matter along the rectum and thus to facilitate the closure of the opening.

Dr. Cullingworth related four cases of his own in which he had operated on the lines laid down by Mr. Teale in his 1889 address. Mr. Teale's plan is to open the abdomen and endeavour to make out the nature of the abscess, then to open it and wash it out, stitching its edges to the parietal wound. This plan Dr. Cullingworth modified by removing the sac wall at the same time, with success. His last case was one in which a communication had been established with the bladder, but in this case too he followed his modified procedure with perfect success. He deprecated attacking these cysts from below, a plan which, he said, could never be expected to give satisfactory results.

Dr. Routh took up the cudgels on behalf of the practice of puncturing these cysts through the vagina or rectum. When an opening had been established naturally, he urged that it ought to be made use of to drain the cavity, and whenever the swelling was readily accessible from the vagina or rectum, he thought that the proper course was to withdraw the contents by means of the aspirator. If the pus was foul he washed out the cavity with a solution of iodine, and he claimed that having resorted to this method in several cases he had found it thoroughly trustworthy. He concluded by regretting the *furor secandi* which led present-day surgeons never to neglect an opportunity of opening the abdomen.

Dr. Garston read a paper dealing with the mutilations of the genital organs practiced by Australian aborigines on males and females for the prevention of procreation and otherwise. We hope to be enabled to publish this paper shortly.

GRESHAM UNIVERSITY FOR LONDON.

ROYAL COMMISSIONERS' REPORT.

The Royal Commission appointed to consider the draft charter for the proposed Gresham University for London have concluded their report, and the important document, having already been presented to Her Majesty the Queen, will, it is expected, be published shortly.

In respect to the constitution of the University, the Commissioners recommend that the Queen shall be the Visitor. The Chancellor, elected by Convocation, and holding office for life, to be the head of the University, and *ex-officio* a member of the Senate and of Convocation. He will preside over all meetings of the Senate. The Vice-Chancellor to be elected annually by the Senate from its own members, to be *ex-officio* a member of Convocation, of all boards and committees appointed by the Senate, and of the Academic Council. In the absence of the Chancellor he is to preside over all meetings of the Senate and be chairman *ex-officio* of all boards and committees appointed by the Senate and the Academic Council. The constitutional bodies of the University are to be the Senate, the Academic Council, the Faculties, the Boards of Studies, and Convocation. The Senate will consist of the Chancellor and sixty-five members appointed for four years, as follows: Three by the Crown; three by the President of the Council—one in respect of the Royal College of Science, one for the Education Department, and one for Art; one by the Secretary of State for the Colonies; one by the Secretary of State for India; nine by Convocation—two elected by the registered graduates in Arts, two by those in Science, two by those in Medicine, and one each by those in Law, Theology, and Music; two by the Royal College of Physicians; two by the Royal College of Surgeons; one by the Society of Apothecaries; four by the Inns of Court—one by each Inn; two each by the Incorporated Law Society, University College, King's College, and the London County Council, and one each by the Royal Agricultural Society, the Institution of Civil Engineers, the Royal Institute of British Architects, the Trustees of the British Museum, the Royal Society, the Governors of the City and Guilds of London Institute, the Corporation of London, and the Mercers' Company; four by the Academic Council, five by the Faculty of Science, four each by the Faculties of Arts and Medicine, two each by the Faculties of Law and Theology, and one by the Faculty of Music. Thus, of the members of the Senate, twenty-two will be elected by teachers, eight by the Crown, nine by Convocation, eleven by public bodies controlling medicine and law, four by public bodies connected with applied science, and eleven by various institutions. The Senate will be the supreme governing body of the University, and have authority from time to time to frame statutes—to be submitted to the Queen in Council and laid before Parliament—for altering or adding to the constitution, powers, or functions of the University. Further, it will be entitled to make, alter, or revoke ordinances for the regulation of all matters concerning the University, and to exercise all powers and do all things authorised to be exercised and done by the University. This will include the arrangement of the elections, the altering of the faculties, the admission and removal of schools, the appointment of professors, and the conferment of degrees. It is proposed that the Academic Council shall be composed of the Vice-Chancellor and fifteen members elected by the faculties to regulate teaching, examinations, and discipline. In certain cases it must consult with the Boards of Studies and with admitted institutions, but act on its own judgment. On various matters it will advise the Senate. The faculties will be made up of teachers, appointed or recognised by the University, in Arts, Science, Medicine, Law, Theology, and Music. They will send representatives to the Academic Council, elect the members of the Boards of Studies, and meet to discuss and report to the Academic Council. Their number and distribution may be altered from time to time by ordinance of the Senate. The constitution, functions, and mode of electing the Boards of Studies are duly set forth. Finally, Convocation is to consist of graduates, present and future.

We will refer to the new scheme in our next issue.

THE NORTH CAMP HOSPITAL AT ALDERSHOT.

We should like to know what is being done to carry into effect the recommendation of General Butler's Committee of Inquiry respecting the insanitary state of the North Camp Hospital at Aldershot. This hospital consists of a lot of old Crimean huts built 40 years ago and totally unfit, even then, for the accommodation of the sick according to modern ideas. The *Globe* of Dec. 23rd called attention to the fact that, notwithstanding the grant of money for the purpose of reconstructing the hospital, and notwithstanding the continuance of typhoid and other diseases of insanitation in that part of the camp, both soldiers and medical officers continue to be housed there. While these complaints have been made without result, plenty of money has been forthcoming for the building of churches, gymnasia, and engineers' barracks. The delay which has occurred, and is still occurring, in carrying into effect the advice of Gen. Butler's Committee is worthy of the attention of the Press and of Parliament, and we shall return to the subject as soon as further inquiries shall have been made.

We regret to announce the serious illness of Mr. Wheelhouse, of Leeds, Representative of the profession for England, and an ex-President of the British Medical Association.

An International Sanitary Conference is being held in Paris this week, to devise measures for the control of Cholera in the Persian Gulf, the Red Sea, and the Holy Places during the Mohammedan pilgrimage. Dr. Thorne Thorne and Surgeon-General Cunningham are the British representatives.

Dr Tibbitts was again unsuccessful in a libel suit brought on Monday last against *The Morning* newspaper. Even Mr. Harness's evidence on his behalf failed to secure for him a verdict.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE PROPOSED NEW ORDER OF MIDWIVES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A request on the part of the Honorary Secretaries of the Midwives' Registration Association that I should become a member leads me to think that I have not made my position with regard to this question sufficiently clear in my letter to the Medical Press and Circular of Jan. 31st, 1894, on the subject of "Midwives and their Doings." I am altogether opposed to the formation of a new and distinct class of medical practitioner. This, I feel satisfied, must be the outcome of the proposed legislation. Nowhere have I seen any definite statement of the limitations to be placed on the practice of the registered midwives.

It is a comparatively easy matter to set the legislative ball rolling in the direction of education and registration; but it will be a very different matter when it is desired to put a limit to their privileges. With increased education we may rest assured that they will soon regard it as a grievance that they are not to be allowed to take complete charge of their cases, and of the children which they may bring into the world. The scheme is a distinct injury to the younger members of our profession, who will, by it, be deprived largely of their chances of practice, and of their opportunities of acquiring experience in midwifery. What I should like to see promoted would be the training of a good class of monthly nurse, who would know when to send for the medical man, and in the case of the child's being born before his arrival would be able to separate the child.

Before the members of the profession at large are asked to support a scheme for the further education of midwives, and their registration, I am satisfied that the first thing to be done is to define in the clearest possible terms how far they are to be permitted to take entire charge of their cases. It is only the fact that familiarity breeds contempt that leads people to regard lightly the process of parturition, and allows them to feel satisfied that it should be in the hands of other than properly qualified medical practitioners, as far as immediate supervision is concerned. Well-trained nurses might very properly have charge of confinement cases up to the time when the head begins to press on the perinæum, but from that time on, the case should be in the hands of the medical man. It is unnecessary for me to dwell upon the dangers of the parturient state. I would do all that lies in my power to prevent their being underrated. I am certainly opposed to the care of such cases being handed over entirely to the charge of midwives, however well trained they may be, unless their training has been carried to that point which would enable them to take complete charge in complicated as well as simple cases, *i.e.*, that they should be recognised as an entirely new class of practitioner. To enable them to do this a very much more extended course of instruction would be necessary than is, I think, contemplated by those who are moving in the matter of midwives' registration I trust that nothing will be done lightly in the matter. I hope that those who are advocating the registration scheme will state clearly the limitations they propose to place upon their midwives, and the machinery by which they propose to enforce their observance.

I am, &c.,

John W. Martin, M.D.,
Hon. Medical Officer to Jessop Hospital
for Women, Sheffield, &c., &c.

Claremont Place, Sheffield,
Feb. 3rd, 1894.

THE DERMATOLOGISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The omission of Mr. Jonathan Hutchinson's name in the Presidential Address given by Mr. Malcolm Morris on "Dermatology of To-day" has, I think, been most justly brought before the profession in your number of January 31st. The address from "Open Sesame!" with the consequent unlocking of the doors of the secret caves of Pathology to the last sentence, where he states that in the hands of himself and a few others, "there need be no fear that the glorious heritage left us by our predecessors will suffer diminution, or that the traditional lustre of English dermatology will be dimmed," is really readable stuff, full of well-rounded periods and froth. It recalled the address he gave in Dublin on Ringworm, when with "ore rotundo" he told us what we all knew, but failed to give us the "tip" we all went for. Besides omitting the name of the most experienced, the most learned specialist, Mr. Jonathan Hutchinson, he made another omission when he dealt with treatment. Here he might have condescended to say a word or two regarding the well-recognised curative power certain mineral waters and baths possess in dealing with some of the most intractable forms of skin disease. Mr. Morris and every dermatologist knows that a course of mineral waters and baths often effects a complete cure when all the usual remedies, internal and external, have failed even to relieve; surely this system of treatment which has been had recourse to for centuries with the very best results should have found a place and taken precedence before such new fads as massage and electricity.

As I am writing, I may as well state that, having had

Dr. Byrom Bramwell's treatment of psoriasis with thyroid extract brought very forcibly before my notice when at the British Medical Association Meeting at Newcastle, in August last, although I did not believe in the miraculous cures recorded, I determined, having many suitable cases under treatment at the time, to give it a fair, full trial. I did so, in psoriasis, lichen, prurigo, eczema, syphilitic psora and rupia, and after steady exhibition of the best preparations I never found the slightest sign of improvement which I could credit this new-fangled remedy with.

I am, Sir, yours, &c.,
A. S. Myrtle, M.D.

Harrogate, Feb. 1st, 1894.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is apathy on the large field of workers in dermatology at the present time that certain individual names forming the basis of a "dermatological club" should be held up to light as they were recently at an address given at one of the London medical societies, when names were excluded who long before the present age of dermatologists were known to fame, such as the elder Startin who established the first skin hospital and whose lectures were published in the *Medical Times and Gazette*; Mr. Jonathan Hutchinson, whose writings and works are so well known; Purdon, of Belfast; Smith, of Birmingham, and other good workers in London were omitted in this favoured list. It had been better and certainly more courteous if names had been omitted, with the exception of those "gone before," than have thus so pointedly individualised. It seems a suitable time when a Dermatological Society might be formed on the same basis as the medical societies of London, open to all members of the profession.

I am, Sir, yours, &c.,
A Dermatologist of 18 Years' Standing.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you allow me to express my great regret at the tone in which you have recently, in two articles, criticised the Dermatological Society of London. Your wish is, I believe, to assist those, of whom I am one, who desire to see a new society formed on a wider basis. Our aim and hope is that the two societies will work side by side in a friendly manner for the advancement of the knowledge of dermatology. This aim will not, however, be accomplished without some forbearance on both sides, for, as is not unnatural, there are some of the members of the old society who regard with suspicion the formation of a new one. Now I feel sure that your criticisms are calculated not to diminish, but to increase the state of tension which already exists, and apart from that, they are, I am sure, wholly undeserved. The old society has done excellent work, and has been conducted throughout on liberal and judicious lines. It merits your applause, and not your blame.

The new society will be in a sense supplementary to the old one and in no way its rival, for their scope of work will be very different. The old society is a purely clinical and almost private one. We meet together for the inspection of examples of rare disease, which we discuss in conversation. We make no speeches, we admit no reporters, we publish nothing. Our meetings are, however, for mutual instruction invaluable. Most of us are already teachers, and the knowledge we there obtain is quickly transmitted to our classes and thus becomes indirectly a public possession. That our number is restricted to thirty ought not to become a taunt, for it is obvious that such a society could not work with a crowd. I sincerely hope that we shall long flourish on our old lines, and that it may long be as it is now, a coveted honour in the dermatological world to be one of the thirty.

Some of us believe that, so far from there being any antagonism, the formation of a new society, on broader lines, is really the only means likely to secure perpetuity to the older one without prejudicial modifications. The new one will enlist as its members all suitable applicants, and thus save the older from injurious pressure from without. It will receive, it is hoped, many of our younger men and of those who, though by no means professed dermatologists, yet take interest in the study of skin diseases and syphilis as important departments of general medicine and surgery. As vacancies may occur in the ranks of the thirty, it will hope to supply worthy candidates who have been trained in its ranks, and the senior society has passed almost unanimously a resolution advising its members to join the new one.

I am, Sir, yours, &c.,
Jonathan Hutchinson.

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HOMŒOPATHIC CLAIMS TO DISCOVERIES OF MEDICINES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—For one who boasts that he has made a "quasi-experimental study" of homœopathy, it is strange that Dr. Granville has so completely misunderstood the system as shown by his observations in your periodical of this week.

No one ever denied that homœopathy has taken from the traditional materia medica hundreds of remedies, but the merit of Hahnemann consists in his discovery that those medicines, and the others which have been introduced into homœopathic practice by Hahnemann and his disciples, cure diseases by virtue of their power to cause in the healthy human body morbid states or symptoms similar to those of the diseases they can cure. Perhaps Dr. Granville will be surprised to learn that Hahnemann in his very first essay enunciating his therapeutic rule gives a list of 53 drugs from the annals of the old school which are said to have cured diseases whose symptoms strongly resembled those recorded, in these same annals, as having been caused by poisonous or excessive doses of these same drugs. In the first four editions of the *Organon* he gives 25 more instances of the homœopathic use of drugs from allopathic authors. Among these 78 remedies enumerated by Hahnemann as showing the unconscious employment of drugs homœopathically in the old school will be found most of the homœopathically inducted remedies in Dr. Brunton's book. But Hahnemann's method of testing medicines on the healthy human body in order to ascertain their powers enabled him to add a vast number of other powerful substances to his materia medica many of which were completely unknown to old-school practitioners, or if ever used had been discarded because the old school did not know how to employ them usefully. It is not because Dr. Brunton employs the same medicines as homœopathy does, but because he directs them to be used in accordance with the homœopathic therapeutic rule, that we assert that he has borrowed these medicines and their indications from homœopathy.

Dr. Granville's assertion that "all substances which have any action on the organism produce two apparently opposite and contradictory effects, resulting from their exhibition in different doses" is quite erroneous. Hahnemann recognised the frequent occurrence of a primary and a secondary action of drugs which were often the opposite of one another, but that was no way dependent on difference of dose, for one single dose would suffice to display this effect.

The imaginary therapeutic virtues ascribed to the drugs in the old work quoted by Dr. Granville have no bearing whatever on their homœopathic uses.

I am glad to observe that Dr. Granville denounces "that crime against common sense which is unhappily approved by the majority of our so-called 'leaders,' namely, the treatment of homœopaths as outside the pale of professional sympathy." The sentiment is excellent; the pity is that he does not act up to it, for expressions like "infatuated believers in infinitesimal doses," "the whole pretence is a juggle," "preposterous claims to originality," can hardly be considered as striking examples of "professional sympathy."

Homœopathic writers are always ready and willing to acknowledge the sources whence they derive their medicines; they have no need or wish to appropriate to themselves the discoveries and inventions of others to which they have no legitimate claim, as is sometimes done by members of Dr. Granville's school, as, no doubt, he is well aware.

I am, Sir, yours, &c.,
R. E. Dudgeon.

53 Montagu Square.
February 1st.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Whilst acknowledging the general fairness of Dr. Mortimer Granville's tone in the article on "Homœopathic Claims" which appeared in your last issue, and whilst granting him the same right to freedom of opinion that he is willing to allow to others, I must ask your leave to point out that, in spite of his ernest endeavours, he has failed to comprehend what homœopathy is, and what are the claims of its followers. I accept Dr. Granville's assurance that he learned from Nicolas Lembert and from Hahnemann the use of camphor in influenza; but when Dr. Granville seeks to shield Dr. Brunton with the same ancient authority, and when he makes out that homœopathists claim for Hahnemann the discovery of all the drugs he experimented with, as distinguished from their special and precise uses, I must demur. Taking Dr. Granville's list and comparing Lembert's descriptions of the drugs,with the pictures of the same in Hahnemann's *Materia Medica*, anyone can see that the provings on healthy individuals have brought out characteristic features and indications of curative properties that were never dreamed of by former writers. Lembert seems to have found each remedy more or less "detersive," and the general terms of his descriptions were the very thing that disgusted Hahnemann with old physic and made him seek for something better. That Dr. Brunton did not compile his "Index of Diseases and Remedies" from Lembert is plain to the meanest understanding. In this "Index," appended to his *Pharmacology and Therapeutics*, 1st edition, will be found among the remedies advised under "Tonsillitis" a medicine named *apis*. Now *apis* is a preparation of bee-poison, of which there is no mention at all in the body of Dr. Brunton's work, the reference given telling only of "honey" and "wax." It will hardly be contended that Dr. Brunton found his indication for this valuable homœopathic remedy in Lembert.

Like most writers who fail to understand homœopathy, Dr. Granville is quite prepared to "explain" it. His explanation is not new, indeed, some homœopathists have adopted it. For my own part, I do not accept it; but it does not matter, for homœopathy is not based on explanations, but on facts. It is not a fact that all drugs produce opposite effects in large and small doses; some may do *some*times, in *some* individuals, but the only "opposite" of most symptoms is health. More often there is an alternating action, or a series of differing effects. In homœopathy a remedy can be used when indicated by any of these effects, provided the other symptoms of the remedy correspond to the case under treatment Opium in considerable doses produces constipation, and it also, in the same doses, produces diarrhœa, and it has cured both when given in doses much too small to cause either. Again, opium produces sleeplessness as well as drowsiness, in fact, some persons cannot be made to sleep by opium, even in large doses. Correspondingly, homœopathists may use it to cure both conditions when induced by some other cause. But it must always be remembered that in homœopathy the whole of the symptoms and all ascertainable abnormalities of each patient must be considered; prescribing on one symptom alone is sure to lead to failure. It is purely gratuitous on Dr. Granville's part to say that homœopathy cannot be allowed the credit of curing unless the drug is given to the sick in as large a dose as has produced the condition in a healthy person. Hahnemann began the practice of homœopathy in that way, but he soon found it necessary to diminish his doses, not because he did not make cures, but because the large doses caused such violent aggravation of the sufferings before the cure took place. Dr. Granville talks about "infinitesimal doses" as if the word "infinitesimal" had any definite scientific meaning. Where does "small" end, and "infinitesimal" begin? Is a decimilligramme of Koch's lymph an infinitesimal dose?

I am, Sir, yours, &c.,
John H. Clarke.

30 Clarges St., London, W.

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"MEDICAL MISSIONARIES!"

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of Jan 31st, Dr. C. H. F. Routh attempts to reply to my remarks made on the above subject. He draws copiously from "Walker's Dictionary" when defining the words "medical" and "diploma." I am not now concerned in dictionary definitions, I prefer to take the Medical Act, 1886, as my guide. That Act provides that any person who wishes to be qualified to practise either medicine, or surgery, or midwifery, must now study for five years, and pass a qualifying examination in these three subjects. This is the law on the matter. Dr. Routh, in his zeal for the nigger and other folks, says, hang the Medical Acts! we shall start an examining body of our own, and grant them diplomas. Is such conduct honest? My opinion is, that such conduct is "infamous in a professional respect," and that Dr. Routh should be brought before the General Medical Council. If any other person breaks a law in this country he is liable to be punished. Why, therefore, should these diploma-granting concerns escape, even when sailing under the "religious" flag and backed up by *such* patrons. Dr. Routh refers to other persons who are selling or granting diplomas. Do two blacks make a white? Does it matter whether these "religious" missionaries are trained for one, two and a half, or three years? Has not the Medical Council—a body composed of men from all the medical examining bodies in the United Kingdom—made a rule to the effect that each student must have a *minimum* educational period of two years? In actual practice Dr. Routh says this is nonsense, when niggers and other destitute people are being treated. Why does he not apply the same reasoning to the poor and destitute in England, and say that a medical training of one or two years is sufficient for those who treat our own poor? I am asked, Is it true that medical men can *never* treat *women* in India? No, it is not true. It is open for *every* women in India to go to any practitioner, man or woman, privately, or in hospital, and obtain treatment. If they are stupid enough not to do so that is their fault. Dr Routh proposes to meet their sweet obstinacy by driving a coach and four through our Medical Act. But, if they *will* object, send them perfectly qualified medical women, and not illiterate persons. Again, Dr. Routh refers to the fact that "shoals of women kill their female children" in China. Agreed. Do they not do the same here? Are there not thousands of women in England who to-day (Sunday) go to church, and after copulation syringe themselves out, or if pregnant, take a few doses of a mixture guaranteed to remove "all obstructions"? Yet, are we to repeal the Medical Act—in its educational sections—because child-murder is frequent?

Next, he refers me to the feet of poor girls placed in hard shoes. I reckon one need not go to China or to India to see such contemptible nonsense, and I question if the custom would be affected by swarming the country with even "medical" missionaries.

Dr. Routh gives a copy of the Diploma issued by the "Zenana Medical College," and in that diploma the owner is stated to be entitled to treat persons suffering from diseases and to practise surgery and midwifery; in fact, act as we medical practitioners now do. Is this honest and fair? Are the Missionary Societies now so poor, or is their case so weak that they cannot obtain the funds necessary to send out properly-educated practitioners Because, this diploma-granting business is one of the heaviest blows which have been given to true missionary enterprise. I note that Dr. W. M. Ord is stated to be the Examiner in Medicine at the "Zenana Medical College." I thought he had refused to act any further in this respect. Do Mr. T. Pickering Pick and Dr. W. R. Dakin still act as Examiners in Surgery and Midwifery?

Yours, &c.,
Robert R. Rentoul.

Liverpool,
February 5th.

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DENTAL ADVERTISING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Blandy deserves the thanks of the whole profession—medical and dental—for the plucky fight he is making against the grosser forms of quackery, but it is a hopeless fight. It is out of the question to expect that any Act of Parliament will in our time be introduced to prohibit the practice of any department of medicine or surgery for gain by the unqualified. It is possible more stringent laws might be passed against illegal assumption of titles, but it would be difficult to devise a law which would prevent the use of designations quite sufficient to deceive the public and lead them to look upon a quack as a qualified man.

As to advertising I recommend to Mr. Blandy a study of the columns of the *Times* during the last few weeks ending with this. He will there see a lengthy correspondence on the "Puffing System" in which it is clearly proved that the journalistic trade depends upon this system. The vast majority of newspapers either depend for a living or depend for their profits on paid puffs. With the exception of the *Times* and a few leading papers the whole newspaper press, and especially those ostensibly devoted to exposure of quackery, humbug, and financial fraud, are, in fact, subsidised and supported by the army of sharp and roguish traders and quacks of all denominations. Mr. Blandy has the general press against him; their living or their worldly gains depend on the continued flourishing existence of the classes against whom he fights, and so the fight is, I repeat, hopeless.

I am, Sir, yours, &c.,

X. Y. Z.

London, Feb. 1st, 1894.

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PROFESSIONAL, ESPECIALLY DENTAL, ADVERTISING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I wish I could encourage Mr. Blandy and those who are joined with him in the effort to put a stop to advertising by dentists, in the hope that they will succeed in getting the Medical Council to declare advertising to be "infamous conduct in a professional respect." Not even if the whole dental profession were inspired by the enthusiasm of Mr. Blandy would the Medical Council be induced to do this, because the Council well knows that, if it fulminated any such restrictive ordinance, it would have to face a screech by the Radical party in Parliament which would give it infinite trouble and bring it into much odium with the liberty-of-the-subject people. Those who aim at the suppression of professional advertising will do much better if they will devote their energies to the task of inducing the English and Scotch Colleges to obtain charter powers, if they do not already possess them, to deal with such cases, as the Irish College of Surgeons has for many years done. The Colleges are very much their own masters, and, if they have such powers, can, if they have the back-bone, exercise their authority (as the Irish College did in Partridge's and many other cases) without any hesitation and without the apprehension that their action would be reviewed by Parliament.

The qualified dental surgeons undoubtedly suffer much more than any other section of our profession from these advertising traders, but they must excuse me for saying that it serves them right. When the Dentists Act was promoted by Sir J. Tomes and Sir J. Lubbock in 1878 the dentists (even the very party who now groan under the incubus of low-class practice and advertising dentistry) insisted in co-opting into their profession every hairdresser, tobacconist, barber, or chemist's tooth-puller who chose to give himself a diploma into their profession. Every effort which the *Medical Press and Circular* could make, week after week for months, was made to arouse the dentists to the danger thus incurred, but in vain. Like the nurses and the plumbers and all the others who think registration is another name for Heaven, the dentists would have it at any price, and at a stroke of Sir J. Tomes's pen they took to their bosom about 4,600 such people, the majority of whom did not even pretend that they had had any dental education or, in fact, were dentists at all. The dentists proper now find themselves overwhelmed by their co-opted competitors and driven out of competition by men who have no hesitation in resorting to methods which no self-respecting professional man would adopt, and I greatly fear that they can do nothing but endure the discomforts of the matrimonial bond into which, with their eyes open and in spite of every warning, they deliberately entered, and wait for the demise of their hopelessly irreclaimable partner.

As to the proposal to agitate for a change of law in the direction of absolute suppression of unqualified medical or dental practice, I say with regret that, in my opinion, no combination of parties in our profession could carry such a proposition in this age of free trade and Radicalism, though I fully believe that, if the public could be got to form a calm judgment on the matter they would see the advantage to the community of such a change of law.

I am, Sir, yours, &c.,

An Old Hand.

◆

Obituary.

DR. EWING WHITTLE, OF LIVERPOOL.

We regret to announce the death of this highly esteemed member of the profession, which took place on the 28th ult. Deceased was born in Liverpool in 1814, and was the son of Mr. James Whittle, of Liverpool, and afterwards of Westport, Ireland, where Dr. Whittle's early years were passed. After a distinguished career in the Dublin Schools of Medicine, he proceeded to the University of London, where he obtained with honours the degree of M.B., and was awarded a gold medal, subsequently graduating M.D. He settled in practice in Liverpool, where he remained until he retired in 1886. He was a former president of the old School of Medicine, and on the institution of University College, became its first lecturer on Forensic Medicine. In medical jurisprudence he was regarded as an expert, and he was frequently consulted in matters of medico-legal inquiry. He was elected a member of the Royal Irish Academy, and for many years was a well-known member of the Literary and Philosophical Society of Liverpool, in which city he took a keen and active interest in public affairs, especially in matters of social and moral reform. In former years Dr Whittle was a contributor to this and other leading medical journals, but of late little has emanated from his pen. He has an only son, Dr. Glynn Whittle, who is in practice in Liverpool, and is Physician to the Lying-in Hospital in that city.

◆

Literature.

ST. THOMAS'S HOSPITAL REPORTS (a).

The present volume opens with a sympathetic obituary of Mr. F. Le Gros Clarke, from the pen of Mr. Wagstaffe, and it is illustrated by a beautiful photogravure portrait of the subject of the notice.

We cannot do more than call attention to some of the eighteen communications the present volume contains, together with the usual surgical and medical reports. We regret to find that the surgical report is still without any statement on the anæsthetics used, and the results obtained, facts which could not fail to interest the profession.

The following important announcement prefaces the surgical report:—

"Koch's treatment has been tried in several cases of tuberculous, joint, and skin affections, producing a general reaction in all, and a local reaction in skin cases, but apparently no local change in joint cases. No benefit was derived from the treatment in any case."

That the use of iodoform and carbolic acid has been discontinued we were prepared for. Some years hence the antiseptic paraphernalia of to-day's surgery will be the ridicule and scorn of our successors.

The contributions to the volume are fully equal to any of former reports, and all are instructive and interesting.

Dr. Stanley Kent writes on the function and structure of the mammalian heart, a paper deeply interesting to those who know Pettigrew's classical monograph on the subject, and one of great practical bearing on the treatment of cardiac troubles.

Mr. Truman's paper on two cases of epulis which come away entire, attached to the teeth will well repay reading, and we believe will much affect surgical practice in such cases.

(a) "St. Thomas's Hospital Reports." Edited by Dr. T. D. Acland and Mr. B. Pitts. Vol. xxi. London: J. and A. Churchill. 1893.

Diphtheritic paralysis is the subject of Dr. Mackenzie's paper, which is a continuation of his communication to the last number of the Reports on Albuminuria after Diphtheria. We hope that Dr. Mackenzie will publish a reprint of both papers. They are full of such useful information as the physician needs almost daily, and which on this subject we have not seen so well or dearly given elsewhere.

The exigencies of space prevent our giving notice of the other papers of the volume, one and all of which will repay study.

◆

DERMATOLOGY. (a)

FOR the general practitioner, no better selection could have been made by the New Sydenham Society than the present volume of "Selected Monographs on Dermatology."

No class of diseases are more troublesome to treat than those of the skin; so much depends in them on heredity, occupation, and nourishment; and so many of them simulate other diseases of the same class, that to deal with them successfully the prescriber must study the subject; and he cannot in that study have a better guide than "Selected Monographs on Dermatology."

To have the best works of Unna, Nielsen, Duhring, Bronson, Blanc, Berger, and Prince-Morrow, is to be rich in the therapeusis of skin diseases.

"Drug Eruptions" by Prince-Morrow, is worth more than a year's subscription of the Society, and is of the most practical character. He enumerates close on one hundred drugs which have produced rashes, and gives a reference to the published cases. At the end of the monograph there is a general bibliography and a good index.

We select this monograph to give some idea of the usefulness of the volume, and to make known to our readers something of the great work the New Sydenham Society is doing.

It is enriching English medical literature with the choicest and best writings of Continental and American authors; it is placing in the hands of its members the most advanced and approved methods of therapeusis, and none of its members, who avails himself of the advantages, need dread falling behind in the scientific pursuit of medicine.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL SOCIETY. (b)

THE present volume of Transactions opens with an excellent address on the "Compatability of Conservative and Aggressive Surgery," by the President, Dr. McFadden Gaston, of Atlanta, Georgia, whose name and writings are familiar to many of our readers. The writer very ably shows that aggressive surgery is truly conservative, the aim and end of surgery being the preservation of life, the conservation of function, and the remedying of deformity. Thirty-seven papers follow, all of which deal with subjects of practical interest, and they are made more valuable by the publication of the discussions which they called forth.

In his paper, "Craniotomy not Justifiable," Dr. Kellock mentions the interesting fact that in regions of Central Africa "some women have been known to do it (the Cæsarian operation) on themselves," and that "the African laparotomist washes his hands and instruments, and bathes the abdomen of the patient with palm wine, such as was used by embalmers in ancient times," a very curious fact when we consider the aseptic properties of alcohol, and that in olden times Saxon leeches bathed wounds with red wine.

Dr. Baxter's paper on the radical cure of inguinal hernia is a clear and brief description of a very promising operation, the various steps of which are illustrated by exquisite photogravures.

As might be expected in the home of McDowell and Marion Sims, ovariotomy receives a great deal of attention and Dr McMurtry's paper, "Some Complications of Ovariotomy," gave rise to a very interesting discussion. Surgical treatment of the brain in epilepsy was dealt with by Dr. Hadra.

Thoughout, the Proceedings testify eloquently to the industry, research, and originality of the Southern surgeon. The work of this great society gives promise that in the future, as in the past, the work of the Southern surgeon and physician will lead the way in scientific medicine.

◆

YEO'S THERAPEUTICS. (a)

THE study of disease from the point of view of treatment is always interesting. The work of the physician is, when all is said and done, the treatment of disease: preventive and curative.

Although the older writers usually considered diseases from the clinical point of view the method gradually was displaced; still a few writers such as Fothergill, Brunton, and Beale, successfully reverted to the old plan and produced very readable and instructive books, and Dr. Yeo has been equally successful. His two volumes of "Clinical Therapeutics" extending almost over the whole range of practical medicine are replete with valuable teaching, and the information is clearly and plainly given from the author's own experience supplemented by some selected prescriptions of other physicians.

The work does not profess to be exhaustive, neither does the author go out of his way to disprove the theories of other writers with whom he does not agree; but having arrived at a definite conclusion he clearly puts forward his views and the treatment he bases on them.

Some of the subjects might, we think, have had more space devoted to them, to dismiss specific infective diseases in 130 pages is, doing scant justice to the subject. Varicella is dismissed in seven lines, and in the seven lines there is nothing told by which the disease may be recognised or distinguished from a mild attack of small-pox. Rötheln has five lines given to its description and treatment; now it is just such minor ailments that puzzle the beginner. He does not meet them in hospital, and the majority of writers, like our author, do little more than name them. The unfortunate beginner fails to recognise chicken-pox or German measles which are promptly diagnosed by some matron friend for the young mother and the poor medical practitioner is dismissed.

A clinical handbook should not be deficient on these subjects—every book treats fully of typhoid and typhus, and many medical text-books deal fully with obscure nervous diseases which the beginner can hardly be expected to recognise, but the public expect, and justly expect him to be familiar with minor ailments and minor surgery.

We dwell on this fault in an otherwise valuable book because we think it should be corrected in the next edition. A few more pages will add nothing to the expense of the book, and they will remove the only flaw it has.

As a book for the practitioner, hospital resident, and senior student, we strongly recommend it as clear, intelligible, practical, and thoroughly reliable.

◆

WEISSMANN'S GERM-PLASM. (b)

WORKERS on the boundary line of the known trying not only to advance into the trackless territory beyond, but to make a path for followers labour under the difficulties that beset all pioneers, they are too often hampered by the errors of their predecessors.

In scientific research a theory is almost indispensable to progress, yet the theory is misleading unless it is based on ascertained facts, and such facts are hard to get in the initial stages of progress.

Readers of the "germ-plasm" theory will find the work to be far from light literature, withal interesting. To fully grasp the author's premises that "the germ-plasm is composed of vital units, each of equal value, but differing in character, containing all the primary constituents of an individual," and familiarise the mind with the evidences in favour of the theory requires the undivided attention of the reader.

(a) "Selected Monographs on Dermatology." Unna, Neilsen, Duhring, Blonson, Blanc, Berger, Prince-Morrow. London: The New Sydenham Society. 1893.

(b) "Transactions of the Southern Surgical and Gynæcological Society. Vol. v. Fifth Session. Held at Louisville, Kentucky.

(a) "A Manual of Medical Treatment or Clinical Therapeutics." By I. Burney Yeo, M.D., F.R.C.P., Professor of Clinical Therapeutics in King's College, London. London: Cassell and Company, Limited. 1893.

(b) "The Germ-Plasm: A Theory of Heredity." By August Weissmann, Professor in the University of Freiburg. Translated by W. Newton Parker, Ph.D., Professor in the University College of South Wales, and Harriet Römfeldt, B.Sc. London: Walter Scott, Limited. 1892.

The author lays down almost as an axiom the statement that :—" The germ-cell of a species must contain as many determinants as the organism has cells or groups of cells which are independently variable from the germ outwards."

On the question of repair of tissue he writes :—" The simplest cases of regeneration are due to the freely-formed tissue, consisting of similar cells, always containing a reserve of young cells, which are capable of replacing a normal or abnormal loss."

The question is too big to be dealt with in the columns of a weekly ; we can do no more than give an outline of the author's views, selecting such points as bears on medicine. Ably as the views are put forward, we cannot affirm that the reasoning is conclusive, or that the facts might not in some instances bear other interpretation. Throughout, however, the book is deeply interesting, and is one of the most important contributions to the subject ever made, ranking with *hangenesis* theory of Darwin and Herbert Spencer's correlated theory of " units."

Withal its fascination for the biologist and the medical pathologist the book cannot be described otherwise than as dry.

◆

POZZI'S GYNÆCOLOGY. (a)

This, the third volume, completes Professor Pozzi's splendid work on gynæcology. In our notices of the two former volumes we freely expressed our admiration of the book, and on reading the present volume, we find that the same care and trouble has been expended as in the preceding volumes.

Whilst such monographs are produced by the New Sydenham Society, there are many and strong inducements to those members of the medical profession who are not members to join. They will consult their own interests by doing so.

◆

Medical News.

French Hospital and Dispensary.

The Twenty-Sixth Annual Dinner in aid of this Institution took place at the Whitehall Rooms on Saturday last (Feb. 3rd), His Excellency, M. Decrais, the new French Ambassador, in the chair. The Lord Mayor was prevented assisting by an attack of bronchitis. Many members of the *corps diplomatique* were present. The annual report testified to the ever-increasing usefulness of this cosmopolitan charity, receiving as it does French-speaking foreigners irrespective of nationality. Special mention was made of the services rendered by the indefatigable Secretary, M. Fernand Sorel, and the usual toasts were enthusiastically responded to, the intervals between them being agreeably filled by a varied musical selection.

Royal College of Surgeons of England.

The following are the lecture arrangements for the current Session :—

Dr. E. H. Starling commenced a Course of Three Lectures on "The Physiology of Lymph Formation" on Monday last, and will continue it to-day, and on Friday next.

Professor C. B. Plowright will then deliver three Lectures on "The Fungus Kingdom," commencing on Monday, Feb. 12th.

Professor E. Treacher Collins will follow with Three Lectures on "The Anatomy and Pathology of the Eye," commencing on Monday, Feb. 19th.

And Professor Charles Stewart will deliver Nine Lectures on "The Physiological Series of Comparative Anatomy in the Museum of the College," commencing on Monday, Feb. 26th.

The Course of Lectures will be concluded in May and June by Mr. J. H. Targett and Professors Raymond Johnson, William Thorburn, and T. Pickering Pick.

All the Lectures will be delivered on Mondays, Wednesdays, and Fridays at 5 o'clock p.m. precisely each day.

Fellows and Members of the College are invited to attend.

Gentlemen who are not Fellows or Members of the College will be admitted on presentation of their private visiting card at the door of the Theatre.

The Health of Dublin.

So much has been said of the appalling mortality within the City of Dublin, and of the expediency of great and costly works to sanitate the city, that it is worth while for us to quote the figures supplied by the Registrar-General for the quarter ending the 30th of December. It appears from them that the Dublin death-rate for the quarter, so far from being so terrible as has been represented, has been actually 0·2 per 1,000 less than that for the similar quarter of the previous ten years. The rate stood at 27·30, as against 23·2 and 23·2 in Glasgow, Edinburgh, and London. The zymotic rate showed a great improvement on that of the previous quarter, but was 0·7 per 1,000 over the average. Typhoid caused 91 deaths, being 30 over average, and influenza was also very fatal, having caused 30 deaths, against 19 for the preceding three months.

Arsenic for Horses.

Some of our readers may recollect the case of the poisoning of several of the stud of Captain Steeds, of Clonsilla, near Dublin, a few years since. It was then ascertained beyond a doubt that they had swallowed handfuls of arsenic, and the only question which remained for elucidation was how, when, and by whom it was administered. A prosecution which took place at Spalding, in Lincolnshire, recently may throw some light on the subject. A local chemist was arraigned for having sold a pound of solid arsenic to the groom of a local farmer, who administered a quantity of it to three horses, upon the advice of a fellow-servant, with the result that three of them died. The chemist was fined £5 in each case and costs for having sold the poison.

Bequests to Dublin Hospitals.

By the will of Mr. Gervas Taylor, of Molesworth Street, Dublin, we understand that most of the Dublin Hospitals and many Church of Ireland Charities will benefit to a considerable extent. He is stated to have left £80,000, of which charities will receive £40,000, the Stewart Institution amongst others receiving £25,000. We have reason, also, to believe that Mr. Taylor marked his appreciation of the skill and long-continued care of Mr. Ormsby of the Meath Hospital by leaving him £3,000. Mr. Taylor's wealth was derived from the trade in tobacco of the old firm of Hunt and Taylor, of which he was the surviving partner.

Army Medical Service.

The following is a list of Surgeons on probation of the Medical Staff of the British Army who were successful at both the recent London and Netley Examinations, arranged according to merit :—

	Combined Marks.		Combined Marks.
Prynne, H. V.	4,736	Cameron, K. M.	3,980
Master, A. E.	4,635	Fleury, C. M.	3,717
Dansey Browning, G. ..	4,327	Fox, A. E.	3,657
Clarke, E. S.	4,078	Green, S. F.	3,628
Barnett, K. B.	4,051	Tibbits, W.	3,456
Boyle, M.	4,015		

Indian Medical Service.

List of surgeons on probation in Her Majesty's Indian Medical Service who were successful at both the recent London and Netley Examinations, arranged in order of merit.

	Combined Marks.		Combined Marks.
a Lamb, G.	5,634	Pennett, H.	4,385
b Burden, H.	5,188	Harriss, A.	4,318
Leumann, B. H.	4,602	Berry, A. E., ...	4,304
Fisher, J.	4,578	Macleod, E. C.	4,282
Peck, E. S.	4,479	Thomson, C.	4,045
Evans, C. H.	4,419	Fraser, H.	4,032

a Gained the Herbert Prize of £20 with the Martin Memorial Gold Medal, the Parkes Memorial Bronze Medal, the Montefiore Second Prize, and a Prize in Pathology presented by Professor A. E. Wright, M.D.

b Gained the Montefiore Medal and Prize of 20 guineas, and the Prize in Clinical Medicine presented by Surgeon-General W. C. Maclean, C.B.

(a) "A Treatise on Gynæcology, Clinical and Operative." By S. Pozzi, M.D., Professor in the Faculty of Medicine, Paris. Vol. iii London : The New Sydenham Society. 1893.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

F.R.C.S.—If our correspondent will forward the case we shall be pleased to accord space to it.

HEAR BOTH SIDES.—Your letter received appears to be outside the question of "disinfection," and raises points about which our readers are not concerned. The matter, however, will be considered.

DR. HUXLEY (Maidstone).—We hope to have space for your communication in our next.

A COUNTRY PRACTITIONER.—We have instituted inquiries in every likely quarter, and failed to gain any information as to the existence of such an invention. The suggestion we made in a former number of a light behind glass seems the only feasible solution.

THE LOCAL GOVERNMENT INVESTIGATION AT CARRICKMACROSS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I trust you will kindly allow me to correct a mistake which appears in your comments on the late Local Government Board inquiry held in Carrickmacross. The "bitterest enemy" referred to was not the Chairman of the Committee, but a Guardian for the division, who is also a member of the Committee. The Chairman, Thos. Mee, Esq., is one of the most fair-minded gentlemen I have ever met, and could not possibly lend himself to the contemptible proceedings referred to.

I am, Sir, yours, &c.,
W. J. KISBY, Med. Officer.

Dispensary House, Corduff.
Feb. 3rd.

MR. E. WILLIAMS.—We can give you no further information than that vouchsafed in our last. The Secretary would probably afford you the required details

Meetings of Societies, Lectures, &c.

WEDNESDAY, FEBRUARY 7TH.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m. Specimens will be shown by Dr. Probyn-Williams, Dr. Boxall and others Dr. Robert P. Harris (Philadelphia): A Plea for the Practice of Symphysiotomy, based upon its Record for the past Eight Years (communicated by Dr. Lewers). Annual Meeting: Election of Officers and Council. The President's (Dr. Herman) Annual Address.

LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton, at 4 p.m., Dr. C. Y. Biss: Cases of special interest. Royal London Ophthalmic Hospital, Moorfields, at 8 p.m., Mr. A. Q. Silcock: Glaucoma.—Hospital for Skin Diseases, Blackfriars, at 1 p.m., Dr. Payne: Impetigo and Contagious Suppuration.

ROYAL COLLEGE OF SURGEONS.—At 5 p.m., Dr. E. H. Starling: The Physiology of Lymph Formation.

WEST LONDON HOSPITAL (Hammersmith).—At 5 p.m., Dr. Ball: Demonstration of Throat Cases. (Post-Graduate Course).

THURSDAY, FEBRUARY 8TH.

BRITISH GYNÆCOLOGICAL SOCIETY.—At 8.30 p.m. Specimens:—Dr. Heywood Smith: Uterus and Appendages completely Removed for Fibroma.—Mr. Jessett: (1) Uterus Removed per Vaginam for Malignant Disease; (2) Uterus Removed per vaginam for Multiple Fibroma. President's Address.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY (Gt. Northern Central Hospital, Holloway Rd., N.).—At 8.30 p.m. Cases and Specimens will be shown by Drs. Day, Wight, and Walker, and Messrs. Lockwood, Kendall, and others.

LONDON POST-GRADUATE COURSE.—Hospital for Sick Children, Great Ormond Street, at 3.30 p.m., The Surgical Registrar: Pathological Demonstration of Surgical Specimens.—National Hospital for Paralysed, Bloomsbury, at 2 p.m., Dr. Charlton Bastian: Selected Cases.—Central London Sick Asylum, Cleveland Street, W. at 5.30 p.m., Sir William McCormac: Cases in the Wards.

FRIDAY, FEBRUARY 9TH.

CLINICAL SOCIETY OF LONDON.—Adjourned Discussion on Mr. John D. Malcolm's case of Nephrectomy for Malignant Tumour in a Patient under Two Years of age. Mr. Arbuthnot Lane: (1) Multiple Epitheliomatous Growths developing in Psoriasis treated with Arsenic more than Thirty Years. (2) Acute General Suppurative Peritonitis Secondary to Appendicitis, Removal of Appendix, Recovery.—Dr. Lauder Brunton and Mr. Watson Cheyne: A case of Intestinal Obstruction due to Constriction of the Bowel after Appendicitis.—Mr. John B. Lunn: Fungating Growth of the Penis lasting Nineteen Months.

LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton, at 4 p.m., Dr. C. Y. Biss: Cases of special interest.

ROYAL COLLEGE OF SURGEONS.—At 5 p.m., Dr. E. H. Starling: The Physiology of Lymph Formation.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—At 8 p.m., President's Address: Recent Developments in State Medicine.—Dr. T. Donnelly: The Sanitary Administration of Dublin.—Dr. McDowel Cosgrave: Liquor Habit Curers.—Dr. H. C. Tweedy: Some Points in Connection with the Administration of Hospital Relief.—Dr. Ninian Falkiner: Public Practice: an Experience.

SATURDAY, FEBRUARY 10TH.

LONDON POST-GRADUATE COURSE.—Bethlem Hospital, at 11 a.m., Dr. Hyslop: Developmental Insanity, Circular Insanity.

MONDAY, FEBRUARY 12TH.

ST. JOHN'S HOSPITAL FOR SKIN DISEASES (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Dermatitis Exfoliata and Pityriasis Rubra Pilaris.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—At 5 p.m., Prof. Plowright: The Fungus Kingdom.

Vacancies.

Coombe Lying-in Hospital, Dublin.—Assistant Master. Applications to the Master. (See advert.).

Guildford and Godalming Joint Hospital Board.—Medical Officer. Salary £175 per annum. Applications and testimonials to the Clerk to the Joint Board on or before Feb. 19th.

Leeds.—Hospital for Women and Children.—House Surgeon. Salary £75 per annum. Applications to the Secretary.

Owens College, Manchester.—Professorship of Zoology. Applications to the Registrar on or before April 3rd.

Ramsgate and St. Lawrence Royal Dispensary and Seaman's Infirmary.—Medical Officer (unmarried). Salary £120 per annum, with furnished apartments, gas, firing, and attendance. Applications and testimonials to the Sec. on or before Feb. 6th.

Royal Surrey County Hospital, Guildford.—Resident House Surgeon. Salary £80 per annum, with board, lodging, and laundry. Applications and testimonials to the Hon. Sec. on or before March 10th.

Salford Royal Hospital.—House Surgeon. Salary £100 per annum, with board and residence. Applications and testimonials to the Institution on or before Feb. 15th.

St. Leonard, Shoreditch.—Medical Officer of Health. Salary £[illegible]00 per annum. Application forms to be obtained from the Clerk at the Town Hall before Feb. 13th.

Appointments

BUTLER, G. H., L.R.C.P. Irel., L.R.C.S., L.M. Edin., Medical Officer to the Wealdstone Sanitary District of the Hendon Union.

GORDON, J. F., M.D. Irel., Medical Officer to the Branch Workhouse at Mayhull, Parish of Liverpool.

HICKIE, Dr., Medical Officer to the New Ross Union.

LYLE, T., M.D., C.M. Glasg., Medical Officer to the Throat and Ear Hospital, Newcastle-on-Tyne.

MCGEE, W., L.K.Q.C.P., L.R.C.S. Irel., Public Vaccinator for the Shire of Poowong and Jeetho, Victoria, Australia.

MEADE-KING, R. L., M.B., B.S. Durh., M.R.C.S., L.R.C.P., Assistant House Surgeon to the Devon Hospital.

MODLIN, J. G., M.B., B.S. Dunelm, Honorary Surgeon to the Monkwearmouth and Southwick Hospital, Sunderland.

MOLONEY, P., M.B. Melb., Honorary Physician to St. Vincent's Hospital, Melbourne, Victoria, Australia.

NICHOLSON, A., M.D. Lond., L.R.C.P., M.R.C.S., Honorary Surgeon to the Sussex Eye Hospital, Brighton.

OLDHAM, C. J., L.R.C.P. Lond., F.R.C.S., Honorary Surgeon to the Sussex Eye Hospital Brighton.

RYAN, J., Medical Officer to the Clonashe Dispensary.

SHAW, R. H., B.A., M.B., B.Ch. Univ. Dub., House Surgeon to Mercer's Hospital, Dublin.

TILDESLEY, J. P., L.R.C.P. Lond., M.R.C.S., Medical Officer to the Willenhall Sanitary District of the Wolverhampton Union.

Births.

ATKINSON.—Jan. 29th, at Camberwell New Road, S.E., the wife of W. A. Atkinson, M.B., of a son.

BAMPTON.—Jan. 29th, at Brookfield, Ilkley-in-Wharfedale, the wife of Augustus H. Bampton, M.D., of a son.

Marriages.

BONAR—NIELSON.—Jan. 31st, at Glasgow, Thomas Bonar, M.D. Edin., to Elizabeth Christian (Elsie), daughter of William Neilson, Esq., of the Bank of Scotland.

COLLINS—HERRICK.—Jan. 31st, at Holy Trinity Church, Brompton, Edward Treacher Collins, F.R.C.S., of 47 Devonshire Street, W., second son of the late Dr. W. J. Collins, of Regent's Park, to Hetty Emily, eldest daughter of the late Lieutenant-Colonel J. L. Herrick, of Ouga Ouga, Hawke's Bay, New Zealand.

RANDALL—ANSELL.—Feb. 1st, at St. Mary's, Wimbledon, Philip N. Randall M.B., Surgeon R.N., to Ethel, eldest daughter of William J. Ansell, F.R.C.S., of Wimbledon.

Deaths.

BARRETT.—Jan. 23rd, at Heywood, Lancs., William Barrett, M.R.C.S., L.R.C.P., aged 80.

CARDEW.—Jan. 25th, at Dennington Park, West Hampstead, Harry Warnell Denton Cardew. M.R.C.S. Eng., aged 33.

HOPKINS.—Jan. 24th, at Berkeley Place, Wimbledon, Nathaniel Hopkins, Surgeon-Major, Bombay Army (retired), aged 60.

KNIGHT.—Jan 26th, at his residence, Freshfield, Liverpool, Samuel Ratcliffe Knight, B.A., M.B., Ch.B., aged 40.

LEPPINGTON.—Jan. 21st, at Great Grimsby, Hildyard Marshall Leppington, M.R.C.S.E., J.P., aged 85.

MCCLEAN.—Feb. 1st, at the residence of his son-in-law, Dr. A. H. Jacob, 23 Ely Place, Dublin; Francis McClean, Esq., Surgeon-Dentist, formerly of 10 Stephen's Green, aged 88.

MURRAY.—Jan. 25th, at his residence, Elm College, Forres, John Murray, M.D. Aberd.

SAUNDERS.—Jan. 24th, at Tenterden, Kent, Edwin Dawes Saunders, M.R.C.S., in his 88th year.

STEDMAN.—Jan. 2[illegible]th, at Flushing, Arthur Stedman, M.R.C.S., of Gt. Bookham, Surrey, aged 69.

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The Lettsomian Lectures

ON

PERITONITIS. (*a*)

By FREDERICK TREVES, F.R.C.S.,

Surgeon to and Lecturer on Surgery at the London Hospital; Examiner in Surgery University of Cambridge.

LECTURE II—(*Abstract*).

THE CAUSES OF PERITONITIS.

EVERY addition to our knowledge of inflammation of the great serous membrane tends to make the classification of its various forms more and more simple. It has now become evident that peritonitis depends almost entirely, if not entirely, upon infective processes, and that these agencies are concerned, directly or indirectly, in every form of the disease.

There are those who maintain that there is no form of peritonitis which is not due to infection, and although the data upon which such an assertion is based are not entirely perfect, there is yet much presumptive evidence in favour of its accuracy. Indeed, the domain of non-infective peritonitis is becoming rapidly more and more dubious.

In dealing with any classification in which an infective process is the main element there are many general considerations to be borne in mind. On the one hand there is the dose of the poison, and on the other hand there is the soil into which it is introduced. The dose must obviously be liable to considerable variations, not only in amount but also in virulence, while the conditions offered for growth by the inoculated body must differ to even a wider and more complex extent.

The resistance of the individual to the growth of septic organisms is influenced by a multitude of circumstances, the value of which is scarcely susceptible of being formulated. There are questions of age and of health, and of such unfavourable affections as Bright's disease, diabetes and alcoholism. There are local conditions which lend themselves to the more ready cultivation of germs, such as extensive damage to the peritoneum, and extensive interference with its functions of absorption—or, at least, with that ill-understood power it possesses of dealing with noxious micro-organisms. There are the presence of ascites and the co-existence of extravasations of blood, bile or intestinal matter in the peritoneal cavity. There is, finally, the entirely undefined peculiarity of the individual which appears to alone render one man susceptible and another almost exempt.

In the great majority of instances peritonitis depends upon what Tavel and Lanz (*b*) call "continuity infection." By this is understood the direct spreading of the infection to the peritoneum from a neighbouring tissue other than the serous membrane. Under such heading would be included peritonitis following hernia or any visceral lesion or disease capable of producing the trouble, puerperal peritonitis, most forms of pelvic peritonitis, and certain varieties of tuberculous peritonitis. It would exclude the larger number of the cases of inflammation of the serous membrane which follow accidental or operation wounds.

The following classification of peritonitis according to its cause appears to be justified by our present knowledge of the subject.

(1) *Peritonitis due to infection from the intestine.*—Under this heading are included most cases of peritonitis associated with hernia, with intestinal obstruction, and with perforation; peritonitis due to any form of ulceration of the bowel; to enteritis; to cancerous growths of the gut and to troubles in the appendix. There will also be included peritonitis due to inflammatory changes in the biliary canals, and some forms of peritonitis following upon operation.

The micro-organism which is usually found associated with these different forms of peritonitis is the bacterium coli commune.

(2) *Peritonitis due to infection from without.*—This division will include puerperal peritonitis, peritonitis consequent upon inflammatory troubles in the genital organs or in the parietes of the abdomen, and some forms of peritonitis following upon operation.

The micro-organisms usually associated with the varieties considered under this heading are pyogenic cocci and notably the streptococcus pyogenes.

(3) *Peritonitis due to the pneumococcus.*

(4) *Tuberculous peritonitis.*

(5) *Peritonitis of a doubtful nature.*—Under this purposely indefinite heading it will be convenient to discuss—(*a*) Peritonitis due to irritants; (*b*) forms of the trouble reputed to depend upon rheumatism, gonorrhœa, syphilis, Bright's disease and alcoholism; and (*c*) peritonitis met with in the newly born.

(1) PERITONITIS DUE TO INFECTION FROM THE INTESTINE.

As already stated, the micro-organism which appears to be usually answerable for the numerous forms of peritonitis met with under this heading is the bacterium coli commune. This most remarkable and common bacillus was first described by Escherich (*a*) in 1885. Its definite pathogenic properties remained imperfectly recognised until 1889, when they were expounded by Laruelle (*b*), by Roux and Rodet, (*c*) and many others. Within the last few years the literature appropriated to this little organism has become so extensive as to be almost overwhelming (*d*).

The morphology of the bacillus—with which we have no concern in this place—has been elaborately dealt with by Wurtz, (*e*) Macaigne, and other writers.

It has been shown to be identical with the bacillus pyogenes fœtidus obtained by Passet in 1885 from the stinking pus of a peri-rectal abscess.

The bacterium coli commune exists normally in the human body, and is found in individuals in a state of perfect health. It has been demonstrated to be pre-

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(*a*) Delivered before the Medical Society of London, Monday, Feb. 12th, 1894.

(*b*) "Uber die Ætiologie der Peritonitis," Basel, 1893.

(*a*) *Fortschritte d. Med.*, 1885.

(*b*) "Etude bactér. sur les Periton. par perforation," *La Cellule*, 1889, vol. 5.

(*c*) *Lyon Médical*, 1889.

(*d*) One of the most valuable monographs is "Le Bact. Coli Commune, son Rôle dans la Pathologie," by Dr. Macaigne. Paris, 1892. Another good general account is by Malvoz (*Arch. de Med. Exper.*, 1891, p. 593), and another by Welch (Trans. "Congress of American Phys. and Surg.," vol 2.

(*e*) *Archiv. de Med. Exper. et d'Anatom. Pathol.*, Jan. 1, 1893.

sent along the whole length of the alimentary canal from the mouth to the anus. (*a*) Its natural habitat is the bowel. It is said to be especially numerous in the duodenum (*b*) and in the colon, and has been found in the bile passages.

It is certainly the most abundant and the most constant of the bacteria found normally in the human body, and has been estimated to form 95 per cent. of the micro-organisms met with in the bowel of man. Sternberg (*c*) gives a list of forty-eight micro-organisms which had been isolated from human fæces or the contents of the intestine. Of this number twenty-five are non-pathogenic, and of the pathogenic forms not a few represent the same bacillus under different names. There is no doubt that special names have been given to micro-organisms which are mere variations of one common form.

The bacterium coli commune has a striking feature in that it appears to vary in virulence.

So far as experiments upon animals are of value it would seem to be quite harmless when taken from the normal intestine. A culture of the bacillus so obtained has no effect when injected into the peritoneum of animals. (*d*)

If, however, the bowel become the seat of certain diseased conditions (or it may almost be said of *any* diseased condition), then the bacillus becomes at once virulent.

Virulence has been found to be developed in cases in which the bowel was obstructed, strangulated or inflamed, in venous congestion of the gut, in œdema of the bowel wall, in diarrhœa, in typhoid fever and in cholera.

In a case of diarrhœa produced by tartar emetic, this colon bacillus was found to have become virulent. (*e*).

It also appears to develop qualities for evil in instances of advanced constipation. In any case experiments show that the virulence when once developed may vary considerably in degree.

When the intestine is healthy, the bacterium coli commune has little disposition to escape through the gut wall or to invade the tissues of the body after death. If, however, the intestine be damaged or diseased, then the bacterium shows an active inclination to penetrate through the bowel wall, and is usually found to have extensively invaded the tissues after death. (*f*) The disposition of the bacillus to pass through the intestinal wall under the circumstances just stated is well illustrated in examples of slight degrees of strangulation of the bowel produced by experiment in animals. (*g*)

It has been clearly demonstrated that the bacterium coli commune can produce pus after inoculation. It has been found in man in a state of almost pure culture in the pus from an ischio-rectal abscess. So far as the human subject is concerned, it has been shown that these various forms of peritonitis which are assumed to be of intestinal origin depend mainly and in many instances solely upon the bacterium coli commune.

In peritonitis associated with hernia, the colon bacillus is the micro-organism most commonly found in the sac. This is the case in all stages of strangulation, and is independent of the character of the fluid, the bacilli being obtained in cases in which the fluid in the sac is copious and opaque, as well as in those in which it is clear and scanty.

The colon bacillus has been shown by Cornil, Babes, and others to be almost exclusively the bacterium concerned in perforative peritonitis.

Barbacci (*a*) states also that it is practically the only bacillus to be produced in cultures from the exudation in perforative peritonitis in man. The same applies to perforative peritonitis produced experimentally in dogs. In this form of peritoneal inflammation, the other micro-organisms found in fæces develop in the serous cavity, but only for a time. The bacterium coli commune alone survives. Barbacci points out that the liberal development of this bacillus is greatly favoured by the presence of such a medium as is provided by the fluid contents of the intestine, a material which readily damages the peritoneal endothelium. He considers that death is due to absorption partly of the bacterial products, and partly of the noxious chemical matters contained in the intestinal fluid which escapes into the belly cavity. In the same way it has been demonstrated that this micro-organism is the active agent in the majority of cases of peritonitis starting from the appendix.

This bacillus has also been found in cases of peritonitis following operation, and on this subject Dr. Welch writes as follows (*b*) :—"Its presence several times in pure culture, in laparotomy wounds treated aseptically, although apparently not a source of serious trouble, was not a matter of indifference. It was generally accompanied with moderate fever, and a thin, brownish, slightly purulent discharge, of somewhat offensive but not putrefactive odour. The smooth and rapid healing of the wound was interfered with. In some of the cases there was evidence of intestinal disorder."

In the cases of peritonitis after laparotomy in which the colon bacillus is found, it is probable that such an injury had been inflicted upon the intestinal peritoneum at the operation as to permit the bacterium to escape through the bowel wall. It has been shown that it requires but little damage to the bowel or to its serous covering to allow of such escape.

It is well known that pneumonia is not an uncommon sequel of peritonitis, and it is possible that in certain of these cases the colon bacillus is the active agent. It has been found in the pleura when pleurisy was present (Laruelle), and has been obtained by puncture from the hepatised lung some days before death from peritonitis (Macaigne). Fisher and Levy give two cases of strangulated hernia with pulmonary complications, and in both instances the colon bacillus was found in the affected parts of the lung. (*c*)

Finally, it has been assumed that some of the constitutional symptoms attending severe constipation may be due to the absorption of the products of this widely diffused bacillus.

The exudation associated with the bacterium coli commune when it attacks the peritoneum is often characteristic. It is well seen in cases of inflammation about the appendix. The fluid is at first clear and greenish-looking. It then becomes greenish yellow, thin, semi-opaque, and foul-smelling. If it pass on to suppuration, the pus has no especial characters except that it is frequently offensive. In chronic cases there is sometimes produced a white, soft, custard-like material which is often met with in operations upon the appendix during the quiescent period, and which I do not think is changed pus nor a residuum left by pus. In some long-standing cases I have scraped away a full teaspoonful of this matter from about the cæcum.

In concluding the account of this variety of peritonitis it may be pointed out that the irritant which induces the peritonitis, and which reaches it from the intestine may follow more than one path. (*c*) Bacteria

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(*a*) Vignal. *Arch. de Phys. Norm. et Path.*, 1886-87.

(*b*) See, however, on this point Gessner, "Ueber die Bakt. im Duod.," *Arch. für Hygiene*, bd. ix., p. 128.

"Manual of Bacteriology," New York, 1892. Booker isolated ne different kinds of bacteria from the contents of the small

Addi cases of diarrhœa.

The ge and Macaigne, *Archiv. de Med. Exper.*, 1892, vol. iv, p.

Liquor

with the *loc. cit.* Macaigne, *loc. cit.*

Public Pr r. "Uber die intest.-Form der Peritonitis," Munich,

LONDON POST- *f. Bakt.*, 1893, xiii, p. 178.

Dr. Hyslop : Deve

(*a*) *Central. f. Path. u Path. Anat.*, October 12th, 1893.

(*b*) "Trans. Congress of American Phys. and Surgeons," vol. 2.

(*c*) *Deutsch. Zeit. f. Chir.*, 1891.

may escape through a perforation in the bowel; (*b*) they may pass through the wall of a segment of intestine which has been in some degree damaged, but not perforated; and (*c*) chemical products of bacteria may reach the peritoneum by either one of these routes.

(2) Peritonitis due to Infection from without.

It has been already observed that this variety of peritonitis usually depends upon pyogenic cocci. Of these the streptococcus is the one most usually met with. It is often alone, or it may be found in association with other micro-organisms, among which, however, it is the chief. That the streptococcus is the usual agent in puerperal peritonitis has been shown by Widal, Bumm, Fränkel, and Courtois-Suffit. (*a*) It has been met with in association with putrefactive bacteria in examples of perforative peritonitis by Predœhl and others. The staphylococcus is very rarely met with alone in cases of peritonitis, and is usually associated with the more virulent forms of coccus. So far as experiments go it has been shown that injections of pyogenic cocci into the peritoneum act more vigorously if mixed with a fluid difficult of absorption, or if introduced with a corrosive fluid capable of damaging the peritoneal endothelium.

The pyogenic cocci, and most usually the streptococci, have been met with in cases of peritonitis after operation in man, and experiments upon animals show how the noxious effect of those micro-organisms may be assisted by extravasations in the peritoneal cavity, by long exposure of the peritoneum, and by damage to its delicate surface. In the operation cases it is most probable that the streptococcus gains an entrance through the wound. In puerperal peritonitis it, no doubt, reaches the abdomen through the pelvic organs following the veins or lymphatics, or the Fallopian tube.

In the rare examples of peritonitis associated with erysipelas of distant parts (such as the face) the streptococcus must be assumed to reach the serous membrane through the blood. (*b*)

(3) Peritonitis due to the Pneumococcus.

This variety of peritonitis has not yet been so soundly demonstrated as to possess an indisputable existence. In the first place, the connection of the pneumococcus with pneumonia is a subject about which there is much conflicting evidence. In the second place, peritonitis is a very rare sequela to pneumonia, although it is true that pneumonia is not an uncommon complication of peritonitis.

The pneumococcus has been found in the peritoneum in a large number of the subjects of fatal pneumonia, and yet the serous membrane has remained sound. In 151 autopsies in which the pneumococcus was demonstrated, Netter (*c*) found only two cases of peritonitis.

However, cases of peritonitis have been reported by Weichselbaum (*d*), Courtois-Suffit (*e*), Sevestre (*f*) Nelaton (*g*), and Galliard (*h*), in which the pneumococcus appears without doubt to have been the cause of the inflammation.

The peritonitis in some of these cases was primary, and was the sole disease, in the other instances it was secondary to ordinary pneumonia. The pneumococcus would seem to be at one time noxious to the peritoneum, and at other times to be harmless. It is difficult to localise it in the peritoneum of animals by experiment.

(4) Tuberculous Peritonitis.

This variety of peritonitis will be dealt with in Lecture IV.

(5) Peritonitis of a Doubtful Nature.

(*a*) Peritonitis due to irritants. On the subject of this form of peritonitis there is much conflict in opinion. If its existence be established, then the existence of a non-infective variety of peritonitis has to be at once acknowledged.

Bumm (*a*) maintains that a non-infective peritonitis may be produced by mechanical, chemical, or thermal irritants, and states that it is usually plastic and localised.

Pawlowsky injected sterilised croton oil into the abdomens of twelve animals. Of this number eight died from hæmorrhagic peritonitis, and neither pus nor micro-organisms were found in the exudation, nor were there any signs of sepsis.

As a comment upon these experiments, it may be noted that pyogenic cocci (*e.g.*, the staphylococcus aureus) will act more readily, and in smaller doses if introduced into the peritoneum together with some corrosive fluid capable of injuring the serous endothelium, and further that such injury to the peritoneal surface—in cases in which no cocci are injected—encourages the escape of the colon bacillus from the intestine.

Fränkel injected Tr. iodi and Liq. ferri perchlor. into the peritoneum of certain animals. Peritonitis followed. If the exudation were examined at an early stage, or in the slightest cases, it was found to be clear and free from micro-organisms. If, however, the case were advanced, the exudation was purulent and swarming with bacteria which had passed through the bowel wall.

A like explanation would appear to be adapted to an experiment by Thompson (*b*), who found that a piece of wadding dipped in 1 in 1,000 solution of corrosive sublimate and placed within the abdomen caused in some animals a fatal peritonitis.

Jalaguier (*c*) showed that tampons of sterilised gauze introduced into the peritoneal cavity of dogs caused no symptoms and no reaction, and when the animals were killed at the end of some months the gauze was found rolled up in a ball and encapsuled by adhesions. It was made evident, moreover, that it needed a foreign body of a certain size to even excite adhesions.

Fæces, if introduced into the peritoneal cavity, cause peritonitis, not by chemical action, nor as an irritant, but by reason of the micro-organisms or their products contained in the extravasation. (*d*) If the material be sterilised no effect follows. Fresh filtered fluid from the bowel caused, when injected into the abdomen, a fatal peritonitis in the exudation of which the bacterium coli commune was found. The same fluid when filtered through many layers of gauze produced abdominal symptoms, but all the animals lived. When the fluid was sterilised it had no effect.

The same results have attended the injection of human bile into an animal's peritoneum. When the bile was untreated peritonitis usually followed, but when it was sterilised the injection was attended by no evil results.

According to Naunyn, (*e*) normal bile is sterile. According to Létienne, (*f*) it may contain bacteria. It is said by others to be sterile so long as it contains free biliary acid.

In inflammatory conditions of the bile passages the bacterium coli commune is commonly found.

Lähr (*g*) has shown that in man a considerable

(*a*) *Gaz. des Hôpitaux*, Nov., 1890. *Munchen. med. Wochen.*, 1889, No. 42.

(*b*) See case by Cheurlin, These de Paris, 1879.

(c) Soc. Med. des Hôp., May 22, 1890.

(*d*) *Central. für Bakt.*, Jan., 1889.

(*e*) *Soc. Med. des Hôpit.*, April, 1890.

(*f*) "Ibid," May, 1890.

(*g*) *Bull. Med.*, Oct., 1890.

(*h*) *Soc. Med. des Hôp.*, Nov., 1890.

(*a*) *Munchener med. Wochens.*, No. 42, 1889.

(*b*) *Central. f. Gyn.*, Jan. 31, 1891.

(*c*) *Gaz. Hebdom.*, 1892, p. 161. See also a case by Michaux, "Bull. et. Mem. Soc. de Chir.," April, 1893.

(*d*) Ziegler, Pawlowsky, Reichel, and others.

(*e*) *Deutsche med. Woch.*, 1891, No. 5.

(*f*) *Arch. de Med. exper.*, t. iii., p. 761.

(*g*) *Schmidt's Jahrb.*, 1890, t. iii., p. 135.

effusion of bile may take place into the peritoneal cavity without causing peritonitis.

Blood is not of itself capable of producing peritonitis, although it affords a very favourable condition for the development of any bacteria which may gain access to the extravasation.

This fact may be considered to be proved by the experiments of Penzoldt (*a*), Cornil and Ranvier (*b*), and others, and by the operation of peritoneal transfusion of blood performed on man by Ponfick (*c*), Golgi and Raggi (*d*).

Orth (*e*) believes that it is possible to set up peritonitis by injecting a large quantity of blood into the cavity. He considers that it induces inflammation not so much through the action of bacteria as through the development of some fibrin ferment. Mr. Herbert Page (*f*) has published three very interesting cases of peritonitis from hæmorrhage, but it is evident from the reports that the peritonitis was of very slight degree and of very secondary importance.

A consideration of the whole matter leads to the conclusion that the production of peritonitis by non-infective irritants has not yet been satisfactorily proved.

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HOMŒOPATHIC CLAIMS

TO

DISCOVERIES OF MEDICINES.

By MORTIMER GRANVILLE.

II.

I have no desire to be drawn into a discussion of the so-called *principle* of homœopathy, but as I have, confessedly, laid myself open to the attack of Drs. Dudgeon and Clarke, particularly the last mentioned, it is only courteous to them and just to myself to reply. They differ on some points but agree in the inference from my short paper that I know nothing of their "system." Dr. Dudgeon deems it strange that I have "so completely misunderstood" it, and Dr. Clarke observes that "like most writers who fail to understand homœopathy" I am "quite prepared to 'explain' it;" and then, no doubt with a view to demonstrate the hopeless imbecility of the explanation I offer, he proceeds to point out that it "it is not new, indeed some homœopathists have adopted it." He even, while remarking that "it is purely gratuitous on Dr. Granville's part to say that homœopathy cannot be allowed the credit of curing unless the drug is given to the sick in as large a dose as has produced the condition in a healthy person," goes so far as to admit that "Hahnemann began the practice of homœopathy in that way." So that after all it cannot be "so strange" as Dr. Dudgeon seems to think it that I have "so completely misunderstood the system ' considering that the discoverer of that system, himself at first formulated the therapeutic rule as I have interpreted it.

These critical gentlemen must please to understand that my acquaintance with homœopathy commenced just fifty years ago, when I was myself very successfully treated for a severe attack of pleuro-pneumonia by the late Dr. Chepmell, having been some two years previously far less agreeably conducted through a similar illness with the aid of three full bleedings from the arm, four free leechings, and blisterings of the amplest description under the beneficent care of Drs. Tweedie and Roots, and Mr. Dalton. Certainly, Dr. Chepmell's method with "small" though not by any means "infinitesimal"—*pace* Dr. Clarke – dose of aconite and belladonna (or was it bryonia?) proved infinitely preferable. My last experiences of homœopathy were acquired in 1850 and 1851, when I am bound to say some of my results were so satisfactory to patients who had no notion *how* they were being treated, that I was hunted up years afterwards with urgent requests to prescribe "the same medicine." May I confess that the last straw which broke the camel's back of my endurance was a large trunkful of books on homœopathy kindly lent me by my very old and much respected friend the late Dr. Cronin. This contribution included the two-volume materia medica of Jahr and Grüner, and such then recent works, as the Treatises of Curie—an excellent name for a doctor—Laurie, Headlam, and others, whose names have escaped me. I read them all, and studied the Materia Medica, making copious notes of "provings" and "indications" as I went, even to the "absence of religious opinions" credited to the virtues, or vices, of colocynth. The eclipse of my faith was consummated when Mr. Trotman, another of Hahnemann's own pupils, supplied me with statistics showing the success of homœopathic treatment as compared with that of the Vienna "expectant" system, which consisted in giving no medicine at all. As Mr. Trotman very frankly pointed out homœopathy could only boast of one-quarter per cent. advantage in respect to a single malady; and we both agreed that this *might* have been purely accidental. Such was the general impression on my mind that I acted on the suggestion, and arrived at the conclusion to which I still, on principle, adhere, that the smallest possible interference with the workings of natural law in sickness as well as in health, is the best and most successful "system" of life preservation, and the safest method of fighting the duel with death.

If Hahnemann had lived a little longer, I believe he would have arrived at the conclusion that his first impressions of the fact he lighted up were right, and that, as Curie use to explain it, "the remedies employed carried the organism quickly and safely over" the wave that threatened to swamp it, or "by a slight change in the direction of the force"—as for instance, by the bat of the skilful cricketer—deflected the deadly missile so that it fell harmlessly; or, which amounted to the same thing, so modified the course of the tempest-borne bark that it escaped the rock, or protected the wicket by an inclined plane that gently turned the ball aimed at it wide a-field.

Drs. Dudgeon and Clarke are, of course, perfectly cognisant of the fact that *similia similibus curantur* has no necessary, nor even legitimate, connection with "the system of infinitesimal doses." The first is homœopathy, the second is—may I write it?—*humbug*.

When Dr. Clarke talks of "a decimilligramme of Koch's lymph" and asks if this is "not an infinitesimal dose," he either indulges in a pleasantry, or he is *strangely* forgetful of the fact that a single germ of living matter has within it all the potentiality of illimitable multiplication. For aught we know, a single tubercle bacillus may have the power of killing a full-grown man by tubercular phthisis. No one in his right senses can pretend that an infinitesimal dose of "hepar sulphuris," of "carbo-vegetabilis," or of any other of the substances with which the whole atmosphere we inspire is loaded, can possess any potency comparable to the minutest conceivable molecular of Koch's lymph. As well compare the tread of a fly's foot with the crushing blow of a Nasmyth's hammer. The recollection of Dr. Dudgeon will readily carry him back to the date of which I first spoke, about 1844, when Dr. Chepmell treated me as I have described, and he will probably be able to correct my assertion if wrong, that the tincture of aconite used by homœopaths of that day was a dilution of exceedingly pure and active tincture in the progressive proportion of 9 to 1, so that one drop of No. 1, would be equivalent to the 1-10th of a drop of our tincture of aconite, with this difference that pharmaceutists, working on the lines of the British

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(*a*) *Deutsch. Arch. f. Klin. Med.*, 1876.
(*b*) Soc. de Biol., 1871.
(*c*) *Berl. klin. Woch.*, 1879.
(*d*) *Gaz. des Hop.*, 1880.
(*e*) *Centralblatt für Chir.*, 1889, p. 849.
(*f*) "Trans. Clin. Soc. Lond.," vol. xxv., 1892, p. 172.

Pharmacopœia, can never produce anything comparable with the tincture prepared, as it used to be prepared, by the homœopaths. This is, I believe, the true explanation of the earlier successes of homœopaths on which they have thriven ever since. There is much of great practical value in the researches of Hahnemann and his pupils, and the introduction of the system itself did good. Let who will deny it, the impression homœopathy produced in London at least, on the more intelligent classes of the community, so reacted upon the practitioners of the healing art generally, that they no longer resorted to such formidable measures of depletion, or so heavily drenched their patients with nauseous drugs as was the practice in the old days when so distinguished and respected a physician as Lettsom found chalked on the wall of his lecture room—

I bleeds 'em, and I sweats 'em,
And if they die, I lets 'em.

I confess that to me the practice of to-day which consists mainly in neutralising acids, and stupefying nerve centres, with "soda or potass," and bromides and chlorals, respectively, is not one whit more respectable in a scientific sense, but it is at least more merciful and perhaps—though I doubt it—a little less destructive, than the wholesale life-squandering of the "antiphlogistic" method. If some new "system" as plausible and fascinating as homœopathy, and equally innocent of directly injurious consequences were to "take the town" again, possibly a new impetus might be given to practical medicine by which the sick would be as much the gainers as they unquestionably were by the growth and popularity of the fallacies of Hahnemann.

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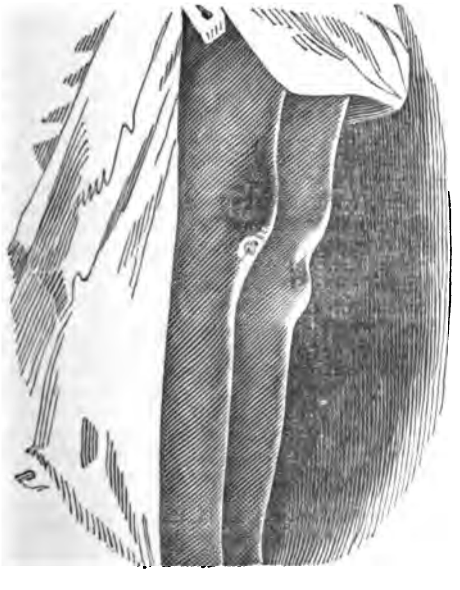
SPONTANEOUS FRACTURE OF BOTH PATELLÆ.

By DAVID BALDWIN JACOB, M.D., F.R.C.S.I.,
Surgeon to the Queen's County Infirmary.

P. M., æt. 32, states that four years previous to admission he suffered dislocation at the left patella, which was reduced and treated by a bone-setter, the dislocation recurred shortly after, with like treatment and a few weeks following the last he, in consequence of supposed slight muscular effort, spontaneously fractured the same patella transversely; he consulted the bone-setter, who told him he could give him no aid; he states that he had not professional advice, but desired to go to hospital from which he was dissuaded, with the result of the permanent infirmity shown in the illustration.



Three months ago a slip provoked muscular effort enough to cause transverse fracture of the right patella four days previous to his admission to the Queen's County Infirmary, when he was found to have considerable effusion into the synovial membrane, and about two and a half inches separation of the fragments and some tenderness. The illustration is taken from a photograph produced three months after the accident. Apparently there is close and complete osseous union with excellent relative position, but an only appreciable lateral displacement of the fragments by each other. The knee-joint continues somewhat stiff, but improves under treatment, and apparently there is every prospect of a very useful limb, especially needed in consequence of the permanent injury to the other.

The treatment adopted was the application, above and below the patella, of strips of rubber adhesive plaster, the fractured surfaces having been brought into proper position by an assistant. These straps were chiefly for protection under the following arrangement, a posterior splint having been attached in the ordinary way, a pair of wooden cylinders of 3/8 inch section (large cedar pencils) were placed transversely one above one below the patella, and were fixed backwards at the proper pressure by unyielding ties to the splint; the cylinders were then caused to approximate each other by sufficient and regulated tension of elastic rubber bands placed between them at each side. Lastly, anteriorly, the fragments were fixed in the same plane by a padded disc of firm poroplastic felt secured by a bandage.

As already stated the union appears to be osseous and complete, and there is accordingly no reason to regret that the contemplated wire suturing was abandoned. A slight superficial slough resulted from perhaps undue pressure by one of the cylinders, but proved of no importance.

The treatment was little painful and possessed the advantage of minimising obstruction of circulation. It is even doubtful that rendering the means of support concave, to fit the outline of the patella, would carry advantage, as comfort would perhaps be purchased at the expense of blood supply.

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THE EARLY LITERATURE OF INFLUENZA.

By HY. REYNOLDS PEYTON, L.R.C.P., L.R.C.S., L.M., &c.,
Medical Officer of Scotstown District, Monaghan.

The following extracts from an interesting paper of Dr. Thompson's which was read before the London Medical Society on February, 15, 1839, are I think extremely interesting at the present time.

To Dr. Thompson's observations may be attached more or less deep interest from the fact that during the reading of this paper before the Sociey it transpired he had made himself conversant with the peculiarities of influenza by various references to authors of repute reaching as far back as the 14th century, giving dates and authority for his observations.

He gave a minute description of the symptoms characteristic of the complaint referred to, and also laid stress on the most prominent, such as—

Pyrexia, slight or great.
Catarrh of a mild or aggravated type.
Pains in the head.
Lassitude, &c.

Dr. Thompson goes on to say: "The disease was first mentioned by Hippocrates, but became frequently prevalent in England at the beginning of the 14th century.

"Since then it has continued to occur at various periods in this and other countries, the attacks varying in intensity and the characteristics of the disease differing."

The author mentioned the chief peculiarities of the disease during former centuries and also in the beginning of the present century, and then deduced from the historical detail the following :—

That we are visited by this affection every ten years.

Of all epidemics it was the most destructive.

That it left a modification of atmosphere for years after it raged, which induced those affections which usually accompanied influenza such as bronchitis, pneumonia, catarrh.

The disease when unaccompanied by any other affection was of itself seldom fatal.

When organic disease did exist it was productive of very fatal consequences.

Complications depended on that portion of the body which was weakest, in one being the head, in another the lungs.

It took a course from the west towards the south and then north.

The average period of duration was six weeks.

It had been ascertained that in certain places where the epidemic had raged the atmosphere had become so modified as to affect visitors who arrived a long time after the disappearance of the disease.

Regarding the cause of influenza, this varied as much as the symptoms.

He (Dr. Thompson) should place the affection very low in the scale of contagiousness, regarding its origin as due to presence of noxious matter floating in the atmosphere.

It had been noted by some authorities that thunderstorms of a more or less severe nature preceded the outbreaks.

As regards the treatment opium, which had been used formerly, was found injurious. Recourse was usually had to castor oil and mercury.

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Selected Prescriptions and Therapeutic Notes.

54.—For Impetigo :—

℞ Adipis,
Vaseline, āā, ʒiij ;
Acid salicylatis, gr. vij ;
Zinci oxidi, ʒiss ;
Plumbi diacetatis, gr. v.
M. Dr. Dubreuille.

55.—The following is also useful in Impetigo :—

℞ Vaseline, ℥iiss ;
Acid boracis, ʒss ;
Zinci oxidi, ʒss ;
Acid salicylatis, gr. vij.
M.

56.—An Antiseptic Powder :—

℞ Iodoformi, ℥xxxj ;
Pulv. benzoini, ℥xxxj ;
Quinquiniæ, ℥xxxij ;
Magnes. carb., ℥xxxj ;
Ol. eucalypti, ℥iv.
M. Lucas Championniere.

57.—Sulphur Lotion for Acne :—

℞ Sulphuris sublim., ℥iss ;
Sp. camph., ℥iv ;
Aq. destill., ad, ʒij.
M. L'Hôpital St. Louis (Paris).

58.—Lotion for Acute Eczema in Infants :—

℞ Lot. nigræ, ℥iv ;
Liq. calcis, ℥iv ;
Mucil. tragacanth, ʒj
M.

59.—An Application for Recent Ringworm :—

℞ Thymol, ʒss ;
Chloroformi, ʒij ;
Ol. olivæ, ad, ℥j ;
M.

To be applied night and morning.

The Practitioner.

60.—For Laryngeal Phthisis and Dysphagia :—

℞ Cocainæ hydrochloratis, gr. x ;
Acidi borici, gr. iv ;
Glycerini, ♏xv ;
Aq. destill, ad, ℥j.
M.

To be applied to the throat when necessary.

The Practitioner.

61.—A Local Application in Diphtheria :—

℞ Acid salicylatis, 3 parts.
Alcohol, 20 „
Resorcin, 2 „
Glycerini, 10 „
M.

The affected parts to be touched twice daily with the application.

B. Antonio.

62.—A Sedative Cough-Mixture in Phthisis :—

℞ Sodeiæ sulph., gr. iij ;
Liq. atropiæ sulph., ♏xij ;
Liq. strychniæ, ʒj ;
Syr. tolutani, ℥iss ;
Infus. rosa acid, ad. ℥vj.

M. A tablespoonful in a wineglassful of water every four or six hours.

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Clinical Records.

SHEFFIELD GENERAL INFIRMARY.

Under the care of Mr. Arthur Jackson, M.R.C.S.,
Senior Surgeon, &c.

A. W., æt. 23, was admitted into the infirmary on January 27th, 1894. with a large pharyngeal polypus hanging down below the soft palate, and pushing it very much forwards. (a) She noticed that the nostril was blocked up soon after an attack of influenza rather more than two years ago. She could not get any air through her left nostril. She had difficulty in swallowing and talked thick, but the pain in her head continued to increase and became intense. It was not difficult to get a finger up to the top of the hard mass through the mouth, and the opinion formed was that it had a bony attachment. Chloroform having been administered an attempt was made to pass a wire *écraseur* through the left nostril but unsuccessfully. Then the *écraseur* was passed through the mouth round a portion of the tumour which was removed, leaving a much larger mass behind. This was seized with a pair of vulsellum forceps and removed without difficulty. On examination the tumour was found to consist of two portions intimately attached to each other, one evidently a gelatinous nasal polypus, and the other larger part of dense fibrous tissue. There was no bony attachment at all, and the fibrous portion was evidently kept in its position by its attachment to the gelatinous portion.

There was little or no bleeding, and the patient has done very well. There was no sign of the existence of a gelatinous polypus to be seen on examination of the nose.

(a) Specimen shown at the Sheffield Medico-Chirurgical Society, February 1st, 1894.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, Feb. 9th, 1894.

The President, Mr. J. W. Hulke, F.R.C.S., in the Chair.

ADJOURNED DISCUSSION ON NEPHRECTOMY FOR MALIGNANT TUMOUR IN AN INFANT.

Mr. **Bland Sutton**, in reopening the discussion, recapitulated the main facts of the case, viz., the successful removal of a renal tumour including its capsule from a child 23 months old, the tumour consisting mainly of epithelial tubules embedded in a rich stroma composed of young connective tissue, the child being still alive, fourteen months after the operation. He pointed out that a careful analysis of reported operations for renal sarcomata in infants showed that more than one-half succumbed to the operation and, more than this, that the lives of the survivors was rarely prolonged beyond a year, the longest being eighteen months, and of this there were only three instances. If the tumour removed by the author stood by itself it would probably be called a sarcoma, but a broad survey of sarcomata in children showed that they were characterised by peculiar kinds of tissue. Of these the most remarkable were large spindle-cells, transversely striated, resembling on section voluntary muscular fibres. Another form was cubical epithelium arranged as tubules or as solid columns. The presence of tubules was an almost constant feature of sarcomata arising in glands and was due to enlargement of the tubular elements. In the renal sarcoma of infants these epithelial structures might be very abundant or almost absent. In the latter condition the tumour was very prone to contain striated spindle-cells in great abundance. It had occurred to him that tumours with abundant tubulæ might be less malignant than those in which striated spindles abounded, but further investigation did not support this view. There was nothing in fact in the histological characteristics of these tumours permitting anyone to distinguish between malignancy and non-malignancy. Abbe had recorded the case of a child whose tumour consisted almost entirely of the pseudo-muscle fibres, and a second case in which the histological characters were almost identical with those observed in the author's case. Both the children recovered from the operation and lived eighteen and fourteen months respectively, so that it was obviously impossible to venture on a prognosis. The idea therefore that the non-recurrence of the tumour in the author's case had any connection with its histological structure fell to the ground. Turning to the surgical aspect of the question, he pointed out that in Abbe's case the tumours were removed by simple enucleation out of the capsule so that the removal of the capsule as an explanation of the immunity in the author's case must also be discarded. Considering the risks inseparable from the removal of these tumours, along with the capsule, in infants, he pointed out that they were increased two or three times when the capsule was removed as well. He doubted, therefore, whether it was desirable to attempt to get away the capsule. He thought, moreover, that there was no more reason to bring the ureter outside than there was to bring the tied end of a Fallopian tube outside, and he suggested that the tied ureter might very well be left to take care of itself. Passing on the consideration of the surgical principles involved, he pointed out that surgeons removed tumours (1) when there was pain, (2) when their presence gave rise to inconvenience, and (3) when their existence threatened life. These renal sarcomata in children were painless, and could hardly be said to give rise to inconvenience. Though they certainly threatened life he thought that, considering that their chances of prolonging life by operation were so very remote and the immediate risks of the operation so great, even in the hands of the most skilful operators, surgeons ought to deliberate before undertaking their removal, in fact he was of opinion that they had best be left alone.

Mr. **Alban Doran** referred to a paper read by Dr. Spencer before the Obstetrical Society some years ago in which that author had directed attention to the results of the examination of still-born children or infants born so organically defective that they soon died. He had in this connection pointed out the extreme frequency of hæmorrhage into the solid viscera, particularly into the kidney. Out of 120 still-born infants, 38 had hæmorrhage in or around the kidney; in 22, the hæmorrhage in the capsule of the kidney, and in a few, partly within and partly without the substance of the kidney. There was good reason to believe that these hæmorrhages were often intra-uterine, and he urged that they might prove the origin of sarcomatous growths and malignant tumours. The observations as to the situation of the hæmorrhages held good in respect of the situation of these tumours. Some of them were separate from the kidney substance, sometimes they replaced the kidney. He had seen the infant in question, and was in favour of the operation, and in this case the end must be held to have justified the means.

Mr. **Targett** mentioned that sections had only been made from one side of the growth, and these showed it to be largely composed of tubules.

The **President** alluded to a case which he had brought before the Pathological Society in November, 1860, in which a large tumour of the testicle had been removed and showed structures which very closely simulated striped muscular fibre.

Mr. **Malcolm**, in reply, said that he saw no reason why these tumours should not be dealt with on ordinary surgical principles, and the removal of the investing membrane would be thought indispensable in operating on sarcoma elsewhere. He did not believe, moreover, that it added much risk to remove the capsule at the same time. He pointed out that the end of the Fallopian tube was surrounded by peritoneum, which was not the case with the end of the ureter, the former moreover, was a tissue that most readily underwent repair.

Mr. **Arbuthnot Lane** read an account of a case of

MULTIPLE EPITHELIOMATOUS FORMATIONS OCCURRING AT DIFFERENT PERIODS IN A PATIENT SUFFERING FROM PSORIASIS FROM INFANCY,

and who had for thirty years been treated with Fowler's solution. The man when first seen by him was sixty years of age, and had on the back of his forearm an ulcerating epitheliomatous area nearly two inches in diameter. This was said to have commenced as a single nodule about which at a later period three distinct nodules formed. As time went on the increase in the size of the four plaques resulted in their union, and the formation of a single one. There was no glandular enlargement. The ulcer was removed in April, 1892. At that time he was free from any eruption and made no mention of it. Mr. Lane saw him again in March, 1893, when he found three separate epithelial growths ulcerating in their centre, and placed on the scrotum and perinæum. They were in the same vertical antero-posterior plane, and were separated from one another by intervals of one and two inches respectively. These were removed and examined microscopically. At this time he was covered by the eruption and gave the history already mentioned. He was directed to give up his arsenic and to return if anything suspicious was observed. Not appearing he was written for in December, 1893, when two raised plaques a quarter of an inch in diameter and placed at the same level in the scrotum an inch apart, and an inch in front of the most anteriorly placed of those last removed. They were perfectly smooth. On being cut out and examined microscopically they were found to be small epitheliomas. Again on January 22nd, 1894, two more typical little epitheliomas were removed from the scrotum, one being in the scar of one that had been very freely removed on the last occasion. This patient has up to the present date had eleven separate foci of malignant growth, four appearing on the forearm, and seven on the scrotum and perinæum, and on only one of these, namely, one by the anus, was there any suspicion of the growth having taken place in a patch of psoriasis. There is no reason to suppose that the formation of these growths will cease, and they must be looked for and removed as they appear.

Mr. **Jonathan Hutchinson** asked whether any other conditions preceded the development of the epitheliomatous growths, whether in fact anything of the nature of a corn formed before the epithelial process was declared? He asked particularly whether anything peculiar was noticed in the palms and soles of the patient. In most of the cases of this kind that had come under his observation the palms and soles had been affected in a very peculiar way, a number of corneal indurations forming, and this might be taken as an indication that the epitheliomatous process was setting in. In one case, however, the epitheliomatous process started from on one side of the abdomen. He had had no further case since he published his paper on the subject which he could venture to adduce as conclusive. He, therefore, always left off the use of arsenic as soon as any disturbance became manifest in the palms and soles, even if the disturbance only affected sensation.

The **President** said that some years ago he instituted a series of inquiries among the workers in the arsenical mines of Cornwall, thinking that if anything of the kind was really caused by arsenic, it would assuredly be among these men that they would be met with. He had, however, been unable to discover a single instance in support of this hypothesis, in spite of the fact that the local irritation of the arsenic was very severe, and the general condition of the workers most pitiable. He had had a case of multiple epithelioma, but this was not due to arsenic, for it started from a simple wart.

Mr. **Lane**, in reply, said that the first growth appeared in the midst of apparently healthy skin.

Mr. **Arbuthnot Lane** read the notes of a case of

GENERAL ACUTE SUPPURATIVE PERITONITIS DUE TO APPENDICITIS,

which had been under the care of Dr. Shute, of Northfleet, and on which he had operated. E. B., æt. 18, had three years previously an attack of acute abdominal pain which confined him to bed for a week. It was regarded by the medical attendant as inflammation of the bowels. A year ago he had a similar attack which kept him in bed for four days. On Sept. 1, 1893, and on the day following, he suffered from slight pain in the stomach, but did not feel at all ill. He attended to his duties, took his food well, and went for a long walk in the evening of the second day. Between six and seven on the morning of the 3rd inst. he awoke with diffused abdominal pain, which persisted and increased in severity. His bowels were opened freely, but as the pain continued he took a dose of castor oil. Dr. Shute saw him for the first time at two o'clock the same day. He found him in great pain, with a rigid and tender abdomen, and with cold extremities. He had vomited once after the castor oil. Fomentations were applied, and morphia was freely administered. On Sept. 4 the patient was worse, and on the following day, as his symptoms had increased in severity, Mr. Lane was asked to see him with a view of interfering surgically. He saw him with Drs. Shute and Crook, and concurred in their diagnosis, namely, that an abscess had formed about the appendix, and that the very acute peritonitis had resulted from its rupture on the morning of the 3rd inst. Owing to the extreme rigidity of the abdominal muscles and the associated tenderness no examination by palpation was possible. In spite of the very serious condition of the patient, and the almost universal failure of such operations under these conditions it was decided to interfere. After the administration of morphia and chloroform, the rigidity of the abdominal muscles remaining while the patient was in a condition of complete anæsthesia, a medium incision was made. A small quantity of creamy pus oozed out between the edges of the peritoneum. On exploring the abdomen all the viscera were seen to be intensely injected, to move freely upon one another, and to be covered by a thin layer of pus which was most obvious where the viscera came into apposition. The inflammation seemed to be equally intense everywhere and there seemed no adhesions. On examining the right iliac fossa a very large appendix was found lying immediately internal to the anterior superior spine. It was exposed by an incision made over it, when it was found to be about as large as a thumb, intensely hard and congested, and to form part of a wall of a localised abscess cavity with adjacent viscera. It was evident that the general peritonitis resulted from the rupture of this abscess cavity. The appendix was removed and was found to be intact. It had no smell whatever, neither had the pus in its immediate vicinity. The advisability of washing out the peritoneal cavity was discussed, and it was considered that no benefit would be derived from it, since irrigation to be sufficiently thorough to wash away even a proportion of the pus which was so uniformly distributed in a fluid state and in very small quantity, would, owing partly to its universal diffusion and partly to the extremely rigid condition of the abdominal muscles, only result in the death of the patient on the table. Again there was no reason to suppose that if all the pus could be removed the intense inflammation of the peritoneum would subside. It was also felt that the introduction of drainage tubes or of tampons of gauze would serve no useful purpose but would rather add to the patient's risks, so it was determined to close the wounds, to keep the patient under morphia, and to feed by the rectum. The patient improved slowly but steadily after the operation, so that by the 15th inst. when the stitches were removed he had lost his pain and the abdominal muscles moved freely during respiration. The chief points of interest about the case was the fact that a most acute general suppurative peritonitis due to the bursting of the wall of an abscess cavity about the appendix recovered under medical treatment only. The operation could have had no beneficial effect upon the existing peritonitis. That the removal of the intensely inflamed appendix was most advantageous to the patient was obvious. How far its continued presence in the abdomen would have affected the result of the existing peritonitis cannot be determined with any certainty, though the improvement that followed almost at once upon its removal would lead me to suppose that it was acting as a progressive source of infection to the peritoneal cavity. Besides that, the condition of the appendix was such as to suggest it might become gangrenous. The operation, therefore, in all reasonable probability saved the patient's life and freed him from the risk of subsequent attacks.

Mr. **Malcolm** said the author seemed to infer that the pus had been absorbed, but he did not see how this could have taken place.

Mr. **Barker** said he had operated in two similar cases, and in neither had he drained, yet both had got well. He did not actually get hold of the appendices in his cases, but there was general inflammation of the peritoneal cavity, and over a pint of pus was evacuated in each case. He thought that in many of these cases drainage might be dispensed with with advantage not only in tubercular cases, but in others. It would suffice for them to evacuate all the pus they could and leave the rest to the absorptive powers of the peritoneum. He flushed in both his cases, but he did not suppose he had flushed out all the pus. It must, of course, be borne in mind that there were cases in which drainage could not safely be dispensed with.

Mr. **Howard Marsh** observed that the case seemed to have been of some standing, and it was, therefore, difficult to conceive that suppurative peritonitis should not have occurred. They all knew the danger of a prolonged operation, and possibly it might be best to leave these cases alone, for prolonged washing out was probably more than many a patient could stand.

Mr. **Bowlby** asked if the author had evacuated much pus?

Mr. **Waterhouse** mentioned the case of a woman who had been suffering for four days from intestinal obstruction; the abdomen was rigid, and diagnosis was impossible, the patient appearing to be *in extremis*. He laid open the abdomen and a large quantity of sero-pus escaped. He searched for the source of the exudation, and not finding any he closed the abdomen, fully expecting that the patient would shortly die. She, however, recovered.

Mr. **Gould** asked to what extent the author supposed that the subsequent course of the case was influenced by the course taken by the author?

Mr. **Lane**, in reply, said it was a typical case of suppurative peritonitis. He had seen many such, but this was the first he had saved. In Mr. Barker's cases the remaining pus must have been absorbed. He remarked on the fact that he had not smelt the appendix while removing it in this case, and this encouraged him to hope for a favourable result. He did not think that the operation materially influenced the progress towards recovery.

Mr. **John R. Lunn** on a case of

FUNGATING GROWTH OF PENIS (EPITHELIOMA ?)

George I—, æt. 31, a porter, admitted into St. Marylebone Infirmary, August, 1892. He had been under treatment for a growth on his penis since January 1891, at different hospitals and infirmaries, but had not got quite well. Amputation was advised at one hospital, but the patient refused. On admission under my care the patient had some old doubtful signs of phthisis at his right apex. There was a mass of unhealthy granulations all round the corona of his penis and covering his glans penis, there was a large raw granulating surface on the dorsum of his penis near the root, and several small nodules on the scrotum (near where it joins the skin of the penis on the under surface). Some of the nodules were breaking down, leaving small painful ulcers, the nodules were due to the affection of the sebaceous follicles and there were also present some doubtful amygloid glands in both groins. The patient was suffering intense pain, especially on passing urine, and the surfaces of the glans-penis were raw and covered with small granulations. These were curetted under an anæsthetic several times but did not improve much, and the ulcers rapidly spread at their edges. Morphia was given often to relieve pain. Iodoform and cocaine were applied freely and a mixture of iodide of potassum with mercury was given internally. Continuous irrigation was tried for two nights and days, but was discontinued as the patient complained of such intense pain, though the effect on his penis was very marked and the patient rendered much more comfortable, though he still complained of intense pain on passing urine and when the penis was dressed. About the end of November the patient's health began to fail, his temperature to rise, his life seemed a misery, and he begged for something to be done, so it was decided as a last resource to amputate the penis. This was done by my colleague, Dr. Nix, Jan. 25th, 1893. A few days after the operation the patient began to suffer from swollen glands under his jaw on both sides, and his temperature went up to 102° F.; also a gland near Poupart's ligament (on the inner side) became much enlarged. The suppurating glands under the jaw were incised and some bad teeth were removed, but the condition under the jaw did not improve, and so on March 2nd, the glands were scraped and the glands in the groin were removed. The glands under the jaw were thought to be due to salivation from the large doses of mercury he had been taking. He was discharged cured in June 1893. Mr. Targett kindly examined the penis that was removed and sent me the following account. The extremity of the organ was converted into an oval lobulated tumour, two inches in its chief diameters. The pigmental integuments at the margin are raised and undermined, and near the base of the tumour several white tubercles are seen protruding through the skin. On the reverse of the preparation, the urethra had been laid open, its lining membrane was much ulcerated and nodular, the glans penis being indistinguishable. The careful sections taken from the edge of the front are composed of cells and large round nuclei and numerous capillary vessels, as in granulating tissue, but sections from inguinal glands contain suspicious nodules of epithelial cells, the sections do not seem to show any evidence of tubercle.

Mr. J. **Hutchinson** agreed, as having seen the case, that the diagnosis was one of great uncertainty. He himself was inclined to think it was syphilitic in spite of the fact that no secondary symptoms had been observed, though after all this was not so remarkable seeing that the patient had been strongly mercurialised. He pointed out that the prolonged bath had not been given a fair trial, only having been persisted in for forty-eight hours instead of ten days or a fortnight. He would have given opium to the patient to calm his impatience. The only thing to do was to keep the patient under observation, and see whether he ultimately developed other syphilitic manifestations. He referred to the case of a gentleman with similar ulcerations under the eyelids which had resisted all treatment for a year. In this case there were no secondary symptoms.

Mr. **Gould** asked whether the assertion that a hard chancre had developed after a soft one had been confirmed by medical evidence? He pointed out that the interval was long enough to allow of the man to have had secondary symptoms and disappeared. He pointed out that the granulations were analogous to the fungating syphilitic tertiary sore of the leg, which were also very resistant to anti-syphilitic remedies.

The **President** referred to the case of a gentleman who had a fungating sore on the instep, which looked remarkably like an epithelioma. Small masses could be seen on the leg as far up as the knee. Anti-syphilitic treatment had been tried, not because there was any history of syphilitis, but "just to try." The patient might have inherited syphilis from his father, for his two sisters presented unmistakable traces of having had interstitial keratitis while children. He had ultimately to amputate the leg. Later, the patient developed a swelling of the forearm which discharged gummatous masses, and he died, with similar manifestations in the neighbourhood of the hip.

Mr. **Lunn** said the diagnosis of hard chancre was confirmed by the service doctor. The patient had had no secondary symptoms, but he promised to keep him under observation.

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ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Medicine.

Meeting held Friday, January 19th.

The President, Dr. **Walter G. Smith**, in the Chair.

CANCRUM ORIS IN TYPHOID FEVER.

Dr. H. T. **Bewley** described the case of a boy, æt. 14, who was attacked very severely by typhoid fever. On the 41st day of the disease a black patch was noticed inside the right cheek, and two days after another black patch was observed inside the left cheek. The latter soon healed, but the former was accompanied by much hardness and swelling of the cheek, and increased till it involved the skin. Then the gangrene ceased to spread and the slough rapidly separated. The boy during this process was very weak, but was given large quantities of nourishment and stimulants—12 oz. of whisky every 24 hours for 10 days—and seemed to derive much benefit therefrom. The slough was very large, and when it came away left an opening through the cheek of the size of a shilling, and a large cavity inside the cheek extending from near the angle of the lips to the ascending ramus of the jaw. The boy, however, made a good recovery, and the opening through the cheek closed completely in about six weeks. No contraction has yet occurred in the tissues. The stench, which had been very bad, Dr. Bewley thought, was most successfully kept down with local application of creolin and of eucalyptus oil. Dr. Bewley called attention to the rarity of cancrum oris in typhoid fever, to the high mortality which occurs in it, and to the fact that this case did extremely well without any surgical interference.

Dr. **Pollock** mentioned a case of typhoid in which he had seen inflammation and sloughing of an entire submaxillary gland.

Dr. J. W. **Moore** said that during 13 years' experience as visiting physician at Cork Street Fever Hospital he had seen only four cases of cancrum oris—two following measles and two following typhus. Murchison, in an experience of 5,800 cases of typhoid fever, had seen it occur in it only once. Dr. Moore recommended that the mouth should be rendered as aseptic as possible and kept so. The teeth might be cleansed with a paste composed of eucalyptus oil, liquefied carbolic acid and precipitated chalk, and the mouth might then be rinsed out with an antiseptic fluid.

Dr. **Doyle** said he had treated two cases of cancrum oris last year. He did not know whether they were recovering from fever, but he found them on admission to hospital with very decayed teeth. These he extracted and applied to the gangrenous surface in one of the cases hydrochloric acid and in the other nitric acid. The subsequent treatment consisted in cleansing the mouth with a large throat brush and spraying the cavity of the mouth. He also sprayed the interior of the nose and the back of the throat. As medicine he gave small doses of tr. opii and found them very beneficial.

Dr. **Finny** said he had only seen the teeth and gums affected by extension from the cheek. He pointed out that the disease always began in the cheek opposite the first molar tooth.

Dr. **Boyd** narrated an account of the treatment pursued in one of the children's hospitals in New York, where an epidemic of cancrum oris broke out. There were forty cases, and the mortality was only four or five, Subnitrate of bismuth was applied locally. He remarked that the disease had become much less frequent since mercury had been less freely used. He thought that the extensive ulceration in the bowel in typhoid fever allowed of the absorption of the poisonous products of bacteria present in the contents of the intestines. This might have something to do with the extensive suppuration which occurred in Dr. Bewley's case.

Dr. **Little** drew attention to the benefit resulting from the administration of stimulants in this case. He considered that the whole question of stimulants required revision. In some cases patients get well in which they are freely given, but they would have done better without them, whilst in others they would have died if they had not got them. He had seen alcohol do good in cases of pyæmia and septicæmia.

Dr. **Dawson** mentioned a case of a boy, æt. 6, recovering from measles, who was well nourished, but was attacked with cancrum oris first in the left cheek and then in the right. The greater part of his left cheek was destroyed, and a portion of the alveolar process of the jaw exposed. His right cheek was perforated with a hole of about the size of a sixpence. The child recovered; the hole in his right cheek was obliterated; and the opening in the left cheek was much diminished without any operative interference. To allay the foul odour dilute sulphurous acid was sprayed into the mouth.

Dr. **Davis** suggested that the opening of the parotid duct being situated near the position at which the ulcerations usually occurred, it was possible that it might afford a nidus for micro-organisms.

The **President** said that the local complications occurring in the mouth in acute fever were of three sorts:—1. Severe ulceration. 2. Acute peritonitis. 3. The gangrenous inflammation styled "cancrum oris." Dr. Bewley's case was interesting in that it attacked an older patient than is usual, and that the disease occurred after typhoid fever. In favour of there being a specific cause for the disease we have—(1) its rarity, (2) the definite symptoms and signs, and (3) the constancy of the appearances presented. The foul smell is not a constant factor. In a case lately treated in Sir P. Dun's Hospital there was absolutely no odour. It is a matter of note the quantity of stimulants taken by this boy in a short time. Alcohol, as it is oxidised into carbonic acid and water, is capable of being a source of energy to the body and thus a good—using this word in its widest sense. When more than a certain quantity is taken, part of it circulates unchanged in the body and is excreted as such. To this portion present in the tissues as alcohol might be referred—(1) its antipyretic properties, (2) its antiseptic properties, and (3) its action on the leucocytes.

Dr. **Bewley**, in reply, stated that this boy had a very considerable quantity of opium throughout his whole illness. His teeth were not at all affected. He could give no reason why the disease began opposite the first molar tooth. He thought the opening of the parotid duct had nothing to do with it, because in his case the duct was not opened, and no salivary fistula resulted. As regards the stench, it came from the dead slough, and when it was removed the stench ceased.

CASE OF ASSOCIATED PARALYSIS OF THE RIGHT PORTIO DURA AND PNEUMOGASTRIC NERVES.

Dr. J. W. **Moore** read the notes of this case. The patient was a girl, æt. 13, who was subject to nasal catarrh. An attack of suppurative inflammation in the right sphenoidal sinus was suddenly complicated with right facial palsy, associated with paralytic dysphagia, necessitating feeding by the bowel exclusively, and after a fortnight by the œsophageal tube. These paralyses were ushered in by serious symptoms, more than suspicious of mischief at the base of the brain—giddiness, headache, uncontrollable vomiting, chills followed by high fever. These passed off in a few days, but foul-smelling discharge continued to flow from the posterior nares intermittently for several weeks, and the breath was at times very fœtid. The larynx also was paralysed on the right side. Inflammation seemed to have extended from the right sphenoidal sinus, backwards towards the foramen magnum, behind the dura mater, in such a way as to cause compression of the right facial and pneumogastric nerves, either indirectly at their points of origin, or directly in their course (from their points of emergence on the surface of the brain) to the internal auditory meatus in the case of the facial, of the posterior lacerated or jugular foramen in that of the pneumogastric nerve.

Dr. **Parsons** wished to ask what was the condition of the patient's tasting powers. Could the paralysis of the 7th nerve be a mere coincidence. It was very odd that the 6th nerve was not affected if the patient suffered from basal meningitis, considering the frequency with which it is affected. As regards the path by which sensory impulses of the taste reached the brain, physiologists and clinical physicians were not yet agreed.

Dr. R. A. **Hayes** considered that it was pretty evident that there was an empyema of the sphenoidal air sinus. The pus, however, found free exit and did not produce pressure symptoms. An extension of inflammation by continuity of tissue, remembering the great thinness of part of the wall of the sinus, might account in the main for the symptoms.

Dr. **Davis** thought that the nerve affected might have been the accessory portion of the spinal accessory.

Dr. **Finny** thought that the simplest explanation was an abscess in the upper posterior part of the pharynx, and that it engaged the 7th nerve close to its exit from the stylo-mastoid foramen.

Dr. J. W. **Moore**, in reply, stated that both the motor and taste functions of the patient's tongue were perfect. There was no ear lesion and no hyperacuteness of hearing. As regards Dr. Finny's view, it does not seem to fully account for the first four days of the illness when the patient suffered from giddiness, vomiting, and severe pain in her head.

The Section then adjourned.

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EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, Feb. 7th.

Dr. T. S. **Clouston**, President, in the Chair.

DISCUSSION ON INTERCRANIAL SURGERY.

Professor Annandale, who opened the discussion, said that he would make his remarks as practical as possible, and alluded to the recent advances made in cerebral surgery permitted by the adoption of antiseptics, and by the perfection of localisation. He then divided his subject into seven divisions, which he discussed *seriatim*.

1. *Diagnostic Incisions.*—These should always be made if there were symptoms of brain pressure of doubtful cause and unrelieved by medical treatment, and again in cases of great pain in the head with no discoverable cause. In one such case he had trephined the skull, incised the dura mater, found nothing, but benefited the case presumably by relieving tension.

2. *Intercranial Inflammation and Suppuration.*—If following traumatism, speedy operation was advisable. In one case he had had suppuration followed the necrosis of the injured bone over the left motor area, caused epilepsy, but was entirely relieved by operation. It should be remembered, however, that such inflammation sometimes occurred on the opposite side of the brain to that injured. Middle-ear disease was often followed by symptoms due to meningitic inflammation or to cerebral abscess, in some of which cases, nevertheless, the ear disease which had caused the cerebral lesion gave rise to no symptoms. In all these cases free exit should be given to the pus. In idiopathic inflammations, such as those due to tubercular deposits, whether the abscess be localised or the symptoms general, it always gave a chance of relief to operate.

3. *Hæmorrhage.*—In cases of hæmorrhage due to traumatism it was the duty of the surgeon to operate. One very curious case which he had seen resulted in the following way: Some soldiers were sky-larking, and one of them received a thrust on the head with an umbrella, one of the spokes of which penetrated the skull, punctured the middle cerebral artery, and caused death very speedily. Again, it was advisable to operate on the opposite side to the injured part, if nothing had been founed there on trephining. In some cases he would advocate operation in non-traumatic hæmorrhage with a view of relieving tension.

4. *Epilepsy.*—The fits when following on injuries might be caused by the pressure of a foreign body itself or to the inflammation set up by it; the removal of the foreign

body was advisable. Cysts should be drained after opening. In syphilitic and idiopathic cases no operative treatment was indicated, though if caught early enough it might prove of some use. In developmental cases, if sclerosis had already occurred, no good could ensue; otherwise might prove beneficial.

5. *Intercranial Tumours.*—In syphilitic cases an operation might be undertaken to relieve pressure; sometimes it was followed by a shrinking of the tumour. Tumours involving the motor areas had been successfully removed by him. In one case the tumour proved to be as large as a cricket ball.

6. *Microcephalus and Hydrocephalus.*—The first of these conditions was amenable to operative interference, the second not.

7. *Insanity.*—Two per cent. of the cases were due to injury, and if these were operated on shortly after their occurrence good might be done. The prospect of doing anything of value in general paralysis seemed small.

Professor Grainger Stewart contributed details of several cases in which he had asked a surgeon to operate. Among these were cases of meningitis, trephined without relief; tumour of the cerebellum, treated with temporary alleviation of the symptoms; glioma of one of the hemispheres, operated on unsuccessfully. In another case epileptic fits, both petit and grand mal, with great pain, followed a blow on the head, and marked optic neuritis supervened. Operation cured the fits and the pain, but on death two years after nothing could be found in the brain at the autopsy to account for the symptoms. In conclusion, he advocated free operative interference if medicinal means had failed, if only to relieve pressure.

Dr. McBride considered the subject from the point of the aurist. He said that the three chief intercranial results of ear disease were meningitis, phlebitis, and abscess, their frequency being in that order, and proceeded to discuss the early symptoms and indications of their appearance.

Dr. Berry discussed the occurrence of optic neuritis, which, he said, never occurred except with tumours or abscess of the brain, ophthalmic paralysis, and hemianopsia in brain lesions.

Dr. Joseph Bell had operated in one case of microcephalus with a fair result, although the child's intelligence did not seem to be much increased.

Drs. Carmichael, Smart, and Bow also spoke.

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HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, Feb. 1st.

The President, Mr. George Eastes, in the Chair.

The President read notes of a case where a pessary in the shape of a hollow sphere of wood 2¼ inches in diameter had been retained in the vagina for many months, and had partially enclosed the uterus, rendering it almost gangrenous.

Mr. F. Bowreman Jessett showed two specimens, one of carcinoma uteri, the other of multiple fibroma of the uterus, which he had successfully removed per vaginam.

Dr. Gow read a paper on

EIGHT CASES OF VAGINAL HYSTERECTOMY FOR CANCER.

After drawing attention to the fact that vaginal hysterectomy for cancer was not regarded with much favour in this country, he proceeded to read notes of eight cases in which he had performed the operation. All the patients recovered from the operation and were able to return to their household duties, and five of them were known to be alive at the present time. Six of the patients were suffering from carcinoma of the cervical canal, one from carcinoma of the body of the uterus, and one from sarcoma of the body of the uterus. Of the eight patients, two had died from recurrence within twelve months of the operation, one had been lost sight of, one had remained free for two years and eleven months, and one for twelve and a half months. The two last mentioned patients were both well at the time of the reading of the paper. The three remaining patients had been operated on during the last twelve months, and therefore sufficient time had not elapsed to allow conclusions to be drawn as to the ultimate result. He believed that the mortality was sufficiently low and the results sufficiently good, to render the operation worthy of confidence in suitable cases. In discussing the technique of the operation he upheld the use of silk ligatures in preference to clamps, as being the safer method of securing the broad ligaments. He did not think it was necessary to make any attempt to close the wound in the vaginal vault or to stitch the peritoneum to the vagina. After removal of the uterus a long strip of iodoform gauze should be introduced into the vagina and left undisturbed for from five to seven days. He advocated complete extirpation of the uterus in cases of cancer involving the whole length of the cervical canal as well as in cases of malignant disease of the uterine body. In cases of squamous-celled epithelioma of the vaginal portion or of carcinoma involving the lowest part only of the mucous membrane of the cervical canal, he believed supra-vaginal amputation of the cervix to be indicated. Extensive operations were only justifiable when it appeared probable that all the disease could be removed.

Mr. F. Bowreman Jessett congratulated the author of the paper upon the success of his cases, and remarked, as more experience was gained, possibly it would be found that while certain forms of malignant disease of the uterus could be removed with great and perhaps permanent benefit to the patient, in others, especially the sarcomatous, or rapidly growing forms of carcinoma, would be better left alone, as his experience tallied with the results of Dr. Gow's cases, viz., that these forms of malignant disease rapidly returned. He (Mr. Jessett) was interested in the statistics given by Dr. Gow, but did not hear him refer to Dr. Lewer's cases or his own cases, twelve in number, which had been published. He had now done twenty cases with one death. He agreed with Dr. Gow that silk ligatures were preferable to catgut; if the ligatures applied to the ovarian arteries were cut short they became encysted in the same manner as the ligature round an ovarian pedicle; while the outer ligatures usually came away in about ten days to a fortnight, sometimes later. He was much interested in the case which had secondary deposits on the abdomen causing pressure on and obstruction of the pylorus with accompanying dilatation of the stomach. He had had one similar case, the dilatation commencing some months after the operation. This patient died, but unfortunately no post-mortem was allowed. He always introduced a glass drainage tube for the first twenty-four or forty-eight hours, and packed the vagina with iodoform gauze.

Dr. Herbert Spencer bore testimony to the excellence of the paper. He would briefly allude to four points: one was that, in his opinion, catgut was preferable to silk for ligature of the broad ligament in vaginal operations; secondly, the removal of the ovaries in vaginal hysterectomy was not always necessary, and was followed in some cases by the total loss of sexual passion and by other troubles; thirdly, the diagnosis of cancer by the microscope was sometimes extremely difficult; fourthly, in considering the relative mortality of vaginal hysterectomy and supra-vaginal amputation (which statistics still showed to be in favour of the latter), he would remind the Society that, after hysterectomy, small intestine often adhered to the scar and became rapidly involved, when recurrence took place and death (from intestinal obstruction) occurred much sooner than it would have done had the body of the uterus been left.

Dr. Herman agreed with Dr. Gow both as to the diminished mortality of vaginal hysterectomy as compared with that at the time of the publications to which he had alluded, and as to the advantages of hysterectomy over supra-vaginal amputation of the cervix for cases of cancer beginning in the cervical canal. For cancer beginning in the vaginal portion amputation of the cervix was enough.

Dr. A. Routh and Dr. Handfield Jones also took part in the discussion.

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LIVERPOOL MEDICAL SOCIETY.

Meeting held Thursday, February 1st.

The President, Mr. C. Puzey, in the chair.

Pathological Specimens.

Dr. Abram showed (1) carcinoma of the gall-bladder with diffuse infiltration of liver. (2) Healing typhoid ulcers from a case without temperature, diarrhœa, or spots.

Dr. Davies: Hydrocephalic fœtus, one of twins.

Pyo-nephrosis.—Mr. Larkin showed two cases he had operated on for pyo-nephrosis, one a woman, æt. 24, with a ten years history in whom the disease, though apparently tubercular, seemed quite localised to the kidney. In her he had completely removed the diseased organ which was converted into a large thin walled cyst holding several pints of curdy pus. She is quite well 9 months after the nephrectomy. The other case was a man, æt. 28, who commenced with tubercular cystitis, then prostatitis, tubercular pyelitis and nephritis. He also had some dulness and flattening over the apex of the right lung. Mr. Larkin scraped out the abscesses in the kidney, washed out the pelvis and ureter, scraped out the prostate, and drained. He was shown (15 months after operation) well and hearty, weighing 10 stone, whereas he was under 8 when operated on. There is some thickening about the right epididymis which, however, does not increase.

Warty Growths.—Mr. Andrew Stewart showed a boy, æt. 9, suffering from warty patches on base of fore-fingers, elbows, knees, palms of hands, and tips of some fingers. Three years ago he had measles, and about three months afterwards the sores began to appear as red swellings. Mr. Stewart left the diagnosis open.

Mr. Rushton Parker thought it a case of lupus, or at any rate a lupoid disease of the skin, and he would treat it by scraping.

Dr. Barendt thought it a case of lupus verracosus, and recommended the application of salicylic acid plaster with creosote to the various patches, and then the application of powerful caustic to destroy the nodules.

Cancer of the Cervix Uteri.—Dr. Grimsdale read notes of a case and showed a specimen of cancer of the cervix uteri co-existing with a three months pregnancy, in a women, æt. 34. The uterus and its contents were removed through the vagina. The woman made a good recovery, and now, 8 months after operation, remains quite well.

Mr. Murray read a paper on the

TREATMENT OF CROOKED LEGS IN CHILDREN.

His remarks referred to children under 4 years of age, and he strongly advocated the immediate straightening of the crooked bones rather than the more gradual method by splints alone. In 1888 the late Mr. R. Pughe introduced this method at the Children's Infirmary, and the results have proved so satisfactory that of recent years there has been a large increase in the number of children brought to the Infirmary to have their legs straightened, as the following figures taken from the records of the hospital show. In 1888 Mr. Pughe straightened 30 legs and in 1893 Mr. Murray straightened 311, the total number since 1888 being 641. These figures include both knock-knees and bow-legs. Though he believed many surgeons practice osteoclasis for curved tibia, comparatively few do so for knock-knee, the objection, it is said, being that in doing so you produce a separation of the lower epiphysis of the femur. Mr. Murray has several times performed the operation on one side only, and examined the legs 18 months afterwards and found no difference in the length of the limbs, and further, he has made it a practice to examine carefully for the seat of fracture and find it takes place fully an inch above the epiphyseal line, his hands being the only osteo-chart he has ever used, the above figures refer only to children under 4 years of age. There has been no single mishap in the whole series.

Drs. Rawdon, R. Parker, R. Jones, Thel. Thomas, Puzey, Carter, Logan, and Alexander entered into the discussion.

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CATHOLIC UNIVERSITY MEDICAL SCHOOL MEDICAL AND SCIENTIFIC SOCIETY.

Meeting held Monday, January 29th.

Dr. A. Roche, Vice-President, in the Chair.

CASE OF FATAL PERITONITIS WITH TYPICAL TYPHOID LESION.

Dr. McWeeney showed portions of the small intestine of a boy who had died a few weeks previously from peritonitis at the Mater Misericordiæ Hospital. The intestines showed every stage of the typical typhoid lesion, including the "shaven beard" appearance described by the French pathologists. The base of one of the ulcers showed a minute perforation no larger than a pin's head, the cause of the fatal peritonitis. Bacteriologically examined the peritoneal exudation was found to be an almost pure cultivation of the bacillus coli. Dr. McWeeney pointed out how in cases of peritonitis supervening in suspected criminal abortion the presence of the bacillus coli might prove a fact of considerable medico-legal importance as indicating that the peritonitis was of intestinal origin; whereas peritonitis following female pelvic trouble was always due to streptococci. He had himself met with cases of peritonitis due to bacillus coli without any anatomically demonstrable perforation of the gut. In the present case the mesenteric glands were examined bacteriologically, and the cultures yielded bacillus coli. The question as to the distinctions between the two organisms were then touched upon, and the speaker expressed himself as disinclined to place much value upon the potato and other culture-tests. He looked upon bacillus typhorus as a well marked variety of bacillus coli, due to differencc of environments. Bacillus coli being sapophytic, and bacillus typhosus having acclimatised itself to dwell within living structures. Allusion to fermentation tests was made, and specimens of the U-tubes employed were shown. The dilution of bacillus coli in samples of drinking-water he regarded as of importance quite equal to that of finding bacillus typhosus. The great hygienic importance of the subject was insisted on.

The Vice-President complimented Dr. McWeeney on his communication. He agreed with the importance of bacteriological examination of water, but was of opinion that the chemical should not be neglected. Both were necessary for any satisfactory decision.

Dr. Blaney mentioned the formation vapour test.

Dr. McWeeney in replying, agreed with the Chairman as to the importance of chemical analysis. He did not think that formation vapour would prove more useful than Parietti's test. He had found it possible to acclimatise non-typhoid bacteria to the acidified and carbolised broth, and on one occasion when he had pushed the dose of acid and phenol to a very considerable amount without inhibiting growth, he found he had obtained a pure culture of an enormous coccus, and no bacilli of any sort.

Dr. Joyce showed two interesting specimens of hydrocephalus.

The Vice-President, Dr. Blaney, and Dr. Coffey joined in the discussion.

Dr. Joyce replied.

Mr. Tevitt read an interesting paper on the treatment of cholera.

The Vice-President showed preventive, had done more than curative, medicine for cholera. He mentioned the subcutaneous injection of water in the stage of collapse as useful.

Dr. Potter said he had large experience of cholera in India. He agreed with the Vice-President as to the great value of prevention. He mentioned the use of the external application of heat.

Dr. Ordye Curran spoke, and the Society adjourned.

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France.

[FROM OUR OWN CORRESPONDENT.

PARIS, Feb. 10th.

Exothyropexia.

At the Académie de Médecine, M. Poncet, of Lyons, communicated a new and very curious method of treating goître, which he designated under the name of *exothryopexia.* This operation consists in enucleating the tumour from its attachments and fixing it externally so as to provoke atrophy. Fourteen times the speaker practised the operation and each time with success. The thyroid tumours had been in every case treated medically without any apparent result, and their volume was such as to warrant active interference. Five of the cases were characterised as parenchymatous, while the remaining nine were cystic. The former took about six weeks to become atrophied, and the latter some time longer. As soon as the thyroid gland had been exposed to the air a serous liquid was seen to ooze from its surface, the veins became turgid and in a short time the tumour assumed a black appearance. The day following, the veins commenced to diminish in calibre, and continued to do so each day until the eighth, when their obturation was complete. At the same time the wound became granular and the skin adhered strongly around the base. The cause of the atrophy itself was difficult to determine, but M. Poncet supposed that the operation interrupted the venous circulation of the thyroid body. Besides these local phenomena, certain well marked changes came over the general condition of the patient, the intellect got brighter and the vitality received a considerable impulsion. As to the goître itself, it either disappears definitely or undergoes two principal transformations resolving into a hard fibroid tumour, or into cysts. The operation is applicable to every variety of goître, vascular, parenchymatous, polycystic, large, small, retrosternal or cervical, &c. In conclusion, M. Poncet, who was listened to with much interest, said that perhaps Basedow's malady might also be benefited by exothyropexia.

Prolapsus of the Uterus.

The treatment of the above affection is still under discussion at the Société Chirurgicale. Last week M. Pozzi spoke at length on the subject and said that total vaginal hysterectomy was only exceptionally indicated in the treatment of prolapsus of the uterus, that is to say, only where it was impossible to maintain reduced the vagina and the uterus, by more simple operative means, such as resection of the walls of the vagina and the occlusion of the great portion of the outlet. Hysterectomy is entirely counter-indicated in women who have had no children, and in those suffering from cardiac, renal, or pulmonary affections.

M. Picqué thought that hysterectomy gave but problematic results in the cases of old women in whom the prolapsus occurred from the weakness and the laxity of the anatomical parts. Alquié-Alexander's operation —shortening of the round ligaments—should be preferred.

M. Chaput said he had tried all the methods proposed in the discussion and came to the conclusion that total vaginal hysterectomy should be abandoned for the treatment of prolapsus, that operative measures should be limited to supra-vaginal extirpation of the os of the uterus when necessary, with resection of the vaginal walls before and behind.

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Germany.

[From our own Correspondent.]

Berlin, Feb. 9th.

The Treatment of Scleroderma.

At the last meeting of the Dermatological Society Hr. Schütte showed a man whose illness begun with pain in the knees and elbows, and with the formation of red painful rhagades. The disease progressed slowly over the lower extremities and the right arm, and diminished greatly the usefulness of the limbs. Several methods of treatment had only a passing effect. On admission the skin over the lower extremities and the buttocks was smooth, shining, hard, and firm; bright and dark pigmented spots were irregularly scattered about. The patient could scarcely move the limbs; he mounted the steps as if the knees were anchylosed. The temperature of the skin was lowered. The treatment consisted of lengthened sitz baths, with succeeding massage with five to ten per cent. salicylic vaseline. The salicylin was increased as improvement progressed. The patient gradually regained power of movement of the extremities. A small quantity of salicylic acid could be determined in the urine, so that some must have been absorbed through the skin. The favourable influence of such treatment had been previously demonstrated in the case of a female shown to the Society. In that case the improvement had been maintained.

The speaker also showed a little girl, æt. 10, in whom the method of treatment described had had good results. The case was, however, less convincing as the child had been treated as an out-patient, and electricity had been employed on account of facial hemiatrophy.

Hr. Lewin thought as regarded the result of treatment of scleroderma that the spontaneous variations in the complaint should be taken into account.

Hr. Lassar replied that the case showed the slowly progressing improvement was opposed to one independent of treatment.

Generalised Vaccinia.

Hr. Peter showed a boy, æt. 6, suffering from chronic eczema. When the child attended Hr. Lassar's Klinik in October last, his whole body was covered with pustules from the size of a pea to a linseed. If the general health had not been comparatively good one would have thought of small-pox. It appeared that on account of the eczema the boy had not been vaccinated. A fortnight before the outbreak of the disease a sister had been vaccinated with calf lymph. As the pustules formed both children had been bathed in the same water. It was probable that the boy had in this way become inoculated with humanised lymph, that the virus could easily find its way through the parts of skin denuded of its epidermis by the eczema. Hitherto most of the cases of accidental inoculation known had been the result of auto-inoculation by scratching. Only four cases of generalised vaccinia were recorded in literature. Three were published by Dieter.

Hr. Ledermann had observed a case in which the pustules were in parts in which scratching was impossible.

Diseases of Milkers.

Hr. G. Lewin showed a man who had been for many years engaged in milking, first in Switzerland, and now in Victoria Park. There was a fistulous ulcer on one finger from which hairs were extracted. The origin of the ulcer had not been explained. Both syphilis and tubercle could be excluded. On the inner side of the joint surfaces of both thumbs were hard prominent callosities. These must be considered as due to his occupation (Gewerbeaffektionen). The milker grasped the udder at the teat with the four fingers of the hand and extracted the milk by an up and down stroke against the strongly opposed thumb. If it was considered how hard the firmly-distended udder of the cow was, it was easy to understand how such callosities could be formed with many years of milking. According to the statement of the patient, a large number of milkers suffered in a similar way. He thought the symmetrical appearance of the marks on both hands could scarcely be accidental.

Hr. Ledermann then showed a case of

Syphilis of the Cord.

The patient, æt. 50, was syphilised in 1890. He was treated in the Charité by injections, and again in 1891, on account of a relapse, by potass. iodide. In 1892 he suffered from apparently non-specific iritis, for which iridectomy was performed. In 1893 a gummatous ulcer encircled the whole leg. This was treated in hospital with potass. iodide, and improved. In November last he was again admitted with recrudescence of the gummatous ulcer. Whilst under treatment he complained suddenly one evening that his left leg was asleep. Lancinating pains and a feeling of cold were present. The patient remarked that on trying to walk he staggered. Objectively there was increased patellar reflex of the left leg, functional disturbance of the bladder and rectum were present. The gait of the patient must be described as spastic. As the upper extremities were spared the spastic phenomena it was probably a case of disease of the spinal cord, that, bearing in mind the subjective and objective symptoms, was probably situated about the level of the last dorsal vertebra. Considerable improvement was brought about by specific treatment, about 140 grms. of potass. iodide were given altogether, and inunctions of 3 grms. of resorcin mercury daily; the spastic symptoms disappeared, and the knee phenomena became less pronounced. In reply to a question by Hr. Caspar, the speaker said that since the day before the function of the bladder had returned to some extent. In reply to another question by Hr. Isaac as to the nature of the affection, Hr. Ledermann said the disease probably affected the spinal meninges, with secondary compressive myelitis. He thought larger doses of mercury would have had no object, as stomatitis appeared with the inunction of only three grammes daily.

The First Cry.

At the meeting of the Hufeland Society of the 18th ult., Prof. Olshausen gave an address on this subject. He said that want of oxygen in the system could not be the sole cause of the cry. When the head was born, there were at first no spontaneous movements, either of respiratory or other muscles, but a bright red colour of the head changed in a few seconds into a bluish colour. That was natural, as the head emerged from the natural passages was no longer under pressure like the parts still within the genital canal, and this inequality produced a venous stasis in the head. When only 2 to three minutes elapsed before the birth of the trunk, this condition did not change. When this took place, the first inspiration followed in a few seconds, and then an expiration, accompanied by a loud cry, took place. However long the thorax was in following the head, no inspiration took place till that occurred, *i.e.*, if the period between the two was not longer than from 2 to three minutes. The course of things was different when the first inspiration was caused by pure want of oxygen, or when children were born by the Cæsarian section. In the case of healthy children, a minute might elapse before they began to breathe. The first inspiration was shallow, then followed a deeper, then a still deeper, and it was only after several inspirations that expiration with a cry followed. He believed it was the release of the compressed thorax, in the act of birth, acting like the relaxed pressure in the Marshall-Hall method that accelerated the first deep inspiration and first expiration with the cry.

Austria.

[From our own correspondent.]

Vienna, Feb. 9th.

Death of Professor Billroth.

The event of the week, one that by sheer force of character and genius of the deceased, has roused the sorrowful enthusiasm of the profession and populace of Vienna, has undoubtedly been the death of Professor Billroth, the affection for whom can scarcely be explained otherwise than by his exalted greatness. He was not an Austrian by birth or education, yet Vienna has this week mourned over him as for a hero, and has given him a public funeral, such as was probably never accorded to a private individual, and has laid his remains in a spot reserved for "the distinguished dead."

Deceased was born in 1829 in the island of Rügen, and was consequently but 64 years of age. He was the son of a Protestant pastor, and possessing a decided talent for music, he thought for a time of devoting his life to it, but in 1848 he went to Greifswalde, and later to Berlin and Göttingen to study medicine. At thirty he was Professor of Surgery in the University of Zurich, where he became an intimate friend of the renowned composer Wagner. In 1865 Billroth was invited to become the Director of the famous surgical school of Vienna, in succession to Professor Schur; this appointment he accepted, and for twenty-nine years he has not been absent from Vienna except for occasional holidays.

Although his genius as a surgeon was appreciated by the profession in Austria, his name was comparatively unknown to the general public until the outbreak of the Franco-German War in 1870-71, when he voluntarily placed himself at the service of Germany, and his name became a household word throughout the civilised world for the initiation of operations hitherto unattempted and for the daring and success of his surgery throughout that terrible conflict. But a feature in these brilliant exploits must not be overlooked, as they were undoubtedly in field surgery up to this time. I refer to the nursing and after-treatment of the wounded. Billroth was a man of Herculean strength and energy, devoting little time to sleep; he drilled his nurses male and female so continuously, practically instructing them by his own personal attention to the wounded, that they became effective in an incredibly short space of time and shared in his enthusiasm. The century has produced no greater surgeon than Billroth, and his name will be handed down to posterity as a man of original conception, brilliant powers, and noble character. Columns might easily be filled descriptive of his literary and surgical achievements—the extraordinary fascination he exercised over the profession and students with whom he came in contact. Suffice it, at least for the moment, to add that Austria was not slow to appreciate his greatness during life, and in death, as evidenced today, respect for his memory and grief at his decease were unmistakable. Royalty attended the funeral, the *élite* of Society filled the Protestant church, the profession and representatives of public bodies followed his remains in thousands, public buildings were closed, and Vienna mourned for the honoured dead. *Requiescat in pace.*

Laryngo-scleroma.

A case before the "Aertze" of a young Hungarian, æt. 24, who enjoyed good health till 1879, when a funnel-shaped contraction was observed in the larynx, which was diagnosed as chorditis vocalis infer. hypertrophica. At the recent examination the fundibular character had disappeared, but a thick membrane could be seen on intonation; on the right side a few pea-form bodies were removed which on being examined were found to contain a large quantity of scleroma bacilli. This confirms the opinion recently expressed by Professor Paltauf that most of those cases diagnosed as chorditis vocalis infer. hypertrophica may be classed as laryngo-scleroma.

Fungoid Keratitis.

Prof. Fuchs showed a miller by trade with a serpiginous ulcer on the cornea which on closer examination was found to be a covering of finely broken crumbs of bread, but when microscopically examined were found to be colonies of a fungoid growth. These have been cultivated and found to repeat themselves. He related two similar cases, which are all he can find in literature, where one had been originated with actual contact with the mouldy material of a pear accidentally thrown against it, whereupon the part struck became necrosed, the fungus daily increasing.

Prof. Mauthner related that his case was a girl, æt. 14, who, out walking one day, was struck on the eye with a leaf of a tree, which soon developed severe keratitis, which soon involved the whole structure in a peculiar manner.

Subclavian Aneurysm.

Ewald showed a case of aneurysm of the subclavian where the artery was tied and the sac opened. Pulsation at the radius was lost, but the ulnar pulse was present.

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The Operating Theatres.

KING'S COLLEGE HOSPITAL.

Tumour of the Brain.—Mr. Rose operated on a man, æt. 56, who had been admitted to the hospital some five weeks previously under the care of Dr. Ferrier. The patient's symptoms began six months ago when he had a series of fits, these were followed by transient right hemiplegia with aphasia, after which he was noticed to be more or less demented. The prominent symptoms on admission were more or less aphasia, double optic neuritis, hemianopia on looking to the right, and headaches; there was local tension over the left parietal region and some loss of power in the muscles of the cheek on the right side, and shortly afterwards he developed slight loss of power in the muscles of the right arm. There were no very definite local symptoms with the exception of slight tenderness and slight bulging over the lower part of the left parietal bone. There was word deafness and word blindness, but he had never had any vomiting. The patient since admission had gradually got into a state of more or less dementia. Fæces and urine were passed unconsciously. The scalp having been shaved and purified, the lesion having previously been localised by Dr. Ferrier, Mr. Rose marked the centre of the tender area by puncturing the bones through the scalp with a small electric drill, and then reflected the scalp from above downwards by an elliptic incision so as to thoroughly expose the parietal eminence; all bleeding points having been secured, the skull was partially cut through with an electric saw, a small trephine was next employed and the bone finally removed with chisel and bone forceps. The dura mater was found to be very tense and non-pulsating, and on incising it to the full extent of the external wound, a fungating tumour and a little purulent fluid appeared, pulsation being now detected. A small part of the tumour was removed for examination, total removal being impossible. Considerable hæmorrhage occurred, but it was arrested by ligatures and pressure. The skin was drawn together over the wound and a drainage tube inserted. Mr. Rose drew attention during the progress of the operation to the tense unyielding nature of the dura mater, and the absence of all intercranial pulsation until the membranes had been incised and the tension relieved by the escape of fluid and broken down tumour substance. He also remarked on the satisfactory localisation of the tumour which was found to be situated immediately under the spot indicated by Dr. Ferrier. He regretted that it was impossible to remove the mass, but owing to the absence of any capsule and to the soft nature of the growth, and its close incorporation with the brain substance, he considered it inadvisable to do more than remove a few fragments for microscopic examination, and insert a drainage tube for a time. The operation, he thought, would not be valueless to the patient, inasmuch that it relieved intercranial pressure and allowed room for expansion and growth of the tumour, so that, even if the disease were ultimately fatal, as was to be expected, the patient's life would be somewhat prolonged, and his condition distinctly ameliorated, at any rate for a time. Mr. Rose mentioned a similar case on which he had operated some years back in which, although the tumour could not be removed, the patient lived in tolerable comfort for six months, during which period there was a protrusion of pulsating brain substance of some size through the trephine opening under the scalp. In such cases he considered the trephine opening constituted a "safety valve" against excessive instrumental pressure. Microscopic examination showed the tumour to be of a sarcomatous nature.

It is satisfactory to note that since the operation the patient's condition has considerably improved.

ST. THOMAS'S HOSPITAL.

Carcinoma of the Scrotum.—Extensive Dissection of the Scrotum and of the Groin.—Removal of half the Scrotum and of all the Glands, Fasciæ, &c., in the Groin and Upper Part of the Thigh.—Mr. Anderson operated on a man, æt. 39, who, fifteen months ago, had noticed a slight hardness and swelling of the right testicle. This had come on without any appreciable cause; it increased gradually and the patient suffered a good deal of pain, especially after exertion. More than six months ago the testicle was excised in a provincial hospital. Since then two more operations had been undertaken for recurrences, the last one about two months ago before the man went to St. Thomas's. At the time of admission there was a fungating mass over the right side of the scrotum with hard everted edges, in the centre there was a sanguineous mass of tissue partly broken down. The discharge was very offensive; there was but little tenderness. The growth was limited to the right side of the scrotum, and the urethra was unaffected. The glands in the groin on the same side were indurated. Mr. Anderson deeply dissected away the whole mass of the right side of the scrotum and also the whole mass of glands in the groin together with the fasciæ over the muscles, getting right down on to the femoral artery; having to divide the internal saphenous vein, he left about half an inch of that vessel so as not to interfere with the femoral vein; he carefully dissected off with knife and scissors any suspicious pieces of tissue from the wound in the groin and also of the dartos till all parts of the wound appeared perfeotly healthy. The hæmorrhage was comparatively trifling, as the knife and scissors of the operator were carefully followed by Mr. Stabb, who at once secured any bleeding vessels. The stump of the cord left by the former castration was traced some distance up and cut off near the internal ring, where to all appearances it was not infiltrated. The remains of the fascia over the sartorius together with some muscular tissue was attached to Poupart's ligament by a few stitches, and the fascia on the inner side of the wound over the pectineus dissected up a little way and attached in a similar manner to the inner part of Poupart's ligament. The operator was enabled to bring the parts together so as to completely cover in both the groin and the scrotal wound, the cut edges of the dartos being sutured to the inner side of the skin wound and to the divided skin of the penis, thus making a convenient scrotum for the remaining testicle. Mr. Anderson remarked that the operation had succeeded far better than he had expected, as it was one in which the surgeon would look for great hæmorrhage and some difficulty in bringing together the edges of the wound, for it was absolutely necessary to remove all the disease; however, with care, there had been comparatively little bleeding, and he had been enabled to extirpate the whole of the disease and close the wound accurately; this last, he said, would probably be healed in a fortnight; but the great thing now was to watch for any recurrence at any part of the joining, and if it happened, to excise the affected portion at once. He pointed out that he did not remove the other testicle, though it might perhaps have been better to do so, but, viewing the age of the patient, he thought he would not be justified in absolutely depriving him of all procreative power. He commented also on the rarity of carcinoma in this situation, the growth he had removed had been proved to be carcinomatous and not epitheliomatous by microscopical examination of a portion before operation.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 14, 1894.

MODERN SANITARY VIEWS.

The speakers at the recent Annual Dinner of the Sanitary Inspectors Association presented their hearers with what may be regarded as a kind of bird's-eye view of current sanitary topics. Canon Leigh, for example, emphasised an opinion that is fast gaining ground when he claimed that the clergy should take an active interest in all matters affecting the physical as well as the spiritual well-being of the people. His contention that the National Church should lead the way in sanitary reforms expresses the tenets of a new school of priests, at once earnest and progressive, who recognise that the conduct of human life cannot be left entirely to religious precept and dogma. Another speaker, Sir Thomas Crawford, reminded his hearers that long before sanitation became a matter of general interest it was a subject constantly studied by the medical officers of the public services. Nor can it be doubted that many valuable facts have been recorded by the pioneers in question, who have had in many cases exceptionally good opportunities of studying the conditions and surroundings of various types of epidemic disease. Indeed, one could not imagine more suggestive reading than the continuous reports of a large body of technically-trained men, who, from the nature of their occupation, are brought into contact with all the varying conditions of climate, race, and soil met with in the shifting kaleidoscope of life in camp and in barrack. The utterances of the two members who responded for the Houses of Parliament were both noteworthy. One of them dealt with the Parish Council Bill, which he fervently hoped might become law, so that they might be able to set up in each parish the means of getting out of those insanitary conditions which were at once a perplexity and a disgrace. This language, although strong, is more than justified by the apathy, the ignorance, and the hopeless *laisser-faire* which characterise sanitary administration in rural districts. The second member, Mr. Pickersgill, referred to the unhealthy state of the House of Commons itself, which he wittily described as a kind of Alsatia so far as escape from sanitary inspectors was concerned. Notwithstanding this curious anomaly, he justly claimed that the House of Commons was thoroughly alive to the question of sanitation. He regarded the Public Health (London) Act of 1891 as an excellent piece of legislation. "It was useless, however, to have these measures unless they were properly administered, and the number of sanitary inspectors in most London districts was disgracefully inadequate. It was precisely in those districts where the closest inspection was required that the number of inspectors was lowest. In Bethnal Green, for instance, there were at most four inspectors, who could not possibly make the house-to-house visitation required by the Act." In calling public attention to this matter, Mr. Pickersgill has placed his finger on the most glaring defect of modern administration, not only in the metropolis, but throughout the length and breadth of the Kingdom. Before the law can be at all efficiently carried out, it is absolutely necessary that medical officers of health should have the services of an adequate number of well-paid and thoroughly-trained sanitary inspectors. The same speaker touched on the question of cost, and made the sensible suggestion that, as sanitation was a matter in connection with which the interests of all parts of London were identical, the expenses of inspection should be borne by a common fund. Some such arrangement will plainly be needed if any general scheme of sanitary reform is to be carried out in the Metropolis. The poorer parishes are already saddled with an enormously high rate, which is relatively far larger than in the richer districts. Indeed, it is not unreasonable to assert that centralisation must be a necessary preliminary to comprehensive sanitary administration. Among the remaining speakers, Mr. Diggle made rather a lame defence of the School Board. He claimed that if some of the schools had been found to be insanitary it was the fault of those whose education had in the past been imperfect, and who had constructed the drains improperly. Surely the principles of drainage were fairly well understood before the advent of Board schools. We fancy if Mr. Diggle saddled the right horse he would blame the loose contracts entered into by the Board and the neglect of proper supervision as to their fulfilment. On the whole this was an interesting occasion, and the speeches appear to have been far above the ordinary after-dinner average. Sanitary inspectors, as a class, are a deserving body of men: their duties are arduous, and their pay and chances of promotion alike poor and precarious. Yet it is by them, as pointed out by the President, that the task of making this country as cleanly as it could be, and a garden altogether, can alone be accomplished.

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THE DERMATOLOGICAL SOCIETY QUESTION.

The attention attracted by our articles on the subject of Dermatology in London, and the publication of Mr. Hutchinson's letter in our last issue, demand some further observations from us in connection therewith. As a preface of what we have to say upon this occasion we may remark that it has come to our knowledge that the articles in question have been generally attributed to a well-known London dermatologist by whom the suggestion of the formation of a new Dermatological society was first mooted. This assumption is absolutely without foundation. At the public meeting held at Mr. Hutchinson's Clinical Museum some weeks ago the facts in connection with the case at once became common property, and the individual opinions which were then expressed in favour of the new society emphatically indicated that a society devoted to dermatology, based upon broad and comprehensive lines, was certainly required. For the time being we deemed it best not to comment upon the matter, preferring to watch the development of the scheme, without drawing public attention to the under-current of ill-advised opposition to its inception, the presence of which certain speakers at the meeting had been so successful in demonstrating. However, further facts in connection with this opposition leaked out, and, in the natural course of things, came under our notice, as the result of which we deemed it our duty to comment fully upon the subject, not, let it be clearly understood, with the object of favouring one side more than the other, but solely for the purpose of throwing some light upon the state of affairs of which so many dermatologists throughout the country, in regard to their speciality, have had recently so much reason to complain. If, in the remarks which we felt bound to make, we have offended certain estimable members of the speciality, we cannot be held blamable, and the curious point is that, although Mr. Hutchinson "regrets very much" that we should have drawn public attention to the matter, his letter, published in our last issue, emphatically confirms every remark that we have made. Evidence more convincing could not have been produced of the rectitude of the strictures to which we have given expression; moreover, there are points in his letter which introduce new features to which further exception may be taken. He sententiously remarks that "there are some of the members of the old society who regard with suspicion the formation of a new one" (!) Why this suspicion? Again, "I feel sure," he says, "that your criticisms are calculated not to diminish but to increase the state of tension which already exists." Why this state of tension? What reasons exist by which it should ever have developed? Are not the advocates of the new society, led by Mr. Hutchinson himself, some of the best known dermatologists in the kingdom? And has not their cohesion to the scheme been sufficient to show that it was worthy of the support of all dermatologists? Clearly, after the pronounced and general opinion expressed in favour of the organisation of a "Dermatological Society of the United Kingdom" the old Society should have placed itself at the head of the movement, and taken the initiative in bringing it to a successful issue. But no, the old Society has intimated its intention of preserving its autonomy intact, and of taking up the position of what we may describe as the "Royal Society of Dermatology," to the charmed circle of which only those who have "graduated" in the new Society will have any chance of admission. "As vacancies occur," says Mr. Hutchinson, "in the ranks of the thirty, it [the new Society] will hope to supply worthy candidates who have been trained in its ranks." Can any dispassionate person believe that there is any necessity for two societies of the kind, more especially when the intention seems to be to draw an invidious distinction between them? We are compelled to conclude that there must be interested motives which have prompted the opposition in this matter, and we feel it our duty to state that this opposition is unbecoming on the part of gentlemen of the professional status of those who are responsible for the present unfortunate dilemma.

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LEAD-POISONING.

Now that general attention has been so pointedly drawn to the evil effects of lead upon workers in that metal the public newspapers are naturally full of the subject. Leaders, leaderettes, paragraphs, reports of inquests, and other items of lead literature are poured forth in profusion from the daily press. Indeed, if we mistake not, the late Commission of Inquiry into the whole subject of lead-poisoning in manufactures was the outcome of one of the better phases of the "new" journalism which has agitated so long and so persistently for the investigation and the reform of the conditions surrounding the "dangerous trades." The departmental commissioners on this particular board were well-chosen and representative, being composed of Mr. Gould, Superintending Inspector of Factories; Dr. Oliver, of Newcastle-on-Tyne, an expert; Professor Dupré, Lecturer on Chemistry at the Westminster Hospital School, together with an Inspector of Factories and an Assistant Secretary of Mr. Asquith's. Their object was to inquire into the facts and surroundings of the various lead manufactories and industries. The magnitude of their undertaking may be gathered from the statement that the Commissioners in the course of their labours visited no less than forty-six works in Great Britain, and examined one hundred and eighty-four witnesses. Upon the mass of evidence thus collected they have founded a report which, unlike most documents of the kind, is remarkable for its clearness and conciseness rather than for its length. The various symptoms of plumbism, both acute and chronic, are minutely described, but there is no need in the columns of a medical paper to do more than make a passing mention of this part of the report. Suffice it to say that the baneful and insidious nature of the poison no less than the minuteness of the amount required to produce its evil effects upon the human system are fully insisted upon by modern medical authorities. As to the channels of entry of the poison into the system, the Committee formulate the following conclusions:—"(*a*) That carbonate of lead may be absorbed through the pores of the skin, and that the chance of this is much increased during perspiration, and where there is any friction between the skin and the clothing; (*b*) That minute portions of lead are carried by the hands, under and round the nails, &c., on to the food, and so into the stomach; (*c*) But that the most usual manner is by the inhalation of the lead dust. Some of this becomes dissolved in the alkaline secretions of the mouth, and is swallowed with the saliva, thus finding its way to the stomach. Other particles of dust are carried to the lungs, where they are rendered soluble and absorbed by the blood." This passage affords a good example of the clear and concise nature of the report, to the original of which all who are interested in the subject may be referred. The Commission has thrown much light into tangled byways, for the prevention of plumbism may be regarded as one of the most Protean of nineteenth century problems. Quite recently another aspect of the question was brought forward at an inquest held upon the body of a woman who died of lead-poisoning. The doctor who had attended deceased advised that all such cases should be notified. At present persons thus affected avoided the medical officer of the works, as he would stop further employment until patients were cured. The view thus advanced by the medical man, strange to say, was taken up warmly by the jury, who appended to their verdict the following rider:—"The Jury desire the Coroner to suggest to Her Majesty's Government that provision should be made compelling all medical men to report all cases of lead-poisoning to some central or local authority, to prevent those suffering from lead-poisoning avoiding examination by the medical officer of the works before continuing their occupation." This is, indeed, an advanced standpoint, and may be taken as a proof of the rapidity with which public attention may be caught and trained through the medium of the press. Nor can reform be far distant now that the national conscience has been awakened to the numerous unhealthy and noisome trades that are carried on in their midst. The Government Commissions have proved beyond the shadow of a doubt that Capital has to answer for an enormous waste of life by its neglect of ordinary precautions that may at least lessen the avoidable risks. Dangerous trades there must always be, but there are few in which, properly and scientifically guarded, the injury to life and health may not be considerably curtailed. It is with peculiar pleasure, then, that all who are interested in the welfare of the labouring community will welcome the valuable reform which is being introduced by the present Ministry. The doctrine of State interference with Capital in order to ensure the safety of workmen may be regarded, under certain limitations, as one of the soundest natural laws by which the future course of social progress will be guided and governed.

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Notes on Current Topics.

The Death of a Medical Man from Tetanus.

We would have wished that the medical history of the case of a medical man who died at Hull last week from tetanus had been more complete, for the newspaper reports which have reached us leave a good deal to be desired in this respect. The case, nevertheless, so far as it goes, is altogether of an unusual type. The deceased, who was in the active practice of his profession, was thirty-six years of age, and for about a week before his death complained of some swelling and pain in one foot and leg. Little attention seems to have been paid to this, and no evidence was forthcoming to show to what cause the swelling was attributed. On the morning, however, of the day when death occurred, a neighbouring practitioner was summoned, and found the deceased suffering "from lockjaw in a marked degree." The evidence of this witness may here be quoted. "I asked him (the deceased) to put out his tongue, but the exertion brought on the spasm, and he bit his tongue. I then inquired for other symptoms, and found the spasm had commenced in his lower extremities. He was then able to talk, and was quite rational. I remained with him an hour and promised to return in the evening. I received an urgent message in the evening to go and see him, and then found him at the point of death. I noticed a spasm cross his mouth, and he expired almost immediately after I arrived. I afterwards made a post-mortem examination, as far as it was necessary. I found a great many small wounds in the lower extremities, and on other parts of the body, the signs of other wounds which had healed up. I understand that two needles had been found embedded in the flesh by the women who laid the deceased out. They were needles used to administer medicine, which was no uncommon way." Such is the newspaper report, and further inquiry from the witness elicited the fact that cocaine was the drug the hypodermic injection of which had been resorted to. Under the circumstances, however, we think that a full and complete post-mortem examination by two medical men should have been carried out. If a post-mortem is deemed necessary at all, in every case it should be fully performed, for the purpose of avoiding any possibility of error. The connection between the development of tetanus and the wounds of the hypodermic needles does not by any means appear to be plain from the evidence adduced in this case.

Discharged Lunatics and Crime.

From time to time the British public is startled by some tale of criminal atrocity committed by a discharged lunatic. Quite lately there was such an occurrence at Fulham, where a man who had shortly before been released from an asylum murdered his child in a most cold-blooded manner. There can be no doubt that this man was still insane when allowed to leave his restraint for the outside world. It is notoriously hard to decide whether a man is suffering from homicidal mania, and behaviour of such an one is of course considerably influenced while under the discipline of an asylum. In a case of this kind, however, one would expect the responsible medical officers to exercise very great caution before turning loose upon society so dangerous a lunatic, more especially if he had at any previous time shown any symptoms of actual homicidal tendency. Unfortunately, nowadays there is a great danger of confusing a lucid interval or intermission in cases of lunacy as a "cure." That superintendent is regarded as the most successful who can point to the greatest percentage of these so-called "cures." It would be interesting to obtain statistics, if that were possible, as to the amount of crime directly committed by persons released from lunatic asylums. These figures could not fail to be of interest if compared with the discharges and readmissions taking place under each individual superintendent. The importance to the public of the proper detention of homicidal maniacs is so obvious as to need no more than a passing mention.

The Chelsea Hospital for Women.

The Medical Officer of Health for Chelsea has just laid some serious indictments against the Chelsea Hospital for Women. In the first place, with regard to the operative surgery of the institution, out of 650 patients admitted to the hospital last year, there were 36 deaths, but of these, 21 resulted after surgical interference. This serves as the text of a lecture to the medical staff, who are reminded that, as many of the surgical diseases peculiar to women are not dangerous to life, operative measures should not be undertaken unless the prospects of a cure as a result thereof are almost assured. The inference, therefore, is that, of these 21 patients who died, some or many might yet be living had no surgical interference been attempted. But another serious matter is that the drainage and sanitary arrangements of the Hospital are so defective that it is absolutely essential that the institution should be closed until the Governors have carried out the necessary alterations. The Chelsea Vestry, under whose notice these indictments have been brought, have been so impressed with them that they have unanimously resolved to report the whole matter to the Local Government Board and to the Home Secretary, with the view of an inquiry being held into the past management of the institution. But whatever the facts of this case may be, we doubt the expediency of a medical officer of health lecturing a hospital staff reflecting upon the treatment which the latter seem fit to adopt in regard to their patients.

Medical Men and the Police in Liverpool.

The Liverpool Stipendiary has received a letter from the authorities of the Liverpool dispensaries to the effect that the following resolution had been passed with reference to the diagreement which lately arose from the refusal of the medical officers to give certificates to the police in the case of accidents: "The medical officers are hereby instructed that in all cases treated at the dispensaries they shall, whenever asked to do so by the police, give a written certificate decribing the nature of the injury sustained, and whether dangerous or otherwise." The effect of this resolution will be to remove all sources of friction in the matter, and there is no reason now why harmony should not prevail in the future between the police and the medical officers concerned. The decision which has been arrived at is entirely in accord with the opinions which we expressed when the subject was first discussed. Medical officers holding resident appointments as house surgeons at public institutions stand on a different footing in regard to fees claimable for giving evidence in comparison with private practitioners, and as long as the law remains as it is, there is no redress. To take only one instance, it is impossible to see the justice of house surgeons being excluded from claiming a fee for attending at a coroner's court in respect to an inquiry into the death of a patient at a hospital. We cannot admit any just grounds why this exclusion should have been made. Morally house surgeons are fully entitled to a fee for giving evidence before a coroner, and the law should certainly be amended in this particular.

A Way Out of the Baking-Powder Difficulty.

The failure of the authorities to secure the conviction of a man who sold baking powder containing alum, to which we referred in a recent issue, has attracted general notice. As was pointed out at the time, the prosecution fell through by reason of the judges taking the view that under the clauses of the Adulteration Act baking powder could not be regarded as a food. In order, however, to render themselves independent of the manufacturer's supply of this commodity, the suggestion has been made that housekeepers would do well to make their own baking powder. The formula recommended is as follows:—Tartaric acid, one part; bicarbonate of soda, two parts; and corn-flour, three parts—the ingredients to be well mixed, and then passed through a fine sieve. Doubtless where housekeepers are concerned in using baking powder this home-made commodity would be highly serviceable, but in the case of the public, which has to rely on the products of shopkeepers, the suggestion would not prove of much value, unless the shopkeepers found that their supplies of baking powder could be more cheaply produced at home by this formula than by the manufacturers.

Dr. John Fox, of Greenock, whose death occurred a few days since, became a Licentiate in Medicine exactly 60 years ago. He was the oldest practitioner in the district, and was much esteemed.

The Dentists' Register.

The official record of dentists was issued last week, and it supplies material for thought, especially for those who practise that speciality, and who look forward to raising its professional level. The first fact which strikes us is that there does not appear to be in dentistry that tendency to overcrowding which the medico-chirurgical profession suffers from. But one dentist has been added to the speciality in the course of the year. This, however, does not mean that there are no candidates for dentistry, but that the hairdressers, tobacconists, and other hangers-on of dentistry, who got themselves registered in 1878 on a diploma granted by themselves to themselves, are, as they die off, being steadily replaced by educated practitioners. The dental profession will, however, have to wait a long time for the expurgation of the Register by this means. The period of sixteen years which has elapsed since the Dentists' Act passed has served to reduce the ranks of the uneducated to 72·35 of the percentage of the aggregate, and to increase the ranks of the educated to 26·48 of the entire profession. If the expurgation proceeded no quicker than this, it would require an age to complete the process, but, of course, the educated dentists may trust the influence of increasing old age to clear the ground of a rapidly increasing number of these interlopers.

We observe that the degrees of D.M.D. Harvard and Michigan, which were admitted to registration a few years since by the General Medical Council, are no longer recognised in this country, respecting which we shall have something to say later on. Mr. Miller, the energetic and intelligent Registrar, has taken great care in the correction of this Register, so that every dependence can be placed on the statistics which it contains.

Spurious Sausages and the Public.

The public sometimes is roused to show its dissent at the impositions practised upon it by enterprising tradesmen who lightly disregard the risks of prosecution under the Food and Drugs Adulteration Act, and a Holloway confectioner, for offending in this respect, has found it necessary to have his shop guarded by six constables. In the course of a trial it transpired that this same confectioner dealt in sausage rolls. Now sausage rolls are oftentimes more "fearfully and wonderfully made" even than the sausages themselves, and no person should think of indulging in one of these articles, at say the bar of a railway refreshment room, without having performed a preliminary operation requisite to expose the condition of the contents. It goes without saying that the interior of a "roll" has none of the characteristics of a sterilised chamber; consequently, from a scientific point of view, the fungi which are found to grow so luxuriantly there would not be of the nature of pure cultivations! But this is merely one aspect of the natural history of a sausage roll. The offence of which the confectioner was guilty, and which led to his requiring police protection, was that his sausage rolls contained no sausages at all, but merely bread tinted with red ochre, for the purpose of giving a colour "like beef" to the contents. This is a new phase in the manufacture of these commodities, and it is satisfactory to know that popular opinion is against the astute tradesman who has attempted to push such spurious articles upon his customers.

"Covering" of Unqualified Dentists.

The British Dental Association has been successful in obtaining a legal judgment which will help them to put down illicit practice. A person named Duff practised in Plymouth as a dentist in a house labelled "Dental Surgery," his cards bearing the same legend with his name. He had been registered, but, from some unexplained reason, is not so now. The defence was that Duff did not pretend to be anything but the assistant of a dentist named Passmore, who lives in Exeter, and who would be entitled to use all the distinctive appellations used by Duff. The Court held that there was nothing to show the public that the Plymouth business was worked by anyone save Duff, and it accordingly convicted and fined him for using professional titles. Passmore, the "coverer," has not yet been proceeded against, but will, we expect, be dealt with before long.

The Value of an Eye.

In damages for personal injury the loss of an eye usually commands a high price. This was certainly the case a short while since at Bolton, where Judge Jones awarded £1000 to a soda-water bottler, whose eye had been destroyed by the bursting of a bottle of soda-water. From the evidence it appeared that the plaintiff was not wearing a face-guard, and that his employers had failed to provide any such protection. The accident, so it was claimed, could not have happened if the firm in question had furnished the necessary guards. One is glad to see that under these circumstances the judge insisted on the liability of the employer. Nor does his assessment of damages appear excessive, when we take into consideration how seriously the loss of an eye must injure the future prospects of a workman, to say nothing of the risks of sympathetic mischief in the remaining eye.

An English Ophthalmic Surgeon for the Shah of Persia.

Some few years ago the consort of the Shah of Persia visited Europe for the purpose of having an iridectomy performed for glaucoma. But before the visit was undertaken the Shah took counsel with his medical advisers as to whether the operation could be safely performed. With the alternative of losing their heads in the event of a catastrophe happening, they sanctioned the proposed step, and, fortunately for them, everything came right in the end. Now we hear that a young English ophthalmic surgeon has just agreed to journey to Teheran for the purpose of attending to the eyes of the Shah's eldest son.

The Public Analysts' Society of Great Britain and Ireland has re-elected Sir Charles Cameron, Superintendent Medical Officer of Health for Dublin, to the Presidency of the Societ

Leprosy and Vaccination.

Under the above heading a certain Mr. Moxley, who dates from King's College, Cambridge, has written a letter to the *Echo* (Feb. 1, 1894), which, as is usually the case with anti-vaccinationist communications to such journals, is brimful of misleading statements and fallacious conclusions. The writer's theme is a paragraph in Dr. Thin's article on the Indian Leprosy Commissioners' Report in the *Fortnightly Review* last month, and, of course, he has cleverly seized upon anything which might influence the popular mind against the practice of vaccination. It so happens that, in the opinion of many authorities who have closely studied leprosy, Dr. Thin has himself taken a rather exaggerated view as to the danger of infection from leprous sores, and his contention that slight abrasions of the skin of healthy persons offer a ready means of entrance from the moist sores of the leper, is, to say the least, as much open to question as that the sores on the leper's body are densely covered with free bacilli. In point of fact, the latter are not found in the sores of the large class of so-called "anæsthetic" cases. It must not be forgotten, too, that it has been abundantly proved, clinically and experimentally, that leprosy is one of the most difficult of diseases to inoculate—indeed, the only instance of a successful human inoculation on record is that of the Hawaiian convict Keanu by Dr. Arning; and even in this case it is doubtful whether the man had not already the disease in his system. Mr. Moxley's statement that vaccination in the Sandwich Islands and the West Indies is indiscriminate is, to put it mildly, not correct—the fact being that for many years past, nothing but bovine, or imported lymph has been used by the Hawaiian and most of the West Indian authorities. It is probably useless to appeal to facts where anti-vaccinationists are concerned; but those interested in the question will find it fully discussed in the Report of the Vaccination Committee, Part iii., in Dr. Abraham's papers in the "Proceedings of the International Congress of Hygiene, &c.," 1892, and *Journal of State Medicine*," April, 1893, as well as by Drs. Rake and Buckmaster in the Indian Leprosy Report.

The Dublin Hospital Sunday Fund.

The annual meeting of the supporters of the Fund was held last week, and the proceedings were of the usual routine character, save that a debate took place with reference to a recommendation of the Visitors that the Orthopædic Hospital should be merged in one or other of the large general hospitals, a proposition which was strenuously objected to by the representative of that hospital. He pointed out, with great force, that, if there is any form of disease in which a special hospital is required, it is in the malformations to which this hospital is devoted. Everyone knows that these cases are excessively tedious, and must be kept in hospital frequently for months together, during which the treatment is, to a great extent, by special mechanical appliances. No Dublin hospital has bed accommodation for such never-ending cases, nor money to spend on keeping an individual patient for so long a period, nor nursing facilities for looking after a crowd of children who are quite healthy except for the deformity. The conditions are, in fact, not within the means of a general hospital, and must necessarily be met by a special institution which will, probably, be largely supported by the parents of children, and only partially by voluntary contributions. The method by which the Reports of Visitors are presented to the Hospital Sunday meeting has led to a good deal of bickering from year to year. Two Visitors are detailed by the Distribution Committee to visit an hospital, and, after inspection, they make a written report setting forth deficiencies, if any, in the institution visited and suggestions for remedy. We say that these reports are good honest reports. They do not attempt to please everybody, and they generally hit the blots fairly and expose them with commendable candour. The opinions expressed are, however, only the opinions of two estimable gentlemen, and cannot be expected to be always free from fads, or be evenly just to the hospital administration. The complaint is that the criticisms of the Visitors are kept carefully secret, even from the members of the Council of the Fund, until the day when they are presented for approval, and it is avowed that this is done lest the representatives of the hospital might attend and dispute the adverse verdict passed upon their hospital by the Visitors. This being so, it is evident that the reports must be taken as purely *ex parte* and personal, yet they are put forward to the supporters of the Fund as the expression of the opinion, not only of the Visitors—not only of the Committee of Distribution, who are favoured with a private view of them—but of the Council at large, who have never seen them at all until they are put into their hands three minutes beforehand. We have already protested against this system. The reports should either go forth to the public as the *ex parte* opinion of two gentlemen, perhaps confirmed by the Distribution Committee, or else the Council should be afforded an opportunity of hearing both sides and finding a deliberate verdict on the evidence.

More Notification Liabilities.

We have it now, on the authority of the Editor of the *British Medical Journal* (whom we may truthfully designate the great Notification evangelist), that if a medical practitioner notifies a case as infective, and it is removed to hospital as such, and that the diagnosis turns out to be erroneous, a claim for compensation may be legally sustained by the patient's friends against the notifying doctor, and that "it would be desirable to come to some arrangement with the parties if a reasonable sum representing the actual loss of time and expense were named." This is, we think, good law, as most of the pronouncements of the same authority are, but it opens up a pleasant vista of contemplation for the practitioner. It may be questioned whether the much-coveted half-crown fees now earned by notification will cover the "reasonable sum" for compensation to be paid by every practitioner who makes a mistaken diagnosis, not to speak of the incidental law costs.

Paying for Leave to Work for Nothing.

The re-organised Galway County Hospital does not appear to be in a much better financial condition than the old County Infirmary which it supplanted, and which was brought to bankruptcy by the politico-sectarian feuds of the Board of Governors. At the last meeting of the Board a claim for £26 was made against the medical officers for what were called "guarantees." On elucidation it appeared that this sum represented the maintenance of patients recommended by the medical officers, and that these gentlemen, while willing to pay for accident cases, as they undertook to do, were not disposed to pay for the keep of every sick man they recommended, in addition to giving their work and time for nothing. This seems to be a strange state of things. If the County Hospital cannot be kept open legitimately by the contributions of the benevolent and by other sources of income, it must have very little hold on the county, and must realise in a very slight degree the anticipations of those who destroyed the Infirmary in order to build the Hospital on its ruins.

Death under Anæsthesia.

A fatality under anesthesia occurred in the Adelaide Hospital, Dublin, on the 8th inst. The patient was a young and apparently healthy man from whose leg it was necessary to remove diseased bone. The examination of his heart disclosed no abnormal condition, except that the action was tumultuous. A few drops of chloroform were first given, which checked the palpitation, but as the heart seemed to fail ether was at once turned on. There was, however, no rally, and in spite of every effort he died from syncope in twenty minutes. It was stated in evidence that this is the first fatality under anesthesia which has occurred in the hospital since 1879.

The Contagious Diseases Act.

It appears there is still a hope among the English army authorities that the Contagious Diseases Act may one day be reimposed. The attention of the Commander-in-Chief has been drawn to the moral condition of certain seaport and garrison towns. After careful consideration he has addressed a circular letter to generals commanding districts. He refers to the advantages conferred on a district by the Act quoted. In the abeyance of that measure, however, he asks the local authorities to exercise the powers vested in them by the Criminal Law Amendment Act, 1885, and also by the Licensing Acts. He asks commanding officers to co-operate with magistrates in a serious effort, by determined police action, to free the towns from this disgrace. All this sounds very much like a confusion of ideas. The Contagious Diseases Act was aimed not so much against vice and immorality as against the propagation of a filthy and dangerous disease. Its beneficial action has been stayed by a small but influential band of sentimentalists. But this hardly concerns the morality of a district, except that the police have the power of detaining prostitutes who are known to be diseased. If the Duke hopes to reform the morals of the British soldier and of garrison towns by a rigorous police system, we fear that the end of his journey will be far distant. To educate the private soldier into some sort of self-respect and knowledge; to let him hope by promotion and by better pay to increase his facilities of marriage, would seem to be more hopeful proceedings. It may be doubted, however, when all is said and done, if the standard of morality would ever be very greatly raised when one has to deal with a large body of healthy, active men, for the most part young and unmarried, and resolved to live up to their traditional pleasures. Anyway, the police are not likely to work this wonder!

River Mud in Adulteration.

The Chinese have always distinguished themselves as a nation by the untiring ingenuity with which they tread the devious paths of fraud and deceit. One of their latest achievements in that direction has been exposed in America, where a New York Inspector found the kind of tea known as "shotty gunpowder" although palatable enough, to be partially composed of "exhausted and spurious leaves rolled into gunpowder pellets and given consistency and weight by a peculiar paste." We are further informed that the paste used for this adulteration is made from Sing Poo mud and rice water, coloured with gypsum, indigo and other substances. River mud has been utilised for a variety of purposes in the arts and manfactures, for instance the finest cement in the world is obtained from the Thames mud, but it has been left as a triumphant tribute to Celestial trickery to annex so disgusting a material to the purposes of food adulteration. When one realises the abominable filthiness which characterises most of the Chinese rivers, one can only hope that the day will soon be at hand when the whole of the tea supply may be drawn from other countries, where the Heathen are less trickily inclined. It is a wonder that the enormous falling off in the tea trade has not warned China that honesty is the best policy as regards her staple product.

The Electric Belt Trick Again!

A quack named McConville, who passes under the name of "Professor Hamilton" in Liverpool, has been sent for trial for swindling a patient out of £52 12s. by the electric belt dodge. The victim appears to have been a natural phenomenon, for he is described as an Irish labourer, and we can testify that one of that ilk with fifty guineas to spare for a quack is a veritable curiosity. An interesting piece of evidence given at the trial was that of an assistant, who stated that he made up the so-called medicines but that there was also in the establishment "a fully qualified medical practitioner who received 30s. to £2 per week, his principal duty being to answer the door."

An appointment as honorary physician to the Queen has become vacant by the death of Inspector-General R. Lawson, half-pay of the Army Medical Department, at the age of 79 years. The deceased officer entered the Army in 1835 and retired in 1872. He served in the Crimean campaign, for his services in which he received the medal and fourth class of the Medjidie.

Physicians their own Dispensers.

The intention of the Royal College of Physicians of Ireland to remove the prohibition against its Licentiates making up their own medicines has been carried into effect, and the last batch of such Licentiates were, we believe, sworn in without the clause of the declaration which prohibited their doing so. This is a very wise concession to the altered circumstances of medical practice, and it is gratifying to see that the College is commencing to look at such questions with the light of common sense, which, be it said with respect, it has, heretofore, not been accustomed to do. The privilege of dispensing medicines thus extended to Licentiates does not, as we have pointed out, cover the compounding of medicines for any but their own patients. The right of making up medicine for the general public in Ireland still rests with the Apothecaries' Hall and the Pharmaceutical Society.

The New Medical Officer of Health for Liverpool.

The new Medical Officer of Health for Liverpool, who was unanimously appointed by the Liverpool County Council last week, is Dr. E. W. Hope. Dr. Hope has for some time discharged the duties of Deputy Medical Officer, and his election therefore has given general satisfaction. The retiring allowance of Dr. W. Stopford Taylor has been fixed at £291 18s. 7d. per annum, in accordance with the Liverpool Corporation Act of 1893.

The Prosecution in the Harness case were given by the magistrate at Bow Street a week to decide whether after the defendants had been discharged they would proceed under the Vexatious Indictments Act. At the expiration, however, of the stipulated time no further action in the matter had been taken.

"Esophagotomy" and "akromegaly" are the latest innovations in the spelling line of our American contemporary hailing from "Filadelphia." Both are "beautiful"-looking words! In the same issue of the journal we notice "*Hypodermatically*"—which seems to have a decided hypertrophied appearance about it in the midst of so much orthographic atrophy.

The Birmingham Vaccination Case.

The case of the workhouse boy whose friends brought an action on his behalf against the Medical Officer of the Birmingham Guardians for assault arising out of the boy's compulsory re-vaccination, has been tried again in the local court, and has resulted in a verdict for the defendant, with costs. When the case was previously heard—some twelve months ago—the sitting judge held that the re-vaccination was justifiable in the interests of the institution. Thereupon the Divisional Court was appealed to, and the cause was remitted by that tribunal to Birmingham to re-try it on the issue whether the boy was a consenting party. This was, in fact, the only question, the boy, who is twelve years old, being in the care, at the period of the alleged assault, not of his parents but of the workhouse authorities. The jury decided that he had given such consent, but they added to their verdict a suggestion that in future it should be made more clear that a person has the option of being re-vaccinated. The anti-naccination party ought surely now to be satisfied with this last snub which they have received.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

The Morison Lectures on Insanity.—Dr. Batty Tuke delivered the second lecture of this course on Wednesday last week. He first described the lymphatic arrangements of the brain, contending that without a correct understanding of the system by which its drainage was carried on, no true conception of its pathology could be attained. He proceeded to discuss how the normal economy of the brain might become implicated by disease. From the point of view of the anatomist and physiologist, mental action was a function of connections. The grey matter of the brain was a field for the association of efferent sensory impulses, where they are placed in communication with efferent tracts, along which impulses travelled, either at once or subsequently, and justification existed for the inference that when the continuity of these connections was interrupted, modification of function must ensue. The most advanced views with regard to the anatomical relations of the areas only afforded an explanation of the physical conditions necessary, and did not attempt to explain the nature of psychical processes. Moral causes, however, were undoubtedly inducers of physical changes in the tissues, and psychical activity was accompanied by an increase of blood supply to the brain. In two cases which he had seen, and in which, as the result of accident, there were openings in the skull, the brain bulged during mental action and withdrew afterwards.

Rabies in Glasgow — Important Decision by the Health Committee.—The prompt and effective measures hitherto taken by the Health Committee to stamp out small-pox in the early stages of the late outbreak are now being repeated for the purpose of stamping out rabies, which there is good reason to believe has obtained a footing in the city. Dog madness has been prevalent in Renfrewshire, cases having been reported from Paisley, Coatbridge, and the districts round Glasgow, and as there is strong evidence that several dogs in the city had been infected, the Committee on Monday last resolved to act upon the recommendation of Dr. Russell, Chief Health Officer, of stamping out the malady, and the magistrates at their meeting on the 1st ult. have issued the muzzling order, which is to remain in force for three months. The sub-Committee of Health have decided to pay the expenses of persons bitten by mad dogs on being sent to the Pasteur Institute, and two men who were bitten by a dog suspected to have been suffering from rabies are now on their way to Paris under the charge of Dr. A. K. Chalmers Junior Health Officer. The same dog which bit these two men also bit a Mr. Currie, an architect, before it was caught and killed. Mr. Currie has gone to the Pasteur Institute at his own expense, and a Glasgow constable went to Paris a fortnight ago for treatment, as he had been also bitten by a rabid dog. Dr. Chalmers has taken the brain and spinal cord of the dog with him for the purpose of ascertaining whether the dog was or was not affected with rabies.

Damages against a Glasgow Practitioner.—Sheriff Guthrie has given damages in an action by a quay labourer against a Govan medical man for £16 16s. and expenses. In giving judgment his lordship said that on the 10th November defendant's assistant in his surgery supplied the plaintiff with carbolic acid instead of carbolic lotion, which, being applied to plaintiff's leg, burned it, whereby pursuer was disabled for some weeks, and was unable to follow his usual employment as a quay labourer. His lordship said it was the duty of medical men and druggists to take precautions against the stupidity, negligence, and defective memory of their customers. Such precautions had not been taken in the present case.

A New Infirmary for Paisley.—A special meeting of subscribers to the Paisley Infirmary was held on the 9th ult. for the purpose of considering the necessity of additional accommodation. The Chairman of the Infirmary Directors reviewed the various efforts which had been made towards the getting of a new infirmary. Their difficulty had been the want of money, but the bequest by the Barbour Trustees, which had been altogether unexpected, had now placed all financial difficulties out of the way. The sum given by the Trustees of the Bequest amounts to £15,000, free of legacy duty, the condition being that the Directors exhibit to the Trustees a satisfactory plan for a new infirmary on a new site to be approved of by the Trustees.

Glasgow University Jottings.—Last week an important matter was brought before the Grand Committee on Medicine for consideration. It was proposed to ask the Senate of the University to shorten the time occupied by the final examination in medicine. Under the present system the examination starts at the beginning of June and lasts for about six weeks. As there is no good reason why the examination should be prolonged to such an extent, it will be a great boon to all medicals if the proposed reform comes into force.

SOCIETY FOR THE STUDY OF INEBRIETY.

A reception was given by the President (Dr. Norman Kerr) and Council of the Society for the Study of Inebriety to their Associate, Dr. Henry Lansdell, the Oriental traveller, in the rooms of the Medical Society of London, on Thursday last. The President referred to the literary career of the distinguished guest, and gave a brief epitome of Dr. Lansdell's three great journeys in Asia, the last extending over 50,000 miles and occupying two years and seven months, the whole constituting a splendid object lesson for inebriates, the traveller, alike on the ice-clad Thibetan mountains, half as high again as Mont Blanc, and on the Southern plains, using no intoxicants. Dr. Geo. Harley and Surgeon-Lieut.-Colonel Evatt supported the resolution of welcome. Dr. Lansdell, in replying, referred to the quaint medical treatment among the Kirghese, and dwelt on the uselessness of alcohol as an article of diet. Subsequently there was an interesting and animated discussion on the "Opium Question," in which Sir Wm. Moore and Dr. George Harley, F.R.S., spoke strongly in favour of its dietetic use, while Brigade-Surgeon Pringle and Dr. Lansdell took the opposite view. Dr. Norman Kerr, in summing up the discussion, remarked that the proportion of opium takers who became slaves to the drug was very much higher in the Anglo-Saxon race. It was a fallacy to suppose that the great majority of takers of opium in the East were opium victims. As with alcohol in Britain, the majority were limited users, the drunkards being perhaps less than 10 per cent. Yet, after every allowance for exaggeration, it appeared to Dr. Kerr that, from a medical and scientific point of view, opium, like alcohol, could be regarded only as poisons, whose useful and beneficial employment was restricted to therapeutic use.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

LADY MEDICAL MISSIONARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the vast inroad of material changes which the British have made in India, and especially since the development of railways, it has inevitably followed that the Briton should desire to spread his ideas, social institutions, and culture amongst the natives. We thus see an active propaganda of Christian missions, of anti-opium efforts, and of Zenana medical missions. As to the first, the Briton ignores that we Hindus are a deeply religious people. It is true that our theologies are fanciful and extravagant; it is found that the masses of the people must have religious feeling associated with some concrete forms; we see precisely the same thing in Europe; nor are the theologies of Europe and Britain more solidly based than are ours. Modern criticism is daily proving the earlier common-base of all the Holy books of the East, from Bengal and China to the Mediterranean. The religion of India is one and indivisible with that of the purer and more exalted spirits of Europe.

Of the second propaganda, that of the anti-opium party, there is more vice in London, in one night, from alcohol, than in all India, in one year, from opium. You *cannot* prevent the native from using opium, and you are dangerously invading his social life and his cherished rights, and his legitimate pleasures, when you attempt to meddle with the use of opium in India. As the third propaganda—the presence and influence of British women in our Zenanas, I beg to say, that we consider our women far more desirable companions than are yours. It is quite true, that a noble-minded and pure British woman is a far superior being to the average of our higher-caste women; but on the other hand, our women in general are vastly superior to the "masses" of British women, and infinitely superior to the *parvenue* "ladies" who constitute the bulk of British "society." I have lived a great deal, and very intimately, with native women of all castes, in India, and I have been admitted freely to the society of British ladies, and we should abhor the introduction of British lady customs into our Zenanas in India.

If you send, therefore, lady doctors to our Zenanas, you ought to send the best and most solidly educated women of your country. No woman or man can justly appreciate India, until she, or he, have learned to love our civilisation. Natives of India will rise to a man if your doctors invade our Zenanas with speculums, tampons, Higginson's syringes, pessaries, &c., and be for ever "examining" our women. We do not desire the Hindu womens' mind excited in a degraded curiosity about her private organs. We know that women in general in Britain find a very great social employment in discussing their sexual derangements, and in visiting the doctors; we have had nothing of that as yet in India, and if you impose on us a flood of young women doctors with no full and true education, and with a dangerous and vain stain of medical knowledge, who will expend their British activity in arousing in the minds of our women new sexual vices and wants, you will be putting back civilisation, and corrupting India, rather than elevating her.

I am Sir, yours, &c.,
Ramdeen (Brahman).

London, Feb. 7th, 1894.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I decline any further correspondence with Dr. Rentoul. I have written, I trust, as a gentleman and truthfully, and have once for all given the information asked for. I can have nothing to do with theoretical conjecture or hypothetical misconceptions.

I am, Sir, yours, &c.,
C. H. F. **Routh**, M.D.

52 Montague Square, Hyde Park, W.,
February 8th, 1894.

POTABLE WATER SUPPLY FOR LONDON AND OTHER CITIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—There is a great question now of finding for London an entirely new supply of water in place of that existing. But the difficulty is enormous, and the expense must be commensurate. All the water companies must be bought out, at, say, £20,000,000; then a suitable source must be found; next a great aqueduct of many miles must be constructed, at a cost of, say, £10,000,000 more. Total, £30,000,000. Who is to pay for it all? And you must be quite sure that your source is pure and will remain so; else you might find yourself only "out of the frying-pan into the fire," and all the money wasted. Then you have no fair right to go and take the supply from some distant watershed for the sake of London and rob the existing inhabitants and those to exist hereafter of their natural and proper supply. Suppose you tapped the head-waters of the Severn, you would despoil all the inhabitants of the valley, and, perhaps, ruin the river, the quantity required for London being so very great.

No; clearly none of these things ought to be done; and, fortunately, they are not needed, since a simpler and better way can be shown which would also be almost costless. This is it. Since people can bake their own bread, brew their own beer, let them also distil at home all the drinking water they require, which would probably not exceed a couple of gallons a day in moderate households. Therefore, let every house be provided with a still as commonly as with a kitchen range. Any servant could soon learn to distil as easily as to arrange a "kitchener."

Then the companies would continue their supplies now and increase them in the future. The householder would distil daily or weekly as much as he might want for drinking, just as he always cooks the raw meat from the butcher's.

I believe no food whatever ought to be eaten raw, no water drunk unboiled. The total cost of introducing the still into houses as an ordinary kitchen fixture would, no doubt, be considerable, but "divide et impera," and only a small sum would fall upon each landlord or tenant, and that would be well laid out as a health insurance, since he would get for it an absolutely pure supply; he would disarm one of the great carriers of disease—impure water.

The question is, "Is such a plan generally feasible?" Of course it is if you can combat successfully ignorant indifference. But all who are not ignorant and indifferent might have the benefit of the plan immediately; whilst those who are in outer darkness would need, no doubt, much time for the admission into them of a little light. Such a plan as this is universally applicable, whether to towns, villages, or detached houses, great or small; and whether the existing water supply is "per company" or from wells sunk in sewage-polluted soils. In fact, it is a scheme of domestic water treatment rather than of water supply, and may claim to be regarded as a medical question of the public health. May I, therefore, hope for your assistance in making the suggestion known?

I am, Sir, yours, &c.,

James E. Huxley, M.D.

Maidstone, Feb., 1894.

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Literature.

LAVERAN ON PALUDISM. (a)

This work is the chief of a series of treatises which M. Laveran has written on the subject of paludism. It deals with and summarises the investigations he conducted, and describes the malarial hæmatozoon which he discovered, which discovery may fairly be said to complete our knowledge on the genesis of paludism. At home the author's work has been recognised by the bestowal in 1889 by the Academy of Science, of the Gréant Prize by an unanimous vote.

Professor Bouchard, in his report, thus writes:—"The discovery of M. Lavaran comprises the whole pathogenesis of intermittent fever; it may be said that it has changed the pathological anatomy of the disease. In fact, the characteristic pigment of the lesions of palustral affections is effected by the parasite, and is contained in the parasite itself."

Dr. Martin's excellent translation now places this splendid monograph within the reach of all English readers who are members of this great society which has done so much for the profession.

THE NEW ENGLISH DICTIONARY, VOL. II.

We have received the concluding part of the second volume of the "New English Dictionary" which is appearing under the editorship of Dr. J. H. Murray. The first part appeared in 1884, and the magnitude of the work made its production to appear slow. Now, however, there is promise of the completion of the dictionary within a comparatively short time. The thirty-five years spent in collecting, arranging, classifying, and distributing the millions of references is telling, and probably the coming year will see the completion of volume III.

The present volume, C, includes 29,295 main words. This number does not include the combination of simple and obvious meaning which are practically unlimited.

With the exception of the letter "S," the letter C is the largest in the alphabet, and contains nearly as many words as A and B taken together, and as many as the nine smallest letters X, Z, Y, Q, K, J, N, U, V, with three-fourths of O.

The Dictionary curiously illustrates the solidarity of literature. Its progress is watched from every centre of earning in the world, and scholars from every country readily contribute to forward the great work which had its genesis in Archbishop French's love of philology.

Medical News and Pass Lists.

Ealing and the Fever Hospital.

Notwithstanding the strenuous opposition of the local authorities of Ealing and Greenford and of various interested individuals the Local Government Board have agreed to constitute Acton, Chiswick, and Hanwell a joint district for the purposes of providing isolation hospital accommodation. The question of site has yet to be decided, and strong opposition is to be offered to the application of the Joint Hospital Board for compulsory powers to acquire a site in the picturesque hamlet of Perivale, near Ealing.

The Advance of Medical Education in America.

We are asked to announce that at a meeting of the Faculty of Jefferson Medical College, held on Jan. 8, 1894, it was unanimously resolved to institute a compulsory four years' course with the session of 1895-96. This step was taken in order that the large clinical service of the Jefferson College Hospital (350 cases a day) might be utilised to the fullest extent in carrying out the desire of the Faculty to provide advanced medical education of a practical character.

The Hunterian Oration.

The Annual Oration of the Hunterian Society will be delivered on Wednesday next, 14th inst., at 8·30 p.m., in the theatre of the London Institution, Finsbury Circus, E.C. Dr. J. Dundas Grant is the Orator this year, and his subject is announced as follows:—"Aspects of Medical Life: John Hunter—Andrew Clark." The theatre will be open to the attendance of any members of the profession. The Fellows and friends of the Hunterian Society will dine together on Friday, the 16th, at Wood's Hotel, Furnival's Inn, Mr. F. Gordon Brown, President, in the chair. The President of the Royal College of Surgeons, the Conservator of the Hunterian Museum, and Mr. T. Holmes, Consulting Surgeon to St. George's Hospital, have accepted invitations to be present.

Bequests to Dublin Hospitals.

By the will of Mr. Gervas Taylor, referred to in our last, the Meath Hospital receives £5,000, the Adelaide Hospital £5,000, St. Vincent's £1,000, the City of Dublin Hospital £1,000, Sir Patrick Dun's £2,500, the Children's Hospital a like sum, and the Stewart Institution for Imbeciles £2,500.

University of London

The following is an official list of candidates who passed the recent entire Preliminary Scientific (M.B.) Examinations, alphabetically arranged:—

First Division.

Barnes, Frank
Braithwaite, Wm. D., B.A.
Carrick, Cyril Frederick
Cazenove, Wm. Reginald
Clemmow, Charles, B.A.
Clogg, Herbert Sherwell
Crofts, John Henry, B.A.
Dumas, James
Frankling, Herbert George
Horn, Arthur Edwin
Liddell, Wm. Henry Singer
Peach, William Frank
Samuel, Thomas, B.A.
Scott, Aleck Lauriston

Second Division.

Barron, Henry Thompson
Bond, Frank Fouracre
Bourdas, Ernest Clarkson
Budd-Budd, Ed. John
Clarke, Arthur Ernest
Cullen, J. A. Patrick
Durbridge, Henry
Greaves, Francis Ley A.
Martin, C. MacDermt., B.A.
Newton, Harold Turner
Parrett, Ed. Erratt, B.A.
Sandham, George, B.A.
Sass, Fred. Joseph W.
Steward, George, B.A.
Walters, Blanche Elinor
Webb, Hugh G. Stiles
Whiteside, J. Thomas, B.A.
Winn, George.

55 others passed in Chemistry and Experimental Physics, and 35 in Biology at the same meetings of the Court of Examiners.

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Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

(a) "Paludism." By Dr. A. Laveran, Professor of Medicine in the School of Val de Grâce. Translated by J. W. Martin, M.D., F.R.C.P.E. London: The New Sydenham Society. 1893.

Original Articles or Letters intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sendin them to the Editor

Dr. B.—It is not usual to disclose the names of correspondents. We had seen the newspaper article enclosed, and some time since referred editorially to the system inaugurated by you.

PRECAUTIONS AGAINST A POSSIBLE LIVE BURIAL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

Sir,—In common with many other morbid nerve sufferers, I have been haunted from childhood with the horror of possible live burial. More than one hideous incident occurring within my knowledge has taught me that the terror is not utterly groundless, and I would ask you for pity's sake to tell me what steps I can take while living to protect myself against this horrible possibility. Can I make the anatomical table or cremation, accidents of course excepted, a certainty? I should prefer the former.

I am, Sir, yours, &c.,
Morbus.

⁂ 1. Obtain the promise of the person into whose hands—the wife for instance—the body will fall after death, that it shall be cremated. 2. Insert an emphatic clause in the will that the desire to be cremated shall be carried out. 3. Leaving the body for anatomical purposes would probably be more objectionable to relatives than cremation, but you could leave instructions and provide a fee for carrying into execution the opening of an artery by a surgeon.—Ed.]

Hear Both Sides.—We have carefully read the letter of our correspondent signed thus, and are always ready to "hear both sides," but in this instance he introduces statements and discusses a subject with which our readers are not concerned. Both are matters for the British Medical Association and its journal.

Dr. C. R. J.—Your letter is founded on a wrong hypothesis. The General Medical Council has no jurisdiction, even assuming the practice to be illegal. It would therefore be useless to insert your communication.

POWELL'S BALSAM OF ANISEED.

The Judge of the Bloomsbury Court decided last week that this nostrum is a poison within the meaning of the law, and cannot be sold by any one but a qualified pharmaceutist, and under the precautions imposed by the law.

Meetings of Societies, Lectures, &c.

WEDNESDAY, FEBRUARY 14TH.

Laryngological Society of London (20 Hanover Square, W.).—At 5 p.m., Dr. Clifford Beale: Tubercular Tumour of Larynx.—Mr. Butlin: Tumour of the Thyroid Gland.—Dr. Wm. Hill: Case showing so-called "Cleavage of the Middle Turbinated."—Dr. Felix Semon: Pharyngeal Ulceration of Doubtful Nature in a case of Arrested Pulmonary and Laryngeal Tuberculosis.—Dr. Scanes Spicer: Unilateral Laryngeal Infiltration and Œdema of Undetermined Nature.—Dr. Hale White: Case of Gumma over the Arytenoid Cartilage.—Dr. Willcocks: Gummata of Epiglottis.

Huntarian Society.—At 8.30 p.m., Annual General Meeting: Election of Officers. At 8.30 p.m, Dr. J. Dundas Grant: Aspects of Medical Life—John Hunter, Andrew Clark.

London Post-Graduate Course.—Hospital for Consumption, Brompton, at 4 p.m., Mr. R. J. Godlee: Subdiaphragmatic Abscess.—Royal London Ophthalmic Hospital, Moorfields, at 8 p.m., Mr. R. M. Gunn: Cataract.—Hospital for Skin Diseases, Blackfriars, at 1 p.m., Dr. Payne: Acne.

Royal College of Surgeons.—At 5 p.m., Professor C. B. Plowright: The Fungus Kingdom.

West London Hospital (Hammersmith).—At 5 p.m., Mr. Swinford Edwards: Carcinoma of the Rectum. (Post-Graduate Course).

THURSDAY, FEBRUARY 15TH.

Harveian Society.—At 8.30 p.m. Cases shown by Mr. D'A. Power, Mr. Lockwood, Dr. Boxall, and others. At 9 p.m. Dr. W. R. Dakin: Modern Methods of Treating Post-partum Hæmorrhage.

Society of Anæsthetists (20 Hanover Square).—At 8.30 p.m., Discussion on the Administration of Anæsthetics in Operations upon the Nose and Throat. Mr. Bailey, Mr. Braine, Mr. Tyrrell, Dr. Buxton, Dr. Hewitt, Mr. Davis, Dr. Silk, and others.

London Post-Graduate Course.—Hospital for Sick Children, Great Ormond Street, at 3.30 p.m., Mr. C. A. Ballance: Clinical Lecture.—National Hospital for Paralysed, Bloomsbury, at 2 p.m., Dr. Ormerod: Hemiplegia.—Central London Sick Asylum, Cleveland Street, W., at 5.30 p.m., Dr. Patrick Manson: Malarial Disease.

FRIDAY, FEBRUARY 16TH.

London Post-Graduate Course. — Hospital for Consumption, Brompton, at 4 p.m., Dr. E. Symes Thompson: Phthisis and Life Assurance.

Royal College of Surgeons.—At 5 p.m., Professor C. B. Plowright: The Fungus Kingdom.

SATURDAY, FEBRUARY 17TH.

London Post-Graduate Course.—Bethlem Hospital, at 11 a.m., Dr. Percy Smith: Climacteric and Senile Insanity.

MONDAY, FEBRUARY 19TH.

Royal College of Surgeons, England.—At 5 p.m., Prof. E. T. Collins: The Anatomy and Pathology of the Eye.

St. John's Hospital for Skin Diseases (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Ulerythema and Sycosis.

Vacancies.

Coombe Lying-in Hospital, Dublin.—Assistant Master. Applications to the Master. (See advert.).

County Lunatic Asylum, Snenton.—Assistant Medical Officer (unmarried). Salary £100 per annum, rising £10 annually to £150, with board, lodging, washing, and attendance. Applications and testimonials to the Chairman of the Committee of Visitors on or before Feb 27th.

Cumberland Infirmary, Carlisle.—Assistant House Surgeon. Salary £40 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary on or before Feb. 21st.

Dublin - Cork Street Fever Hospital.—Resident Medical Officer. Salary £65 per annum, with maintenance. (See advert.).

East Suffolk and Ipswich Hospital.—House Surgeon (unmarried). Salary £80 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary on or before Feb. 20th.

Guildford and Godalming Joint Hospital Board.—Medical Officer. Salary £175 per annum. Applications and testimonials to the Clerk to the Joint Board on or before Feb. 19th.

Leeds.—Hospital for Women and Children.—House Surgeon. Salary £75 per annum. Applications to the Secretary.

National Orthopædic Hospital, London.—Assistant Surgeon. Must be a F.R.C.S. Eng. Applications to the Secretary. (See advert.).

Queen Charlotte's Lying-in Hospital.—Resident Medical Officer. Salary £60 per annum, with board and residence. Applications and testimonials to the Secretary on or before Feb. 20th.

The Hospital for Women, Soho Square, London.—House Physician. Salary £30 for six months, with board, &c. Applications and testimonials to the Secretary on or before Feb. 21st.

Whittingham Asylum, Preston.—Junior Assistant Medical Officer. Salary £100 per annum, with board, &c. Applications to the Superintendent on or before Feb. 23th.

Appointments

Bartlett, R. C., M.R.C.S., L.R.C.P., House Surgeon to the Dorset County Hospital.

Bishop, H. D., M.R.C.S., L.R.C.P. Lond., Senior House Surgeon to the Carnarvon Hospital, Kimberley.

Blaxall, F. R., M.D. Lond., D.P.H. Camb., Lecturer on Bacteriology to the Westminster Hospital.

Etohes, W. R., M.R.C.S., L.R.C.P. Lond., D.P.H., Medical Officer of Health for the Macclesfield Urban Sanitary District.

Hope, E. W., M.D., C.M. Edin., L.R.C.P. Lond., Medical Officer of Health for the Liverpool City and Port.

Johnson, W. J., M.B., B.S. Lond., M.R.C.S., L.R.C.P., Assistant House Surgeon to Guy's Hospital.

Laverick, J. V., L.R.C.P. Lond., L.F.P.S. Glasg., L.R.C.P. Edin., Medical Officer of Health for the Whitby Rural Sanitary District.

Leathe, J. B., M.B., B.C. Oxon., Assistant House Surgeon to Guy's Hospital.

Macintosh, W. A., M.D., Medical Officer to Simpson's Asylum, near Bannockburn.

Milne, A. D., M.B. Aberd., House Surgeon to the Children's Hospital, East End Branch, Sheffield.

Ricketts, T. F., B.Sc. Lond., M.D., Medical Superintendent of the Hospital Ships of the Metropolitan Asylums District.

Sheperd, A. W., L.R.C.P., L.M., L.R.C.S. Irel., Medical Officer of Health to the Cowbridge Town Council.

Uthoff, J. C., M.D. Lond., M.R.C.P., F.R.C.S., Honorary Surgeon to the Sussex Eye Hospital, Brighton.

Wickham, G. H., M.B., B.C. Cantab., Honorary Medical Officer for Out-patients, Royal Victoria Hospital, Bournemouth.

Wilson, H. B., M.R.C.S. Eng., Health Officer to the Shire of Frankston and Hastings, Victoria, Australia.

Wylie, R. J., M.B., C.M. Glasg., Medical Officer for the Third Sanitary District of the Hertford Union.

Births.

Dove.—Feb. 6th, at Parkside, Crouch End, the wife of Augustus C. Dove, M.D., of a son.

Mears.—Feb. 11th, at Atherstone, Warwickshire, the wife of Robt. Mears, L.R.C.P., M.R.C.S., of a son.

Williams.—Feb. 7th, at Salisbury House, Tottenham, Middlesex, the wife of J. Lawson Williams, M.B., C.M., of a son.

Marriages.

Hay—Bodington.—Feb. 3rd, at the Cathedral, Lichfield, Robert Hay, M.D., Royal Navy, to Juliet Eaton, eldest daughter of G. F. Bodington, M.D., F.R.C.S. Eng., of Hatzie, British Columbia.

Deaths.

Clark.—Feb. 8th, at Kirklands, Bothwell, N.B., Jessie Gowenlock, wife of Archibald Campbell Clark, M.D.

Fox.—Feb. 4th, at Ardgowan Square, Greenock, N.B., John Fox, M.D., formerly of Corliamore, Co. Cavan.

Lawson.—Feb. 9th, at Aberdeen, Robt. Lawson, M.D., Inspector General of Hospitals, Hon. Phys. to the Queen.

Nicholas.—Feb. 9th, at 3 Church Row, Wandsworth, Geo. Ed. Nicholas, M.D., M.R.C.S., Medical Officer for Wandsworth District, aged 69.

Roberts.—Feb. 5th, at his residence, Aberdare, Evan Vaughan Roberts, M.B. Edin., aged 30.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY, FEBRUARY 21, 1894. No. 8.

Clinical Lectures

ON SOME

OBSCURE AFFECTIONS OF THE LUNG.

Delivered at the London Hospital.

By the late SIR ANDREW CLARK, Bart., M.D., F.R.C.P., L.L.D.,
President of the Royal College of Physicians, London.

LECTURE III.

GENTLEMEN,—On a former occasion I discussed with you the relationship of certain conditions of the lungs and pleura with the results of physical examination, and incidentally I pointed out two entirely distinct classes of lung affections which have erroneously, in my opinion, been classed as tubercular. I now bring before you another patient whose case will serve to carry us a step further in the consideration of some of the more obscure affections of the lungs. Our patient this time is a young girl; she is thin, though not amounting to emaciation. She has a small pinched face that tells of past privations in spite of the fact that its outlines have in large part been restored by careful feeding since she entered the hospital. Now, if we look at her chest before proceeding to investigate the condition of the thoracic viscera by the usual means, we see at once that the chest is smaller on the left side than on the right, and that the respiratory movements, as you can all see, are distinctly less ample on that side than on the right; in other words the left chest expands on inspiration less completely than the right. On percussion you will notice that the note is dull in front and behind on the left side, the dulness increasing in degree as we percuss lower down the chest wall. On making her speak I perceive, moreover, that tactile vocal fremitus is far less evident on the left side than the right. On auscultation, beginning with the back of the left lung, we find that at the top the breath sounds are fairly normal, but as we descend they become feebler and feebler, as well as hollower, and vocal resonance diminishes progressively. At the very base the breath sounds are quite inaudible, and there is no vocal resonance at all. The same holds good in the axillary region; above, the lung appears normal; below, the breath sounds are feeble, and vocal resonance is wanting.

Now you see that, though the patient seems and feels quite well, there may be a good deal of disease present in the lung. Indeed, in this case, as you have seen, it involves more than a third of one lung.

On examining the right side as a matter of routine, we find that the respiratory sounds and the percussion notes are normal throughout. The heart is acting slowly, steadily, and firmly; there is nothing to be said against it, although, as we shall shortly see, it is displaced outwards. The pulse is good, there is a good volume of blood passing through the radial artery, especially if we consider the circumstances under which she now finds herself. The position of the heart's apex is the next thing to be ascertained and considered. This we find without difficulty is not in the usual place. It has been drawn or pushed outwards, and this, as I proved to you, in a preceding lecture, is a point of the very greatest significance. There is obviously something wrong with the left lung, of which one effect has been to displace the heart. Nowhere else can we find evidence of anything wrong. Now, what are we confronted with? What is the meaning of it? What is its past history, its future? To begin with, what is wrong? There is displacement of the heart, which is beating in the left axillary line. It must have been pushed or pulled over there. It cannot have been pushed there, for I have shown that the right lung is quite healthy, while the left lung is to a great extent solid. It is, indeed, not only consolidated, but is diminished in bulk. Now, two things may occur with a lung that is contracted at the base which may mislead us. The front may become emphysematous, and so give a good percussion note or, on the other hand, the stomach may be pulled up out of its place, and so pave the way to errors of diagnosis in the hands of the unwary. We have discovered that the lower part of the left lung is solid, indurated, contracted, and whatever may be the nature of the changes it certainly is of a kind that has created no constitutional disturbance, and which, moreover, has caused no local disturbance in the immediate neighbourhood. What can it be? All that I can say, looking at the case with these symptoms before us, and assuming that I know nothing of it except what I have demonstrated to you, is that here is a young girl with a solid contracted lung at the base. How do I know, first of all, that there is no actual disease in progress? Of this one cannot be absolutely sure, but this, at least, we may affirm, that there is no evidence or intimation of constitutional disturbance. All the functions of the body are being performed in a satisfactory manner, there is no fever, no quick breathing, no wasting that cannot be otherwise explained, no loss of strength or health, no incapacity for the daily routine of labour to which she is accustomed. It is almost impossible to conceive that under such circumstances the disease can be actually progressing. It would be impossible to get physical signs of this kind and extent unaccompanied by constitutional disturbance if the disease were progressing. This being the case, the lung affection being quiescent, we have to ask ourselves how it came there? In answering this question the past history is all important, and it happens that I can go a long way back and tell you something about this girl's past history. She was admitted on December 14. Her occupation is that of machinist, she lives in a room where many others of her family live, and she works in a room where many others besides herself work. She thus lives and works in rooms in which it often gets close and oppressive, so that both at home and at work she is placed under conditions most disadvantageous to health. The story of those who, like this girl, are so placed, is very interesting, and I begin by telling you these details because her family history exhibits no tendency to hereditary disposition to pulmonary disease. However she came by this affection of the left lung she clearly did not inherit it from her immediate ancestors. She was brought to us on December 14th, not on account of anything the matter with her chest, but complaining of pain in her leg and hip. We examined her lungs as a matter of course, and we found there what you have all found to-day, neither more nor less. We found evidence of old mischief. She had not been long under observation, however, before the interest of the case was materially increased by the supervention of signs of inflammation in the affected part of the left lung. Her temperature began to rise, and with the fever came some shortness of breath. By-and-bye we discovered patches here and there of consolidation scattered over the left lung. These, however, soon cleared up, and the pain in the leg and hip having subsided, we were flattering ourselves that her trouble was over, and were about to let her leave the hospital, when one day she suddenly had a relapse, and then not only did the patches of consolidation reappear, but small pleuritic rubs could be heard, and coincidently therewith small areas of consolidation were established on the right side as well. The constitutional disturbance became more marked, the cough became incessant, the expectoration frothy, and, almost daily, fresh areas of consolidation could be detected in various parts of the right lung both in front and behind. Then we had to ask ourselves, what is the disease with which we are dealing? It looked very much like phthisis, tubercular phthisis, for it must be borne in mind that she is a strumous girl, she had disseminated deposits all over the left lung, and, without rhyme or reason, similar deposits were forming in the right lung. We examined the expectoration in order to ascertain whether or not tubercle bacilli were present—not that we were going to pin our faith on a bacillus—but simply because their presence would have been a matter of interest, and might assist us in elucidating the nature of the affection. As a matter of fact, the most careful and repeated search failed to reveal any bacilli. The patient was treated with a moderate amount of stimulants, and was given citrate of iron and quinine. I concluded that she was the subject of a disseminated caseous pneumonia, and I expressed the opinion that she would ultimately recover. It was to some extent rather a bold diagnosis, and an even bolder prognosis, because most of those about me were of opinion that it was a case of tubercular phthisis. Bit by bit, however, the deposits in the right lung cleared up, the friction sounds became inaudible, and before very long the right lung was quite free. The left lung, at the base of which there was some kind of mischief before she came into the hospital, progressed more slowly, but it did progress towards recovery, and she left the hospital in April of last year apparently in good health. She is now in the same condition as she was before she had the mysterious pain in the hip and leg along with the curious attack of double pneumonia. Now the account of her case so far is very clear. She has a contracted lung, she has had a pneumonia, probably of the caseous variety, and she presents herself to us on this occasion with traces of some old-standing disease in the left lung. We must go back still further. We have still to ask the question, what was it that originally begot this dull contracted lung which she now has? Looking at her age and history, it must have been one of two things—either she must have had a pleurisy or a pneumonia, that is to say, at some time during her life she had an ordinary basic pneumonia which did not undergo complete absorption, and the portion of lung in which absorption thus failed to take place gradually underwent contraction. I think, looking at her history, that it is infinitely probable that she had a pleuro-pneumonia, an inflamed base of the lung with an inflamed pleura around it. This was probably not all absorbed, the exudation remained and underwent fibroid degeneration, which has persisted, and will persist, as long as she lives.

Now comes another question, might it not be phthisical? I have already said that there can be no disease of a progressive character in the absence of some evidence of a constitutional disturbance. Moreover, you never get one-third of a lung affected in phthisis without the other lung being implicated. Here then is the practical question. What is likely to be the future history of this case? We have already got an inkling of what it may be. She had this affection of the left lung before her last illness, and one of the disadvantages of having a consolidated lung is that it renders that lung, and perhaps the other too, more vulnerable, much less strong to resist the causes of disease, much less ready and apt to repel them, so that this girl with that consolidated lung is at a serious disadvantage in the struggle for existence, not so much from the mere presence of the consolidation as from the fact that it renders her more prone to disease than she would otherwise be. Now the future of the case depends upon two things, first upon her general health, and secondly upon the mode in which she deals with slight colds. First as to the general health. Everything that can be done to raise the standard of the girl's health is in her favour, for it will give her increased powers of resistance to the causes of inflammation and increased powers of repair should occasion arise. What then are the conditions of health for her? She is a strumous child, so you must feed her four times a day. For breakfast she should have bread and butter, weak tea, with eggs or bacon. Strong tea and coffee should be avoided, especially early in the morning. She is a nervous girl, and they would tend to unnerve her still farther. I may remark incidentally that it has always been a matter of surprise to me how it is that we English people do not suffer more than we do from our indulgence in tea, especially tea prepared as it usually is, and taken after a prolonged fast early in the morning It is a great and powerful disturber of the nervous system, and no one who has any regard for the integrity of his or her nervous system would take it that way. Its immediate effect may be all that can be desired. It relieves the *malaise* which is in itself a sign of warning, and it thus enables the consumer to disregard it. Beware gentlemen of thus sitting on the safety valve. Nature provides a warning in most cases of impending disaster, and if you wilfully disregard or stifle them you do so at your peril. This pernicious habit of taking strong tea after a night's fast, repeated day after day, week after week, year after year, leaves its stamp on the nervous organisation of the individual, and this stamp is handed down, in part at any rate, to the generation that follows. The reflection is one which may well inspire apprehensions as to the nervous fate of future generations.

To return, however, to the feeding of our patient. She should have a good dinner with meat, and she should drink water. I have no objection to a moderate amount of alcohol, but for this girl who is nervous the less she takes of things which play on her nervous system the better. Finally, tea, with perhaps a light supper. Let her food be as good and as fresh as possible, and let her take nothing between meals. Then she ought to take a walk twice a day, and I would endeavour to modify the general conditions of existence so as to render them more conducive to health. I cannot disguise from myself and from you the fact that this poor girl was born in and to conditions most injurious to her, but out of which she cannot get. She works with twenty or thirty other girls in a room in which, for the greater part of the day, gas is burning, and she goes home to roost in an atmosphere which has been contaminated by domestic and other emanations. Yet after all the girl may survive and grow up a fairly healthy woman. These poor people have a curious way of struggling through trials which would prove fatal to persons better provided with the good things of this world.

I would warn her, in conclusion, of the gravity of chills and colds, and the necessity of promptly attending to anything of the kind. If she ever neglects this salutary precaution, a neglected chill will place her in imminent peril of a fresh attack of inflammation which may be less easily repaired and subdued than her last attack, and then it is quite possible she may, in a sense, become a phthisical person.

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NOTES ON DEFORMATIONS OF THE GENITAL ORGANS,

PRACTISED BY THE NATIVES OF AUSTRALIA. (a)

By. J. G. GARSON, M.D.

The following notes on deformations of the male and female genital organs practised by the Aborigines of Australia may not be uninteresting to the Fellows of this Society. The information which I am about to communicate was collected and sent to the Anthropological Institute by Mr. B. H. Purcell, a gentleman who has, for the last 25 years, given great attention to the study of these natives amongst whom he resides.

Circumcision.—This operation is practised all over Australia, except in Victoria and New South Wales, on boys at the age of eight years. The operation is performed by one man seizing the prepuce between his forefingers and thumbs and stretching it to the fullest extent, while the head man of the tribe transfixes it with a flint knife of lancet shape, sharpened on both sides, and cuts it off with one circular sweep. After the bleeding has ceased the wound is dressed with the soft down of a duck or the eagle-hawk.

The Mylagoordi have a somewhat different method of performing the operation. They divide the prepuce by four longitudinal incisions and then dissect each segment backwards "to the butt of the penis," removing each separately.

In the Northern territory the prepuce is scored with a flint knife and is then dressed with irritating herbs so as to produce hypertrophy of the parts.

The operation is done for the purposes of cleanliness. The natives do not consider a person clean unless he has been circumcised, and a circumcising tribe will not eat food with one who is uncircumcised.

A *Mika* is a man upon whom an operation to produce artificial hypospadias has been practised for the purpose of preventing him from having any family. Three different operations are performed for this purpose.

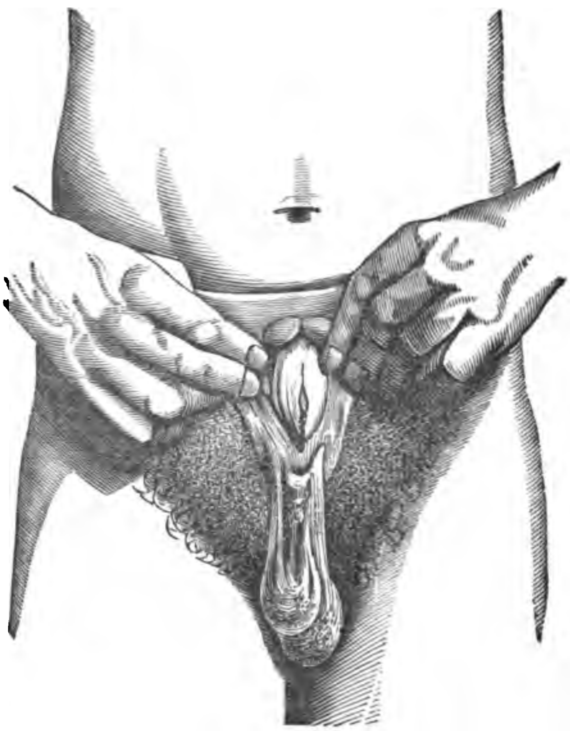
1st.—On Corpus Christi Creek, Western Australia, the natives content themselves with making a small incision through the urethra immediately in front of the scrotum. Through this opening the semen is ejaculated during copulation, after the wound is healed.

2nd.—On the Diamantina and Lower Georgiana the natives divide the urethra in front of the scrotum and again just below the glans penis, then cutting longitudinally along each side of the urethra dissect it out.

3rd.—The most general plan of mutilation is that of which I show you a photograph. It is performed by placing a narrow piece of wood along the dorsum of the penis and drawing the loose skin tightly backwards over the wood. A flint knife is then inserted into the orifice and the urethra is laid open to the scrotum. Before the operation is performed the penis is beaten till it is benumbed. After the operation the penis is bandaged against the abdomen; should excessive inflammation of the wound occur during the healing process it is dressed with a kind of native clay or crushed eucalyptus leaves. The mortality after this operation is stated to be *nil.*

These operations are performed on youths at the age of 18 years, and only upon a certain number of them, namely, those who prove themselves indolent and the least useful members of their tribes.

A *Euriltha* is a woman upon whom the following operation has been performed for the purpose of rendering her barren:—



A roll of emu feathers is made, seven or eight inches long, thinner at one end than the other, it is lashed round with twine manufactured from opossum fur, and daubed with a mixture of fat and red ochre. To the smaller end a cord, made of human hair, is attached, looped over it, and brought down to the thicker end. The girl, who is between 10 and 12 years of age when the operation is performed, is placed upon her back, and the thin end of the roll with the loop is inserted into the vagina. With a flat piece of stick passed up the vagina along side of the roll the loop at its upper end is placed round the projecting end of the cervix uteri. The girl is watched for a while till the parts have become swollen, the free end of the cord is now twisted round the hand of the operator and the portion of the cervix included in the loop is forcibly severed and drawn out with the roll and loop. The girl is placed in camp for the next three weeks. At the end of that time a small flint knife, fixed to the end of a stick six inches long, is passed up the vagina and a vertical and transverse incision is made in the stump of the cervix. These incisions are then stuffed with down of the duck or eagle-hawk to keep them open, lumps of heated fat are now inserted to grease the parts and keep them clean. When the wounds have healed, the lower end of the posterior wall of the vagina is divided down to the anus, so as to make sexual intercourse with the Mikas more easy. The operators are the old men and women of the tribe.

This horrible operation is only practised by a few tribes in Central Australia. It has often been called spaying, but Mr. Purcell says "I have examined all the women of the tribes where these operations are done, but on none of them did I find a trace of the flint knife for spaying." Instead of performing the whole operation the natives content themselves with dividing the lower part of the posterior wall of the vagina.

(a) Read before the Medical Society of London, Feb. 5th, 1894.

Women on whom only this part of the operation has been done are called a Dindahs or Dindees.

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THE AERIAL CONVECTION OF SMALL-POX FROM HOSPITALS. (a)

By J. C. McVAIL, M.D.

In opening the discussion on the possible influence of small-pox hospitals in aerially conveying the disease to surrounding population, let me state *in limine* that my purpose is rather to review existing knowledge than to adduce new facts, unless, indeed, some facts to which I wish to draw attention are so very old as to be entirely new to any of the members of the Epidemiological Society. For it is a trite saying that history repeats itself, and even in regard to the discussion of this subject the saying holds true.

The author proceeded to discuss the correspondence which took place a century ago between the celebrated Dr. Haygarth of Chester, and Dr. Waterhouse, Professor of Physic in the University of Cambridge in New England, on this very question, and some of the points then raised were not without interest to us in the present day.

Further, he said, one or two instances have struck me particularly in reading the more recent literature that has grown up around this question. The dustman of one of the Metropolitan Asylums Board hospitals caught small-pox, and though doubtless removed to hospital immediately on the disease declaring itself, he yet succeeded in infecting members of his own household. These people, therefore, were susceptible to small-pox. But, for years before, that dustman had been going in and out of the hospital carrying on his work of refuse removal there, and in and out of his own home, yet he had never brought infection within his doors till he himself was seized with the disease. Similarly, in the course of the Fulham inquiry, no case was found of small-pox occurrence in the houses visited by officers and servants of the hospital, and nine non-resident servants did not carry the disease to their houses in nine different streets. Again, in considering one particular group of cases thought to be due to aerial convection, Mr. Power tried to exclude all as to which personal conveyance could be in the least suspected. One excluded case was that of a man who had had a drink in a beershop along with the driver of an ambulance waggon. How many other people may have been drinking at that time, or on other journeys, along with this driver, and yet not have been infected by him?

This question of the influence of ambulances in spreading the disease around hospitals was before the Commission of 1881 at some length. On one hand it was in evidence that the service was sometimes badly managed; that the driver might stop at a public-house on the way; that children might hang on behind the van. On the other hand it happened that some ambulance routes were pretty well fixed, especially near the hospitals, and that in the streets regularly traversed by them there was no special prevalence of the disease. This fact is noted not only regarding Fulham Hospital, but also by Dr. Bristowe as to Deptford Hospital; indeed, examination of details seems to show that the quadrant of the mile circle, containing the chief line of human intercourse with Fulham Hospital, chanced in 1881 to have a smaller percentage of its houses attacked by small-pox than any of the other three quadrants. It is true that people living in one street might encounter the ambulance in another, and go home and lie down with the disease a fortnight later. But it is equally true that on any sufficient basis of facts a larger proportion of people belonging to the streets traversed by the vans would be exposed to the ambulance influence, than of people belonging to other streets. And in regard to those who met the van in one street and lived elsewhere, it would be a very extraordinary thing if the houses to which these people returned happened to be arranged in number diminishing regularly according to the distance from the hospital to which the van was travelling. It would be still more extraordinary if this same regularity of arrangement were found to repeat itself around the same hospital in epidemic after epidemic. It is a remarkable fact that one witness who maintained the view that hospitals were not centres of infection, either aerially or by personal transmission, pointed in support of his thesis to one street in particular, a lane only 10 feet wide, closely adjoining Homerton Hospital, and forming a passage for nearly all the ambulances that entered its gates. There had been only one small-pox death belonging to this street in the decade 1871-80; but, on turning to the number of inhabitants attacked in this thoroughfare, I find from Dr. Tripe's figures that they amounted to 13 per cent. of the average total of inhabitants, a proportion which, in comparison with that of the adjoining streets through which the ambulance did not habitually pass, was higher than some and lower than others.

Similarly, it was pointed out that some of the persons attacked within the "special area" surrounding the hospital might have got their infection in other parts of London to which their daily avocations took them. This is so; but again, is it likely that these people would come home and settle themselves down in regularly decreasing circles around the small-pox hospital? It is not to be denied, however, that, excluding ambulances which had pretty clearly defined routes of traffic to the hospital, and excluding introductions of the disease from other parts of the Metropolis, such small-pox as depended on personal communication from the hospital would tend to range itself in radii corresponding to the lines of communication with the hospital, the amount increasing with the distance. And I do not for a moment suggest that personal conveyance of one sort and another had not a great deal to do with the matter. Here, as elsewhere, many groups of cases would be secondary to, and directly connected with, foci outside of the hospital, and it is in no way surprising that evidence of conveyance of this sort was able to be put before the Commission. But such foci, unless the mischief done by them was always equal, might tend rather to disturb than to emphasise gradation from centre to periphery. And it appears that in the locality around Fulham Hospital practically all cases were sent to hospital after their discovery. It has never been suggested, however, that aerial convection excludes personal communication, or that the area around the hospital forms an unsuitable field for the latter method of spreading the disease. The question is, Is personal communication the likeliest way to account for *all* the facts?

Coming now to the subject of aerial convection, both in Waterhouse's time and more recently, various theoretical considerations have been adduced with regard to the possibility of the survival of infective power through the requisite space for the requisite time. The distance to which an animal odour like the smell of the skunk can be carried, and the phenomena of hay fever, are instances in point. Too much value may easily be attached to such analogies, and they might be used in support of a thesis that measles, or whooping-cough, or typhus, can be conveyed for long distances. I may note, however, that Dr. Waterhouse quotes from Dr. Aspinwall to the effect that "it is a fact well known to every ploughboy, that a skunk can be smelt much further in a dampish, foggy evening than in serene weather." The length of time during which a lancet charged with small-pox matter can retain its inoculative power is more to the purpose, but very exact and careful observations would be needed to give evidence of value here. All we seem to know is, that certain animal emanations are not affected by long travelling through the atmosphere, but whether or not this is true of small-pox under any circumstances is a question that must be settled by evidence. And there may be very important distinctions between the length of duration of the quality of smell by non-living material, and the length of duration of powers belonging to what current pathology teaches to be a contagium vivum. Probably, however, Sir Thomas Watson fairly represents the consensus of opinion in his own day when he says, "There is no contagion so strong and sure as that of small-pox, none that operates at so great a distance."

In his evidence before the Commission, Sir John Simon, with characteristic caution, stated that, while he attached great weight to the evidence already produced in support of aerial convection, he would wait for further confirmatory evidence. This requirement has to a great extent been fulfilled. As a result of the original inquiry, and of the work of the Royal Commission, Fulham Hospital was put on its mettle. Those in charge of it knew how much might depend on their success or failure in preventing the spread of infection by personal communication, and we need not doubt that no stone was left unturned in the endeavour to prevent subsequent confusion of issue. The outgoings of the staff were reduced to a minimum, and increased stringency was observed in every detail. Yet, when the next outbreak occurred in 1884-85, the result was practically as before. All the extra care taken failed to lessen the incidence in the special area per hundred admissions of acute cases to the hospital. Indeed, the number of acute cases within it was remarkably small, when, in the presence of weather conditions resembling those formerly noted, a "special area" outburst occurred. It was further observed, however, that these meteorological conditions, repeating themselves subsequently, were not always accompanied by increased infection around the hospital. In view of such facts, it is obvious that there is still much to learn regarding the whole question, and it is open to us to speculate whether the rhythm of epidemic and non-epidemic periods includes, as by analogy we may easily believe it to include, lesser rhythms of ebb and flow of infectivity, having to do not with seasons, but with weeks or days. In this aspect of it, such special outbursts as have been noted might be looked on as spring-tides of infection.

(a) Paper read before the Epidemiological Society, Jan. 17th, 1894.

From October, 1884, a part of Fulham Hospital not previously used for scarlet fever came to be devoted to that disease. The management, as regards laundry, nurses, and servants, was quite separate from that of the small-pox wards, the only official in common being the medical attendant, who, of course, was well aware of what had been alleged regarding personal communication, and who, we may assume, was correspondingly careful. In the fortnight ending December 6th, following the opening of these scarlatina wards, there was great increase in the admission of acute cases of small-pox, and excessive spread of the disease in the special area. At this time, four cases convalescent from scarlet fever were attacked by small-pox, and all the others were at once revaccinated. These four cases constituted 10 per cent. of the total scarlet-fever cases. But no small-pox case was attacked by scarlatina, and it is noteworthy that the hospital did not act as a centre for the spread of scarlet fever or typhus or any other disease in the special area. We know very well that these diseases, and especially scarlet fever, can be conveyed by personal communication; but, as a matter of fact, the administrative procedure of the hospital did not spread even scarlet fever. And if it be replied, that perhaps small-pox is conveyable further and more surely by fomites than is scarlet fever, the comment is obvious, that in that case small-pox is likely also to be further conveyable atmospherically.

In conversation recently with Dr. Ernest Marsh, who had charge of the small-pox wards at Belvidere Hospital during the past year, I was informed that one scarlet-fever ward had its windows 48 feet from the nearest small-pox ward, and that the only one of the scarlet-fever patients whose vaccination was neglected to be attended to, was a little American boy who had never been vaccinated, and who straightway was attacked by severe small-pox. The administration here was entirely separate, even as to medical attendance, and a barricade 13 feet high separated the one part of the hospital grounds from the other. Similar instances of aerial convection measured by feet are not uncommon, and the facts are, of course, much more easily proved than where hundreds of yards are in question. Dr. Septimus Gibbons mentioned to the Commission a case in which a distance of 20 yards intervened; Dr. Richardson a case of 30 feet; and Dr. Munk a case of 41 feet, and so on. And long before the theory of distant aerial convection was formulated, Drs. Gregory and Marson, of the original Small-pox Hospital, strongly insisted on a belt of 150 feet around the hospital, and their successor, Dr. Munk, supported the same view before the Commission.

I have already incidentally mentioned, as part of the thesis of aerial convection, that it depends on acute cases, not on convalescents. Probably it will not be denied that personal communication, both of scarlet fever and of small-pox, is likely to occur during desquamation in the one case, and the separation of the crusts in the other. But one of the earliest facts ascertained as to Fulham Hospital was that when it was devoted entirely to convalescents who were conveyed there in large numbers under the same ambulance arrangements as were criticised when acute cases were in question, small-pox did not spread in the special area. At that time the outgoings of servants and visitors and tradesmen were singularly powerless. At Darenth Hospital 600 convalescents failed to spread the disease. As with regard to distance, so with regard to limitation of admissions of acute cases, there is observable a tendency to give effect to the thesis while not formally adopting it. Various witnesses mentioned various numbers to which they would restrict the totals of cases under treatment in any hospital. Of mixed cases, such figures as 150, or 100, or 80 were given; and of acute cases, one said 50 or 60, another 20, and so on, and in later epidemics the numbers in the Intra-Urban Hospital were limited first to 50, afterwards to 25, and finally small-pox was altogether excluded from them.

The above are the main points that have impressed themselves on me as supporting the view that small-pox may sometimes be aerially conveyed to a relatively long distance. It is not my purpose to do more than refer to the confirmatory evidence recently yielded by the outbreaks in Oldham and Warrington as recorded by Drs. Niven and Gornall. Probably here, as elsewhere, both agencies may have been at work, but it is certainly of consequence that these observers have not been able to account for some of the facts that came before them unless by acceptance of the atmospheric theory.

In the course of his Report for 1893 Dr. Niven says:—"Is this increased incidence round Westhulme Hospital due to aerial diffusion, or to faulty administration of the hospital, leading to direct contact between the untraced cases, and the officials of the hospital a fortnight before their attacks? I may say at once that I am satisfied that no such contact has taken place. Whether in isolated instances small-pox may have been caught by coming too near the hospital it is difficult to say. For the most part that possibly could be excluded." Dr. Gornall says:—"The statistics as to the relative incidence upon the specially afflicted area and its several parts most clearly agree with what we should expect with *air-borne infection* as to the explanation of our difficulties."

As to foreign evidence, a paper by Sir John Cormack, in the *Edinburgh Medical Journal* for 1881, shows that in Paris facts more or less similar had been observed in connection with hospitals there.

Of the arguments urged against the theory, by far the most striking is that regarding the incidence of the disease on certain institutional populations within the special areas. These, indeed, claim to furnish a series of control experiments in which absence of small-pox was suggested to be due to absence of personal communication as a result of careful administration. One of the members of the Royal Commission put the case very strongly to a witness who inclined to support the theory of aerial convection. He referred to "the fact that in some cases workhouses are actually overlooking the grounds of a small-pox hospital with actual immunity from small-pox."

Similarly, Dr. Dudfield in his evidence said:—"You know the case of Homerton Hospital, which is from 90 to 100 feet distant from the City of London Infirmary, in which no case of small-pox has occurred since the hospital has existed: that is a case which I have very much relied upon myself, and I know it has had great weight with my colleagues, the medical officers of health." And with reference to the same institution, the Commissioners stated in their report that "the workhouse had scarcely any case in the epidemics of 1871-77 when the disease was extremely prevalent in the surrounding streets, although at that time the inmates were not protected by re-vaccination. The same may be said of the Hackney Union Workhouse and Infirmary, which are about a quarter of a mile from the Homerton Small pox Hospital."

The strength of the argument thus set up against aerial convection is so obvious that it is of importance to look into the details of the facts on which the argument is based. The institutions in question were of two classes, workhouses and Poor-law infirmaries, the former being capable of much more thorough protection against personal communication than the latter. Eight of such institutions were mentioned, four being about half a mile from Fulham Hospital; one about a quarter of a mile and another about 200 feet from Highgate Hospital; one (Hackney Workhouse) about a quarter of a mile and another (the City of London Workhouse) about 100 to 200 feet from Homerton Hospital. No details are given as to the institutions related to Fulham Hospital, but, as the distance was considerable, this absence of information is of less consequence, especially as the fullest statement of facts has to do with the institution which was nearest to a small-pox hospital, viz., the City of London Workhouse adjoining Homerton Hospital. In Dr. Bridge's Report of January, 1881, re-published by the Royal Commission, he wrote:—"I have made careful inquiry for any case of small-pox occurring in this Workhouse during the present or previous epidemics among the inmates, but I have only been able to find one, and this one not attributable to the hospital." It seems likely that this statement may have been that which weighed with Dr. Dudfield and the Medical Officers of Health, and which was also in the mind of the member of the Royal Commission in the above quotation. But in Dr. Bridge's evidence before the Commission, nearly a year later than the date of his Report, he puts the case less decidedly in these words: "I have stated in my Report that in the City of London Workhouse . . . . very few cases of small-pox have occurred." Subsequently, Dr. Aveling, the Medical Officer of the Workhouse, put the exact figures before the Commission (Q. 5037 and 5059-60). He stated that 17 cases had occurred in the eleven years ending December 31, 1881, and that certainly 12, and possibly 15, of these contracted the disease within the institution. The number of inmates is given as 450. Next, the facts as to vaccination require careful attention. In the decade there were three epidemics, the first being by far the worst. The second began about the beginning of the summer of 1876, and may be said to have extended to the end of the summer of 1879. It caused about 3,600 deaths in London. Some 650 of these occurred previous to the end of 1876, and the remainder (approaching 3,000) after that date. Now Dr. Aveling states (Q. 5053) that in the workhouse "re-vaccination was begun properly at the end of 1876, so that these eleven years are divided into two series of six years when re-vaccination was not properly enforced, and a subsequent period of five years when it was tolerably enforced." As to the second epidemic, therefore, we see that less than one-fifth of it had passed before general re-vaccination was instituted. And it is to be particularly noted that of the total 17 cases, 13 occurred in the period ending 1876. In the various streets within a quarter-mile radius of the hospital, the percentage of the population attacked in the ten years 1871-80 ranged from 4 per cent. to 25 per cent., the average being 9 per cent. (*a*) In the workhouse, on the other hand, only some 3 per cent. were attacked. The difference is certainly considerable. But the fact that the cases in the workhouse practically stopped after 1876, when re-vaccination became part of the administrative system, goes far to account for the low attack rate calculated over the whole eleven years. Whether, in addition, anything is to be attributed to the age-distribution of the workhouse inmates, or to previous small-pox, or to the well-regulated conditions as to ventilation, cleanliness, &c., under which they were compelled to live, are questions as to which I have no information. But, on the hypothesis of atmospheric diffusion, it seems likely that people who are mainly kept within doors will be less exposed to infection than persons who walk abroad in the special area without restriction of any kind. In regard, however, to the whole comparison, it is to be borne in mind that the theory of aerial convection does not exclude that of personal communication; and in addition to the influence of re-vaccination, some part of the difference above indicated may well be due to excess of personal communication outside of the institution as compared with the amount inside. Indeed, it is interesting to notice how this very theory comes in with regard to these workhouse cases. The general thesis was that the absence of small-pox was due to the absence of personal communication, and that in particular this absence of personal communication was characteristic of workhouses rather than Poor-law hospitals. But when attention was fastened on the fact that not one, but 12 or 15 cases *had* occurred within the workhouse, then at once it was adduced in explanation that "the visiting had only been stopped at one place one time, and that for a very short time. Visitors came once a month."

In Hackney Workhouse and Infirmary, which was about a quarter of a mile from the hospital, and had in the eleven years 1870-81 an average of 643 inmates, the total number of small-pox cases originating within it amounted to about 20—again about 3 per cent. It was the custom here to vaccinate very early all children born in the institution, and to offer re-vaccination to all the inmates, but a good many refused it. The facts, therefore, are not unlike those relating to the City of London Workhouse. As to the other institutions mentioned, their officials were not called on for evidence, so that detailed examination of the figures cannot be made.

In going over this part of the evidence in the Royal Commission's Report, I made a note to this effect: Were there no other equal populations, not institutional (and, therefore, with no check or personal communication), within the special area which equally escaped? And near the end of my reading I found attention called to the fact that within a quarter of a mile of Fulham Hospital, within the north-west segment of the circle, there were 121 houses which had entirely escaped from 25th May to the middle of September, though 153 admissions into the hospital had taken place during that time. Here, then, was a place which, as regards administrative effort within it to prevent personal communication, was at the opposite pole from the workhouses, but which yet had not a single cases of small-pox during these months. The evidence, however, was adduced, not to throw doubt on the power of personal communication, but on that of the rival theory of aerial convection. But surely the facts are as applicable to the one theory as to the other.

On the whole, I do not think that this evidence regarding these institutions can be looked on as at all sufficient to counterbalance the evidence on the other side.

The practical conclusion of this whole question may be said to have already been arrived at. Small-pox hospitals are not now erected in the midst of towns, and those already in existence are being more and more sparingly used. Indeed, where the power of aerial convection is still doubted, it seems to be assumed that the prevention of personal communication is impracticable, and that accidents incident to the system of hospital treatment of small-pox within populous districts must be accepted as inevitable, so that the only remedy under the one theory, as under the other, is the removal of such institutions to a distance from populous places.

Summing up the evidence, so far as it is possible to sum up on a subject as to which so much is still to be learned, we seem to reach the general conclusion that, as a result of the simultaneous action of cases in influences favourable to the spread of infection, the contagion of small-pox may be conveyed atmospherically to a distance much greater than had been usually admitted, a distance measurable by quarters of miles. In endeavouring to summarise the agencies which have to do with this result, it is necessary to bear in mind that other unknown agencies may also be involved, and that sometimes the joint action of all the known agencies may not be necessary, special activity of some, perhaps, atoning for relative deficiency or absence, and *vice versâ*, of others. Keeping this in view, the factors whose coincident operation can produce the result in question may be subdivided as having to do with: 1, the contagium; 2, the atmosphere; and 3, the population.

1. There must apparently be intensity of virus depending on (*a*) the period of the epidemic, a rising epidemic being important; (*b*) concentration of acute cases as centres of infection; (*c*) possible minor waves of epidemicity referring to particular days or weeks, these waves constituting floodtides of infectivity.

2. (*a*) A foggy condition of atmosphere or light winds appear to be of consequence, as observed both by Waterhouse and Power; (*b*) possibly *only* the atmosphere of towns or cities may possess the necessary carrying power. No good evidence has yet been adduced of such occurrences in connection with hospitals situated in rural districts; but no doubt, the failure here may be as much owing to want of population as to atmospheric condition.

3. Bearing in mind the conclusions arrived at by Dr. Whitelegge in his Milroy Lectures, it may well be the

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(*a*) See Table, p. 48, *Roy. Com. Report.*

case that part of the influence of a rising epidemic is due to the existence in any special area of a greater or less number of persons specially susceptible to small-pox, and easily infected by its first active onset. The supply of such persons would be rapidly diminished or exhausted, and would not be renewed in the course of any single epidemic.

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Selected Prescriptions and Therapeutic Notes.

62.—Application for Chronic Pharyngitis:—

℞ Iodin, gr. vj ;
Pot. iodidi, gr. xij ;
Mentholis, ʒj ;
Glycerini, ad. ℥j ;

M. Apply with a camel-hair brush twice or thrice daily.

63.—Useful in Bronchitic Asthma:—

℞ Pot. iodidi, ʒij ;
Ammon. carb., ʒj ;
Tinct. lobeliæ æth, ʒiv ;
Sp. chloroformi, ʒiv ;
Vin. ipecac., ʒj ;
Infus. senegæ, ad ℥vj.

M. A tablespoonful in a wineglassful of water every four hours.
—*Pharmacopœia of the Edinburgh Royal Infirmary.*

64.—Incontinence of Urine:—

Tincture of Belladonna } ʒij ;
„ „ cubebs, }
„ „ nux vomica, } ʒj ;
„ „ rhus. aromatica, }
„ „ cascarilla ʒij.

Twelve drops at bedtime, for a child from 7 to 10 years. —*From our French Correspondent.*

65.—The Removal of Warts:—

℞ Hydrarg. bichlor, gr. v ;
Acid salicyl, ʒj ;
Collodion, ℥j. M.

This is applied every day, the upper crust of the previous application being removed before a fresh one is made. Usually after four applications the wart becomes so softened that gentle friction will remove it painlessly. If a further dressing is required, a 5 per cent. salicylic-lanolin ointment is all that is necessary. —R. B. Morrison.

66.—Ozæna.—Dr. Stein obtains in ozæna most remarkable results from painting the nasal fossæ with a solution of trichloracetic acid. The painting is done by means of a piece of cotton wool steeped in the solution (1—10 per cent.) and fixed on the point of a flexible wire. The operation is done three times daily for the first few days, and then once a day. The strength of the solution is gradually increased.—*From our French Correspondent.*

67.—Asthma.—The following will be found most useful in this distressing complaint:—

Chloral, } ʒss ;
Iodide of potassium, }
Syrup of oranges, ʒvj ;
Water, ℥vj.

Two to five tablespoonfuls a day.—*Our French Correspondent*

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The post of Medical Officer of the Tower of London, which can only be held by retired pay officers, is vacant by the death of Brigade-Surgeon J. Watson, late Army Medical Staff, at the age of 57 years.

Clinical Records.

SHEFFIELD PUBLIC HOSPITAL.

Case of Fracture of the Larynx—Tracheotomy—Death.

Under the care of Mr. Hy. Lockwood,
Surgeon to the Hospital.

The patient, a man, æt. 46, was admitted into the hospital under me on Jan. 4th. He walked up to the hospital and said that a loose end of his necktie had caught some belting and swung him round by the neck. On admittance there was a red line round his neck and considerable bruising. He complained of difficulty in breathing and inability to swallow without very great pain. He had spit up a considerable quantity of blood. On examination the thyroid cartilage was found displaced round to the left, and with a depressed fracture of the right area of the thyroid bone. He was fed during the night on peptonised enemata, and had a bad night, with several attacks of dyspnœa. On Friday, Jan. 5th, in the evening tracheotomy was performed after consultation with my colleagues. There was manifest relief immediately after the operation. The opening in the trachea was enlarged upwards and with the finger an effort made to replace the depressed piece of bone and with apparent success. He slept well the night succeeding the operation, and on Saturday, his temperature, although rather high, he seemed better, the discharge through the opening smelt purulent. I tried to feed him through the mouth but the fluid (milk) came through the tracheotomy tube, suggesting rupture of œsophagus. The night of Jan. 6th was on the whole good, but his temperature rose to 103° during the night, but was coming down in the morning.

Jan 7th.—Condition much the same, complained of no pain. An effort was made without success to pass an india-rubber stomach tube, but we were more successful with a No. 12 elastic catheter, through which about a pint of milk with an ounce of brandy was injected into the stomach. None came back and this was continued during the rest of his life. On passing the tube into his stomach he seemed to suffer no inconvenience, and he seemed not to feel any irritation from the presence of the tube at the back of his pharynx, and there seemed an entire loss of sensibility of those parts.

The last time he was fed was Saturday night, Jan. 6th, about 12 a.m., and he seemed fairly comfortable, but sank somewhat suddenly about 4 a.m. and died.

Dr. Sweeton thought the immediate cause of death might be possibly attributed to crushing of the vagus nerve.

To Dr. A. Hall I am much indebted for the following notes on the morbid specimen:—

"On opening the œsophagus and larynx from behind it is seen that the epiglottis has been transversely severed from the rest of the larynx except at the base in front. On the left side the thyro-epiglottidean fold has been completely torn through from behind forwards, whilst on the right side a small portion of the upper border of the thyroid cartilage fractured transversely has been carried up with the thyro-epiglottidean membrane, the superior cornu on this side is broken off and remains attached to the thyro-hyoid membrane and wall of the pharynx. All the parts around the upper larynx are sloughing and putrid. This separation of the epiglottis and the folds from the rest of the larynx has left a large transverse gap above the larynx, which consists only of the muscular walls and thyro-hyoid membrane. The thyroid cartilage is excessively mutilated. Besides the portions above mentioned as being torn off and carried upwards with the right thyro-epiglottidean fold, &c., the thyroid cartilage is fractured vertically down the middle. The left ala is driven backwards in contact with the back of the cricoid ring whilst the right is curled up. The cricoid cartilage is fractured across the front. The compression of the thyroid cartilage has made the opening in the larynx exceedingly narrow and completely disorganised the vocal cords, especially the left. The tearing away of the attachments of the epiglottis must also have entirely prevented the epiglottis performing its function of covering the larynx. The wound made in the operation is immediately below the ring of the cricoid. With such a condition the mechanism of deglutition must have been quite disorganised and probably sensation in the upper larynx lost from injury to the superior laryngeal nerve, and it seems likely that any liquid the patient tried to swallow found its way merely into the pharynx and larynx and never reached the stomach at all, hence a fit of coughing brought it back into the wound. The discharge of blood and matter from the putrid surface of the upper larynx must also have considerably contributed to the condition of the lungs, which, although showing no pneumonia were very much enlarged How far the injury to the tragi in the neck at the time of the accident affected the heart's action or condition of the lung is worth consideration, but impossible to prove.

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Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held February 8th.

The President, Professor Thomas Savage, in the Chair.

SPECIMENS.

Mr. Mayo Robson (Leeds) showed: 1. A "Multilocular Ovarian Cyst," to which was attached a tube with thick walls, which from its attachment and position in the pelvis was believed to be the right horn of a bicornuate uterus. The patient, æt. 34, was the mother of three children, youngest 9 years old. She had had pelvic discomfort and pain for nine years; and had noticed the tumour since five years, during this time the pelvic distress had increased. Since June, 1893, she had lost flesh and strength, and had been unable to work. On examination, a tumour was found, giving dulness on percussion up to the umbilicus; by binaural examination the mass was found to the right of the uterus and moving with it. Operation January 13th, when the parts shown were removed. On the left side was a normal ovary. Owing to torn adhesions, drainage was used. Recovery. 2. Two cysts attached to the right ovary, one at its upper border by a long pedicle, the other at its lower border by a short thin pedicle. They contained respectively one and two pints of dark fluid. Three weeks before operation the patient had a violent attack of peritonitis, due to twisting of the longer pedicle. The left ovary was normal and was left. Drainage for two days. Recovery. 3. "Myoma of the uterus," removed by the intraperitoneal method described by the author in the *Brit. Med. Jour.* three weeks ago. The patient was profoundly anæmic from frequent and profuse metrorrhagia extending over seven years. As the ovaries were situated deeply in the pelvis behind the tumour, and could only be exposed by bringing the uterus forward through the abdominal incision, hysterectomy was thought to be preferable to oophorectomy. No drainage was required. Recovery.

The President observed that the second specimen seemed, from a short examination, to be a papillomatous cyst of a variety which frequently affected both sides and gave rise to the presence of fluid in the abdomen.

Dr. Leith Napier agreed that both cysts were papillomatous, one wholly, and one partly. The second cyst had such thin walls as to suggest a parovarian origin. The first specimen was of great interest, and he hoped Mr. Mayo Robson would be able to give them a later history.

Mr. Taylor asked if there were a trace of Fallopian tube at the end of the supposed cornu?

Mr. Reeves commented on the interesting nature of the cysts shown. With reference to the third specimen he was glad Mr. Mayo Robson had adopted that method of hysterectomy, as it was simple and comparatively easy. The indication for the operation was hæmorrhage; in such cases a fibroid growth or polypus was often found in the cavity of the uterus. It would therefore be interesting to have the specimen further dissected.

Dr. Bantock, in speaking of the first specimen, said he had not met with a case like it, in the course of a tolerably large experience. But he thought the second specimen was of even greater interest; it seemed to him to be an exaggerated condition of the growth described as Rokitansky's tumour, which he believed to be malignant. This view received support from the fact that both sides were papillomatous. But in this case, instead of numerous cysts arranged in grape-like fashion, there were only two. He had once operated on a young lady with numerous cysts springing from the ovary. Some of these had ruptured before operation. She recovered from the operation and went home, but in two months she died of recurrence. He congratulated Mr. Mayo Robson on the success of his intra-peritoneal operation. But he did not understand Mr. Robson to advocate it in all cases. He assumed that in this case the conditions were favourable for the intra-peritoneal method; but statistics proved that the extra-peritoneal gave the best results. He had been rather amused to see that a surgeon at a General Hospital lately quoted Schrœder's operation-statistics with approval; in reality those results were bad, but they had been improved on since. They were not such as would be now appealed to by an operator who was *au courant*. In a recent case of small pedunculated fibroid of the uterus attached to the cornu, the patient was a young married lady, whose ovaries were quite healthy, so that there was a possibility of her becoming pregnant. He, therefore, decided to depart from his usual custom, and perform an intra-peritoneal operation. It was difficult, and there was much hæmorrhage, so that he had to use a drainage tube. This confirmed his opinion of the relative value of the two methods. Of operations performed on the extra-peritoneal principle, he had 19 cases of pedunculated fibroids with no deaths, whilst of his last 43 supra-pubic hyterectomies, he had lost only 3.

Mr. Bowreman Jessett referred to a plan he had lately advocated of total extirpation by abdominal section; the peritoneal flaps that were left were turned down into the vagina, and formed an effectual valve preventing the entry of harmful matters into the peritoneal cavity. Drainage could be used or not as desired. For a small myoma, this seemed to him a better method than cutting the uterus across. An abdominal hysterectomy was by this means practically converted into a vaginal hysterectomy.

Mr. Mayo Robson, in reply, explained his method of lacing the peritoneum across the stump, the uterus having been amputated by flaps at the level of the os internum. He agreed with Dr. Bantock that this was an eclectic method. Mr. Robson acknowledged in a graceful manner his indebtedness to Dr. Bantock for such good results as he had had; he had performed fifteen hysterectomies by the extra-peritoneal method, and had had no deaths. It was chiefly to avoid the long convalescence that this method entailed that he used the intra-peritoneal method; but on other grounds also he preferred it. He would be glad to have the specimens further examined. With regard to the second, the operation was six weeks ago, and he had not seen the patient since; the wound healed by first intention. He was much interested by Dr. Bantock's remarks about his case; the prognosis, as Dr. Bantock had pointed out, was, however, modified by the fact that in his own case there was no rupture of the cysts before operation.

Dr. Heywood Smith showed an "Ovarian Cyst" with a uterus removed by the method of total extirpation by abdominal section. Patient, æt. 48, widow 3½ years, had borne no children during her married life of twenty years. Catamenia regular, had become freer last seven years. Complete procidentia at intervals since March, 1890. She had had right inguinal pain for fifteen months. On examination, abdominal palpation showed a soft tumour on the left side of the uterus. By vagina, the cervix was very soft and flabby, projecting two inches beyond the vulva. The cavity of the uterus was 4½ inches long, and on the right side of the body there was a fibroid. *Operation.*—The vagina was first packed with sal-alembroth gauze. The abdominal incision was six inches long, and through this the uterus and its tumour were drawn out. The right ovary was the size of the fist. Each broad ligament was secured in three portions, and the uterus was separated completely by scissors and fingers. The separation of the bladder caused a little difficulty. There was very little bleeding; the peritoneum was sutured with a continuous Bishop's stitch. The edges of the abdominal wound were brought together in three layers. Finally, the vagina was packed with iodoform gauze. The operation lasted one hour and forty minutes. The patient died of peritonitis on the third day. The uterus when cut open contained three mucous polypi and a fibroid. The wall of the ovary was very thick; there were two main cysts, one containing a clear fluid, and the other a blood-stained jelly. He thought that perhaps vaginal hysterectomy would have given a better result.

Dr. **Schacht** who was present at the operation, said that he had been struck by the apparent ease of the operation, which was the first of its kind he had seen. The chief time and difficulty were concerned with the separation of the long cervix. At the close, the whole thing looked very complete and satisfactory, and the operation seemed to him a very feasible one.

The **President** then delivered his Inaugural Address.

Dr. **Robert Barnes** moved a hearty vote of thanks to the President for his interesting address, and asked him, on behalf of the Society, to allow it to be printed in the Transactions. After referring to the pleasure it had given him to be once more among them, he said he was glad to hear the reverent tone in which the President spoke of the attitude of freedom in gynæcology. There was in the Provinces an amount of freedom which was denied to them in London. The want of it had been a difficulty to him in his own career, and he had been obliged to move from place to place in his pursuit of it. Gynæcology had thrown much light on modern surgery; and their society was, in fact, a surgical as well as a gynæcological society. Their work derived exactitude from the fact that the organs with which they had to deal were all under the direct control of the eye and hand. The address would be a stimulus to further effort wherever the journal was circulated.

Dr. **Bantock** seconded the motion, and spoke of the necessity there was for gynæcology to be dissociated from obstetrics, and taught as a separate branch of medicine. If, he said, he were on the staff of a general hospital, he would do all he could to advocate this measure; as it was, being on the staff of a special hospital, he had no means of doing so.

The **President** briefly returned thanks to the Fellows for their kind vote of thanks and for the honour they had conferred on him by placing him in the presidential chair.

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ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Anatomy.

Meeting held Friday, January 26th.

The President, Dr. **Alex. Fraser**, in the Chair.

Exhibits.

The President exhibited enlarged photographs of human and other vertebrate embryos. The human embryos ranged from the third week down to half term. They also embraced sections of birds from the first day down to the breaking of the shell. Some of the photographs exhibited included those of rabbits, sheep, pigs, calves, rats, &c.

Dr. **R. H. Woods** exhibited specimens of enlarged turbinated bones causing obstruction. The first specimen was taken from the left nostril of a woman, æt. 45. He took away the anterior part of the bone and found it to consist of a tumour, which was hollow and which came away on pulling it with an artery forceps. The second specimen was a dissecting room one, and the anterior end of the middle turbinated bone was enlarged. On making a small opening into it, it was found to be hollow, and it evidently must have caused some slight obstruction during life.

Mr. **F. A. Nixon** said the specimens were of interest, especially as they showed the difficulties there is in sometimes recognising a nasal polypus. He also saw a case in which the extreme obliquity of the septum simulated a polypus. The disease attacked not only the inferior turbinated bone but the middle as well.

Sir **William Stokes** having taken the chair,

The **President** delivered an address on the position of anatomy in general, and certain problems in connection with the evolution of the central nervous system in particular. There was also a lime-light demonstration illustrating anatomy from the morphological side (macroscopic, minute, and developmental).

Sir **W. Stokes** said they were aware that it was not customary in the Academy to discuss any points that might be raised in an inaugural address. The subject was one of special interest; still he thought it well not to deviate from their usual custom on the present occasion. But there was one thing that they could do, and that was to pass a special vote of thanks to the President for the learned, lucid, and original paper which they had just heard.

The vote was carried with acclamation, and the President returned his thanks to the members.

CASE OF SINGLE KIDNEY.

Dr. **H. C. Tweedy** exhibited a case of "single kidney" taken from the body of a woman, æt. 30. The left kidney was greatly enlarged. The left renal vessels were normally placed, but were also larger than usual. The ureter was much wider and also apparently thicker than in the natural condition. No trace of kidney could be found on right side, and careful dissection revealed no artery or vein, large or small, corresponding to the vessels supplying the existing kidney. No ureter was found on the right side. Dr. Tweedy drew attention to the rarity of this condition, only about 100 cases being on record, the proportion of females to males being about 1 to 4, and quoted a statement recently made by Dr. MacDonald Brown, that out of 12,000 autopsies made in the various London hospitals, only three cases of "single kidney" were met with. The case was further worthy of notice in that no congenital defects were discoverable in other organs. Nor were there any indications during life that the condition existed. The patient died of cirrhosis of the liver, followed by peritonitis, and the cause of death was in no way connected with the absence of the right kidney.

Professor **Cunningham** thought that the members of the Anatomical Section should feel greatly indebted to Dr. Tweedy for bringing this specimen before them. He had very little doubt that it was a *bona fide* absence of the kidney. This was an extremely rare condition, and on that account the interest in it was considerably heightened.

Professor **Birmingham** said that a point of special interest in the specimen was the peculiar condition of one renal vein, which for a little part of its course was divided into two and united again.

Professor **Purser** inquired whether the broad ligament of the uterus was examined on that side, or whether the remains of the Wolffian bodies were to be found.

Professor **Fraser** said that in reference to the aperture in the renal vein, he remembered somewhat similar arrangement of veins in the pelvis which formed a *rete mirabile*.

Dr. **Tweedy** explained that no special examination was made of the broad ligaments of the uterus, because at the time their attention was directed in looking for a special pathological condition.

Professor **Fraser** next made a communication on

THE LOBUS OLFACTORIUS IMPAR OF BIRDS AND MAMMALS.

He said it was well marked in the human brain, or at least the region that is taken for it. It was a hollow in the human brain which lies above the anterior commissure and between the two pillars of the fornix. It was named the recessus triangularis by Schwalbe, of Strasburg. He had long been familiar with the condition in embryos, but it was only lately that it had been brought into notice by Von Kupfer, of Munich. It was of great importance although of no size, and he had seen it in the whole of the vertebrate series.

Professor **Symington** said that the olfactory part of the brain has lately attracted great interest. He thought, however, they needed some further proof that the part described by Prof. Fraser was in communication with the olfactory bulbs. In the adult brain it appears to have a slight communication with the olfactory bulbs, but he would like very much to know if Prof. Fraser could show them the degree of communication between this recess and the olfactory bulbs, either in man or the higher mammals. He did not quite grasp this relation to the olfactory bulbs, and he did not yet quite realise the grounds upon which Prof. Fraser had come to this conclusion.

Professor Haddon explained that in some lower forms the only opening to the alimentary canal was through the anterior part of the nervous system, and this might account for the little recess. Prof. Fraser had referred to the condition in the lamprey, but that species was rather a group in itself and off the main line, and little could be deduced from its condition. In conclusion, he failed to see what the neural canal had to do with the olfactory organ.

Professor Fraser said he did not think it was a greater jump to conclude that the little recessus triangularis was a median olfactory lobe than the conclusion about the median eye. There was a median thickening of the epiblasts corresponding to the little projections from the median aspect of the brain, just as there was a lateral thickening of the epiblasts corresponding to the lateral nostrils. In his opinion it was a very erroneous and unscientific way to judge of the importance of a structure from the adult condition in which it was found.

The Section then adjourned.

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OBSTETRICAL SOCIETY OF LONDON.

Meeting held Wednesday, February 7th, 1894.

The President, Dr. G. E. Herman, in the Chair.

A CASE OF ECTOPIC RUPTURED EXTRA-UTERINE GESTATION.

Dr. Duncan: I was called the other day to a patient who, baving missed a menstrual period, had suddenly collapsed with symptoms pointing to severe internal hæmorrhage. The practitioner in attendance has diagnosed ruptured extra-uterine gestation, and when I arrived I found her blanched, with a feeble pulse, and so collapsed that I thought it better to obtain the apparatus for transfusion before proceding to operate. I then opened the abdomen in the middle line, and found it filled with blood and clots with unequivocal signs of a rupture of the left Fallopian tube. The patient's pulse improved so much under ether that I did not think it necessary or desirable to employ transfusion. She made a good recovery. Had transfusion been resorted to in this case, the patient's recovery would doubtless have been ascribed to its influence. He did not flush or drain.

Dr. Horrocks observed that, although the patient in this case recovered without transfusion, the literature of the subject furnished a number of instances in which, though the patient rallied for the time being, death had ensued within a comparatively short time with indications of cardiac failure. He was of opinion that many of these cases would have recovered had transfusion been employed, and he urged that it was better to act on the general principle that transfusion was capable of rendering very great service after copious hæmorrhage than to accept this one observation as a reason for discarding it. He was of opinion that transfusion ought always to be had recourse to when there was marked collapse.

Dr. Braxton Hicks pointed out that there was a great difference in the physiological effects of transfusion according to circumstances. In labour, for instance, where a further copious loss of blood might at any moment take place, and its employment in surgical cases such as that brought to their notice by the author, cases, in fact, in which the possibility of further hæmorrhage has been provided against.

Dr. Boxall observed that one advantage of flushing in these cases was that the absorption of a comparatively large quantity of warm fluid by the peritoneum produced restorative effects after hæmorrhage, equivalent to intravenous transfusion.

Dr. Dakin said it would not be rational to have recourse to transfusion unless and until further hæmorrhage has not been effectually guarded against. In post-partum hæmorrhage, for example, the rise in the blood pressure and the general stimulating effects of the injection would be calculated to increase the subsequent liability to hæmorrhage.

Dr. Spencer declined to admit that the diagnosis of ectopic gestation was as easy as the author would lead them to infer. Martin, of Berlin, with an experience of 56 cases, had asserted that the diagnosis was rather a matter of probability than of certainty. He had not gathered from the author's description of the case that it was for certain a case of ruptured tubal gestation, and not an ordinary case of hæmatosalpinx. That very morning he had operated on a patient thought to be in the sixth month of pregnancy. There was a tumour, evidently the uterus, in the middle line of the abdomen. This was the size of a 3½ months' pregnancy. It was freely movable, and quite distinct from the tumour, a very unusual circumstance in a case of extra-uterine pregnancy. Behind the uterus was a large cyst, its dimensions being those of a six months gestation, from which he had removed a six months fœtus. He was by no means certain that the patient had not an intra-uterine pregnancy. It was very difficult indeed to be sure of the exact nature of the case beforehand, considering the large size of the uterus and its extreme and independent mobility.

Dr. Duncan, in reply, observed that if a patient were in such a condition as for her recovery to depend upon the absorption of fluid by the peritoneum, transfusion ought to be performed, for it was a more certain and reliable means of restoring the balance of the circulation. He would have had recourse to transfusion in this case had the patient's condition not improved so materially under ether. He would never have recourse to transfusion until he had effectually guarded against the possibility of further hæmorrhage. He did not affirm absolutely that it was a case of extra-uterine gestation, but he thought that symptoms of severe internal hæmorrhage in a woman who had seen nothing for five weeks warranted that diagnosis, the examination of the specimen would clear the question. He had preferred to defer the dissection until they had had an opportunity of seeing it.

Annual Meeting.

The annual report was read showing that the society was in a satisfactory financial condition, the membership having increased during the past twelve months to an extent unequalled for many years.

According to the report of the Board of Examiners of Midwives there were 339 candidates for the diploma of the society during the year 1893. Of this number 296 passed and 40 failed. Between the years 1872 and 1892 the total number of candidates had been 1,677, of which number 1,376 passed. During that period three midwives have been removed from the list for misconduct.

The President then delivered the Annual Address. He reviewed the work done by the Society during the preceding twelve months, much of which, he pointed out, was work of the first order. He alluded in terms of special commendation to the laborious investigations of Dr. Boxall on the incidence of puerperal fever, and of Dr. Giles on lochial discharges. He concluded by giving concise biographies of the deceased Fellows.

After the usual votes of thanks the Society adjourned.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Thursday, February 1st, 1894.

The President, Mr. Richard Favell, M.R.C.S., in the Chair.

SPECIMENS.

Mr. Arthur Jackson exhibited a "Naso-Pharyngeal Polypus." A detailed account of the case will be found in our issue for February 14th, under the heading of "Clinical Records."

Mr. Snell showed a child with "Congenital Subconjunctival Lipoma."

Mr. Makeig Jones related a case of a woman, æt. 35, who died of "exhaustion from vomiting" when nearly at the end of pregnancy, ten months after developing symptoms of cerebral tumours. The symptoms were severe pain over right forehead coming on in paroxysms, with slight ptosis and external strabismus of right eye, vomiting and double of the neuritis. On post-mortem, a tumour about the size of a hen's egg was found in the right frontal convolutions, growing downwards from the dura-mater. Dr. Buxton showed some beautiful sections of the tumour, showing it to be an endothelioma.

Mr. Makeig Jones also showed a man, æt. 40, who came to him eighteen weeks after having had a "dislocation of the head of the right humerus" (which was immediately reduced under chloroform), suffering from inability to raise the arm. There was atrophy of the infra- and supraspinata, deltoid, and trapezius, and contraction of the teres major, but the man was recovering under galvanism. It answered to Charcot's amyotrophic articular paralysis of traumatic origin.

CASE OF ATAXIC PARAPLEGIA.

Dr. **Somerville**, for Dr. Hunt, read the notes of a case of a man, æt. 44, who, during the last 8 years had suffered from weakness of the right arm and both legs, and who for some years previously had been subject to paralytic symptoms of a temporary nature. The patient was shown to the Society, and the points drawn attention to were the myotatic irritability of the muscles of the affected limb, the exaggerated knee-jerk of the right side, the action of the flexors of the right hand overcoming that of the extensors when the hand had been fully extended for about a minute, and the tendency to spasmodic contractions which were sometimes induced by attempting certain movements, and the inability to stand with the eyes shut. It was also pointed out that the patient had never suffered from pains of the body or limbs, and that cutaneous sensibility was normal. The bearing of these symptoms was discussed, and the opinion was expressed that it was a case of ataxic paraplegia.

A CASE OF SCARLATINA WITH UNUSUALLY PROTRACTED HIGH TEMPERATURE, AND WITHOUT LOCAL COMPLICATIONS.

Mr. E. W. **Clarke** showed the temperature chart of a case of scarlatina in which, without the presence throughout of any complications, the temperature which had fallen on the fading of the rash to 100·8°, rose again suddenly to 102·6°, and remained elevated for ten days with an evening rise each day, about 6·30 p.m., to 102·6 or 102·8°. On the 7th day of the renewed rise, a dose of antipyrin was given to anticipate the coming rise, and a little later a cold pack, after which the temperature became normal, never rising again beyond 101°. and subsequently resuming its normal curve on the 10th day. Throughout desquamation proceeded, and beyond an unimportant enlargement of the cervical lymphatic glands, there were no complications whatever. The literature of this condition was discussed, and in particular, the recent paper of Bouvent. The cause of the secondary rise of temperature was considered to be the action of atoxin, either scarlatinal as the result of secondary infection.

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BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Tuesday, February 6th.

The President, Mr. John Appleyard, M.B., F.R.C.S., in the Chair.

AFTER TREATMENT OF SEVERE SURGICAL CASES.

Mr. **Horrocks** pointed out that surgery nowadays was greatly a matter of details. After severe operations treatment is chiefly directed towards relieving shock and relieving the sickness after anæsthesia. Owing to anæsthetics the effects of shock, which are most noticeable in the very old or the very young, are too generally neglected; they may be best met by brandy or opium by the mouth as soon as the chloroform sickness has passed off, by warmth, and if necessary, by inhalation of oxygen; in cases with hæmorrhage the slow intravenous injection of several pints of a sterilised, one in a thousand, saline solution, the injection of hot water *per rectum* and inhalation of oxygen are most useful. Sickness is the great trouble after anæsthetics, when it has been present before operation it is generally serious, washing out the stomach before the patient recovers from the anæsthetic generally gives great relief. When ether has been used, bronchial irritation is common, and is best relieved by inhalations of steam with tincture of benzoin. Abstention from food for many hours is generally recommended, but the old and the very young do with small quantities of brandy or beef tea at short intervals within a few hours of operation. In many operations about upper part of abdomen food has been given *per rectum*, with good effect within ten hours, in pelvic cases mouth feeding is best; nutrient suppositories may lie unabsorbed for hours after operation. Purgatives are probably useful in stages of peritoneal effusion due to sepsis, harmful in plastic peritonitis, and useless in advanced cases, or general septic peritonitis.

INTRACRANIAL DISEASE SECONDARY TO EAR DISEASE.

Dr. **Adolf Bronner** read a paper on this subject. He remarked that in very many cases this condition is not diagnosed, especially in children, fits, convulsions, or meningitis being recorded as the cause of death, the aural troubles being passed over. The mastoid cells, attic and tympanum are all very close to the cranial cavity, the tegmen is often very thin, the size of the cavities varies much, so that every chronic ear case is dangerous. In mastoid cases, if common methods fail to benefit, one must open the mastoid cells. In children where the full bony development is not completed the petro-squamous fissure connects middle ear and cranial cavity, and we often have meningitis or other cranial symptoms without very evident ear disease, which has to be carefully looked for. Thrombosis is common in adults but rare in children, infective thrombus causes pigmentation and erosion of the bone, general systemic infection usually shows itself first in the lungs. Differential diagnosis is easy in uncomplicated cases, but where thrombosis, cerebral abscess, and meningitis are all present, the conditions may be very difficult to analyse. Seventy-two cases were operated on recently (many not being undertaken because obviously dying), but some apparently hopeless cases did well. Dr. Bronner considered that the future outlook for surgery in this field is good, but in most cases operations would never be required if aural discharge had not at some time been neglected.

SPECIMENS.

Dr. **Major**: Brain from an imbecile, one-half being very small.

Dr. **Wood**: Cancer of the bladder with extreme anæmia and retinal hæmorrhages.

Dr. A. **Bronner**: Periovarian cyst communicating with sigmoid flexure.

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THE HUNTERIAN SOCIETY.

Meeting held Wednesday, Jan. 24th.

The President, Mr. F. Gordon Brown, in the Chair.

Case of Atheroma.—The **President** showed a policeman with a systolic aortic bruit and other signs of atheroma, who two years before had been injured in the left foot. The left dorsalis pedis artery was now aneurysmal, and pulsation had been cured by recent ligature of the anterior tibial.

Case of Graves' Disease.—Dr. **Hingston Fox** showed a case of Graves' Disease in Childhood. William N., a boy, æt. 12, had been brought to St. Luke's Dispensary occasionally since infancy, suffering from minor ailments—eczema, enlarged glands, bronchial catarrh, scarlatina, &c. Six years ago nervous twitches and over-acting heart were noted as present. He was one of three children, one being still-born, and the third died of convulsions. He had been attending for 16 months past; at first only impaired nutrition with dyspepsia were observed; tremor of hands had now been noticed for twelve months, proptosis for eight months, with irritable knee-jerks. Diarrhœa became troublesome in the summer, and proved obstinate, especially from 4 to 7 a.m. daily, being at length partly controlled by enemata of tannic acid and opium internally. Rapidity of heart's action had only come on this winter, the pulse rate rising to 115, seldom down to 90. He had been treated for six weeks past with a mixture of pot. iodid. and pot. bromid., with iron and belladona, of the latter ♏ 1½ of the liquid extract (equivalent to ♏ xxi of the tincture) three times a day, besides cod-liver oil. The diarrhœa had ceased, and he was altogether better, so that beyond the proptosis and slight tremors there were no very apparent morbid signs. No thyroid enlargement could be made out, but the other three cardinal symptoms of the disease were present; it was unusual to see it at so early an age.

Case of Aneurysm.—Dr. **Dawson** showed a female, æt. 56, with aneurysm of the right innominate artery, the size of an egg, and of five years duration. Her symptoms were occasional pains in the shoulder and precordial region, sleeplessness, and dyspnœa, and palpitation on exertion. She had a diastolic bruit at the apex, and a double bruit heard on the right side of the base. Dr. Dawson considered surgical treatment uncalled for at the present time.

Case of Bronchiectasis.—Dr. **Arnold Chaplin** showed a case of bronchiectasis, treated with creosote inhalations. The patient, a girl of 16, gave the following history:—When a child she had whooping-cough, and since then a paroxysmal cough, coming on in the morning when waking, and often culminating in vomiting. This cough has been attended for the last three years with profuse, horribly foul expectoration, which comes up in gushes and fills the spittoon and renders her a trouble to herself and to those with whom she associates. In addition to this she has severe dyspnœa on exertion, loses flesh, and is troubled with night sweats. On examining the chest there is some slight fulness at the right base, especially behind. The percussion note is impaired almost to dulness below the inferior angle of the scapula. Just below and external to the angle the note is tubular. This impairment passes round to the front below the nipple. On auscultation there are to be heard creakings, crepitations, coarse and bubbling râles, attended with weak bronchial breath sound, and bronchophony, which became intensified after coughing. The patient had been in the City of London Hospital for Diseases of the Chest, under the care of Dr. Thorowgood. Various remedies were tried with a view to diminishing the fœtor of the expectoration, but without success. She was again admitted towards the end of last year, and by the courtesy of Dr. Thorowgood was treated by Dr. Chaplin in a different way. The method of treatment was as follows:—Some coal-tar creosote, which consists principally of pyridine bases, phenates and acridin, together with the other products of the distillation of coal-tar was obtained, and a small chamber fitted up and made as air-tight as possible. Some of this creasote was put in a dish and heated by a spirit lamp until the fumes were given off in great quantity. The patient was then placed in the chamber, and inhaled the fumes with which it was filled for one hour every day. This inhalation produced violent coughing, with the expulsion of much expectoration. After three inhalations the morning paroxysm of coughing was absent, and the expectoration became sweet. The treatment was then discontinued for two days, and the old state of things returned, soon to be removed, however, on the resumption of the treatment. The patient has had 54 inhalations lasting one hour, with the result that the expectoration is much less, and has remained free from odour for a month without any creosote inhalation whatever. This has never happened before for the last three years. The patient states that her breathlessness and cough are but trifling now, and that the night sweating has ceased. It is submitted that this method, in this case at least, has done what other forms of treatment were proved to be incapable of accomplishing, viz., to free the expectoration from that most distressing of all symptoms in bronchiectasis—fœtor.

Dr. F. J. **Smith** showed a case of transposition of the viscera in a boy, æt. 15, who was in good health.

Dr. F. C. **Turner** showed a girl, æt. 12, who presented multiple exostosis of ribs, clavicles, humeri, and tibiæ.

Dr. **Batten** exhibited his new pulse manometer.

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CATHOLIC UNIVERSITY MEDICAL SCHOOL MEDICAL AND SCIENTIFIC SOCIETY.

A **meeting** of this Society was held at the Medical School, Cecilia Street, on Monday eveing, Feb. 12th, Dr. A. Roche, Vice-President, in the chair.

Dr. H. **Byrne** showed a case of chronic hydrocephalus in a boy, æt. 9. The boy was quite intelligent, but could not walk well.

Dr. **Shine** exhibited an enormous mucoid adeno-sarcoma of the mammary gland.

Surgeon **McArdle** had noted in these cases the blood appeared during the operation to be very pale, and did not coagulate.

Dr. **McWeeney** showed a case of tricuspid regurgitation with consequent venous congestion of organs. The patient had suffered from a severe burn some years ago, and the cicatrix of an ulcer was found in the duodenum.

Mr. **Halligan** read a paper on

A CASE OF SIMULATED ELEPHANTIASIS.

The girl had been admitted into the Mater Misericordiæ Hospital suffering from scarlatina, when the enlargement of her leg was noticed. It was of four years' duration. There had been no fever, and her blood contained no parasite. Her urine was normal.

The Vice-President, Dr. McWeeney, Dr. Adye Curran, Dr. McArdle, and Mr. Forrest discussed the case.

Dr. **Adye Curran** read a paper on

A CASE OF ATRESIA ANI.

An effort was made to find the rectum by incision from below without result. The parents refused colotomy, and the child died.

Dr. **McArdle** preferred colotomy in the left inguinal region in these cases. He had noticed how well infants bore operations, so they were not too much prolonged.

Dr. **Curran** replied.

Mr. **Howley** read a most interesting paper on

THE THERAPEUTICS OF SUGGESTION.

The **Vice-President** pointed out some of the dangers, both to the mind and free will in some cases. It had been found useless in the Bombay Hospital years ago for surgical operations.

Drs. McWeeney, Coffey, O'Gorman, Curran, and McArdle joined in the discussion.

The Society then adjourned.

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France.

[From our own Correspondent.

Paris, Feb. 17th.

Myxœdema.

At the Société des Hôpitaux M. Marie related the case of a woman who was suffering for eight years from myxœdema of a very pronounced form. He treated her by ingestion of raw thyroid gland.

At first the results were *nil*, but a microscopical examination of the gland furnished by the butcher discovered that it was not a thyroid, but a submaxilary gland. The thyroid body was then obtained directly from the slaughter-house, and then the results were entirely different. The first dose (two thyroid bodies) was taken on the evening of the 19th November, and the following day the temperature rose to 100° and remained at that figure several days. At the same time diuresis set in, and the patient began to feel a pricking sensation (*gourmillements*) in the legs. Two days subsequently the pulse stood at 102, and the dose was consequently diminished to one lobe a day. The improvement in the myxœdema was very apparent; the swellings under the eyes had almost disappeared. The following days the patient complained of insomnia, headache, pains in the legs, and great thirst, the pulse rose to 112, and the temperature remained at 100° F. A slight trace of albumen was found in the urine. On account of the intensity of the symptoms the treatment was suppressed entirely for a few days. In the meanwhile the phenomena abated, the pulse fell to 80, and the temperature to 99°. The patient was not yet able to walk about with ease. Three weeks subsequently the treatment was recommenced (one lobe every two days), but after the seventh day the headache and all the other symptoms returned with renewed intensity, and the treatment had to be again suspended. However, on the 11th January two-thirds of a lobe were ordered every *five* days, and in this manner no evil effects were produced.

As to the myxœdema, it had disappeared completely, the body had resumed its normal appearance, and no one would have suspected that the patient had ever suffered from the affection. She weighed (in her clothes) at the beginning 102 kilogrammes, and on the 24th January her weight was 85 kilos, or a decrease of 17.

In a moral point of view, the improvement was not less satisfactory. The state of idiocy and the fearful nightmares the patient suffered from disappeared. Her good spirits returned and she took pleasure in going out frequently, whereas hitherto she had always remained shut up and indifferent to all that was going on around her.

In concluding, M. Marie said that he did not intend insisting on the efficacy of the treatment, for that was an established fact, but on the intensive action of this treatment, and the necessity of proceeding cautiously.

The method of administration which seemed preferable to him was as follows: Take a lobe of fresh thyroid, cut it in small pieces on a soup plate and throw hot soup over it and let the patient immediately drink it. One lobe should be given daily for three or four days, then every two days, and finally every five days.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, Feb. 16th.

THE ETIOLOGY OF INFLUENZA.

DR. R. PFEIFFER, who is well-known as the Director of the Scientific Department of the State Institute for Infectious Diseases, has an article on this subject in the *Zeitsch. f. Hyg. u. Infektionskrankh*, Bd. xiii, H. 3. Since the preliminary communication on the exciting cause of the disease made a year ago, the author's studies have been continued, and in the present article he relates his further systematic inquiries into the subject. It is generally known that in the last epidemic the author found a hitherto unknown, well characterised, minute bacillus, and he succeeded in showing its etiological significance in regard to influenza. Attempts at pure cultivation of the bacillus failed except in a few cases, in which sputum or pus from the expectoration were spread on agar, from which small perfectly transparent colonies of bacilli were obtained. The attempt to produce further cultivation from these colonies, however, always failed. The first object of the Professor was therefore to bring those cultivation experiments to a satisfactory close. These only succeeded when human or suitable animal blood was mixed with the nutrient soil. When the influenza is purulent sputa have been spread on blood-agar, it has been easy to procure the colonies, and to continue the cultivation through successive generations, whilst inoculations on to every other nutrient soil have remained sterile. Further investigation showed that the constituent of the blood required by the bacillus was the hæmoglobin of the red blood corpuscles. It was now easy to determine the conditions of existence of the influenza bacillus. They were strictly anaerobic; the extreme limits of temperature for their development were 42 C. and 26 to 27 C. They quickly died off in drinking water, in nutrient soils suited to them they lived about 14 days; they were very susceptible to drying. It might be assumed that they could live in moist sputum about 14 days. A permanent form of the bacillus had not been discovered.

From his investigations the author draws the following practical conclusions: 1. Development of the influenza bacillus in soil or water outside the human body is not possible. 2. The spread of the disease by direct sputum reduced to dust can only take place to a limited extent. 3. The contagion as a rule is contained in the fresh and still moist secretion of the nasal and bronchial mucous membranes.

As regarded the relation of the bacilli to the morbid secretions the author reports: they are found in enormous quantities in the nasal secretions, whilst ordinary nasal secretion is very poor in bacteria. In the acute stages of influenza, bronchitis, or pneumonia, the bacilli lie free in masses, the pus cells remaining quite free of bacteria; the more advanced the stage of the catarrh the more are these relations changed, so that during reconvalescence the great bulk of the bacilli are to be met with within the pus cells, where they show evidence of degeneration. In patients who recover slowly the bacilli are to be met with for weeks within the pus cells, and in the case of phthisical patients atttacked with influenza they may be seen for months along with the tubercle bacilli.

The author has never seen the bacilli in the blood, but he does not doubt the possibility of their presence within it, but he has repeatedly seen them in the kidneys and spleen.

Pathological investigation also afforded abundance of valuable material. The bacillus in the first bifurcations of the air passages mixed with other bacteria is alone present in the finer bronchial branches, and also in the lung tissue. Even microscopically influenza pneumonia is quite different from the croupous form. In the first named the individual lobular patches are distinct; these finally run together and form apparent lobar infiltrations. Microscopically excessive destruction of epithelium and enormous accumulation of bacilli can be determined, the lamina being filled with mucine substance and pus cells. In the lobular patches the central tissue is filled with round cells, laden with bacilli; no fibrin, no other bacilli. Influenza pneumonia may end in—(1) resolution and complete restoration; (2) in abscess formation or in the formation of cicatricial tissue within which influenza bacilli are still demonstrable; (3) in gangrene of the lung; (4) it may pass directly into caseous metamorphosis wherever the influenza infiltration has been established within tubercular tissues. On one occasion the author observed thick purulent deposits on the pleura which contained pure cultivation of the influenza bacillus.

As regards experiments on animals, his first were only successful on monkeys. When small doses were introduced into the trachea mild symptoms of disease were produced. In the case of one monkey to which a larger dose was given death took place within two days with symptoms of great prostration and lowering of temperature. Examination *post mortem* showed that no increase in the bacilli had taken place, but that a toxic action had brought about the fatal result. No true infection was set up in any of the animals experimented on.

QUININE AND INFLUENZA.

The *Deutsche Med. Wochensch.*, 51/93, contains an article on this subject by Dr. Graeser, Director of the German Hospital in Naples. As early as 1889 the author was struck with the resemblance of influenza to malarial disease, and he made use of quinine in the treatment of it in the Bonn Poliklinik with good success. From this he proceeded to the use of it as a prophylactic, and tried it on the Hussar regiment then quartered in Bonn, upon which General-Surgeon v. Coler reported as follows: "In Bonn the troops of a squadron received for 22 days 0·5 grm. of hydrochlorate of quinine daily in 15 grm. of brandy. This did not prevent the disease breaking out, but the number of sick in the squadron was certainly smaller than in the other squadrons similarly situated. During the experiments the numbers of sick were—in the 1st squadron 22, in the 2nd 7, in the 3rd 19, in the 4th 42, in the 5th 32. The second squadron was the one to which the "quinine schnapps was given." Of the 7 sick of the 2nd squadron 3 might be excluded, as they sickened on the first day of the experiment. The other four cases sickened, two on the 4th day, one on the 5th, and one on the 6th. No other cases occurred in the 2nd squadron, whilst the disease continued its course in the others. The author, on the basis of his experience and the experiments described, believes himself justified in concluding that quinine acts specifically in influenza, and that if given at the proper time and in proper doses it is capable of warding off the disease. As Binz also requires, it must not be given in divided doses, but in one sufficiently large daily dose, and best in a state of solution.

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Austria.

[From our own Correspondent.]

Vienna, Feb. 16th.

Billroth.

The "Aerzte Gesellschaft" was engaged this week in filial devotion and lamentation for their deceased President, the late Prof. Billroth. At the last meeting of the Society he took an active part in the discussion on the aneurysm of small vessels.

Prof. Dittel, who occupied the chair, which was hung around with wreaths, said that one of their brightest ornaments had passed from the living. Although all knew that Billroth had been suffering from asthma, due probably to fatty degeneration of the heart, yet the paralysis that cut him off so speedily was not expected. According to ancient custom, a brother professor makes a long, public, historical description of the life, virtue, and labours of the dead. This was intrusted to Prof. Benedikt, who gave a long and exhaustive account of the changes and improvements in Viennese surgery and literature in recent times.

Congenital Luxation of Elbow.

Ullmann presented a man with dislocation of the elbow from birth where the head of the radius was thrown forward, and the articular end of the humerus was left free. In addition to this, there was ischiadica on the right side. Injury or inflammation of the joints seemed to be absent in their origin, although rachitis might be assumed.

Tumours in the Bladder.

Prof. Von Frisch gave a lecture on our operative knowledge of tumours in the bladder. He said that surgeons differed greatly in their description and removal of these tumours. Some were inclined to operate on innocent neoplasms, others carcinomatous which also gave different results. Albaren operated on 48 innocent growths, 36 healing perfectly; 97 cases of carcinoma on the other hand, were operated on, 43 of these improved, half of the number died, 23 only were cured. Prof. Dittel, in his statistics, operated on 25 tumours by the sectio alba, and 3 only were cured. In statistics of this kind, the diagnosis of the neoplasm is an important factor, and should be held out as the guide. Some are inclined to class all villous growths which may go on for ten years bleeding and yet remain innocent as carcinomatous. He had himself, operated on 14 cases, and microscopically examined, there were 7 papilloma, 6 carcinoma, and 1 adenoma. In all the cases except two the diagnoses were made by Nitze-Leiter's cystoscope. The size of the tumour and the constant bleeding often makes this diagnostic sign a difficult task as it darkens the prism. Again the size of the tumour is difficult to measure although we know that the object seen must be 28 millimetres which would make it about four times greater than it really is. Another diagnostic aid is the chemical examination of the urine although the distinction of carcinoma from all enlargements, chronic inflammation, &c., are impossible by this means. In all the 14 cases he had operated on none had died. Sectio alba was performed in all cases except two. In one carcinomatous case the posterior part of the bladder with the vagina was removed. In another case the carcinoma was removed through the rectum, taking away a large part of the bowel. The resection method at the pubic symphysis has not met with a favourable reception. The average duration of healing in these 14 cases was 3½ weeks. The method adopted was that described by Trendelenburg, the lower part of the bladder being illuminated by a cystoscope passed in through the opening, the tumour removed by means of long forceps and curved scissors. The mucous membrane healed kindly without sewing; the drainage was conducted by Dittel's knee pipe and the large wound supported by adhesive plaster. Of the seven innocent papilloma three were situated on the trigonum. One of them, a little more than the size of a pea, situated on the hypertrophied prostate caused often alarming hæmorrhage. The others were multiple neoplasms ranging from 7 to 20. The most of them were situated above the mouths of the ureters. One of the cases, a girl, æt. 9, with adenoma, was interesting from the fact of stone having been diagnosed; the urine was phosphatic and the neoplasm incrusted with a thick layer of lime. Three cases of carcinoma were removed by the thermo-cautery and scoop.

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The Operating Theatres.

MIDDLESEX HOSPITAL.

Laparotomy for a Case of Dilated Stomach.—Division of Adhesions.—Mr. **Pearce Gould** operated on a man, æt. between 30 and 40, who for several years had suffered with symptoms of a dilated stomach, vomiting, pain in the epigastrium, emaciation. He had been under treatment in the wards of the hospital on several occasions. The stomach had been washed out and a certain amount of improvement had resulted. This time he returned to the hospital weaker and more emaciated than before, having been unable to do any work for the last twelve months; the stomach was considerably dilated, there was no tumour nor induration to be felt; the man complained of constant pain two inches above the umbilicus; there was no clear history of gastric ulcer. An incision was made in the median line above the umbilicus, exposing the pylorus; the finger was easily passed through the pylorus by dimpling in the duodenum or the stomach; the coats of the latter were thinned; this exploration with the finger showed that there was no contraction of the pylorus. A delicate peritoneal adhesion was found passing from the anterior wall of the stomach across the pylorus and duodenum to the under surface of the liver, and a second from the great omentum passing also to the liver; these were dissected off and removed; no other adhesions were found. The abdominal incision was closed with three layers of sutures. Mr. Gould remarked on the difficulty of exact diagnosis in such cases before laparotomy; the long course of the case and the absence of any tumour in the epigastrium rendered it very improbable that the symptoms were due to a malignant growth, but he referred to a case on which he had operated a week previously where the symptoms had lasted thirteen years and in which no tumour was felt, but when the abdomen was opened a considerable malignant infiltration of the posterior wall of the stomach was found. For that case he did a gastro-jejunostomy. Narrowing of the pylorus, he said, might occur without any clear symptom of ulceration, and the presence of adhesions about the pylorus might produce all the symptoms of pyloric obstruction. He referred to two cases recently published by Mr. Mayo Robson in which the division of such adhesions had been followed by complete relief of all the symptoms. In the absence of any growth or narrowing of the pylorus he believed that in the case just operated on the symptoms were due to the delicate adhesions which he had removed, and he anticipated that the patient would be relieved by the simple operation he had done. Adhesions about the pylorus, however, he pointed out, might be associated with true stricture of the pylorus; it was important, therefore, to remember *that the size of the pyloric aperture could be ascertained without opening the stomach by dimpling in the anterior surface of the duodenum;* the finger could thus examine the pylorus as accurately as by introducing the finger into the stomach. Had he found the pylorus itself narrow he was prepared to perform the operation of pyloroplasty.

Inguinal Colotomy—Simple Method of Immediate Opening.—The same surgeon operated on a woman, æt. about 70, whose rectum had been excised for cancer some time previously. She had been admitted in the present instance with signs of acute obstruction; the belly was greatly distended; there had been frequent and stercoraceous vomiting, and the patient was in great distress and very feeble. Mr. Gould at once performed left inguinal colotomy. He found the intestines injected and greatly distended, and reddish serum in the peritoneal cavity. On passing the finger into the wound a malignant growth was found at the brim of the pelvis. A loop of the sigmoid flexure was drawn out, fixed by a mesenteric stitch to the outer edge of the wound, and by a fixation suture at each end; three other fine sutures united the bowel to the inner edge of the wound; these sutures were all passed through the skin only of the abdominal wall. A pad of cyanide gauze with a large hole in the centre was placed over the bowel and surrounding skin, and the edges of the hole in the gauze were pressed into the groove around the loop of intestine. A longitudinal incision three-quarters of an inch long was made in the convexity of the loop of bowel in the longitudinal and muscular band; into this the flanged end of a straight glass tube was quickly slipped, and the bowel tied around it. A dressing of wool was then applied around the tube and retained in place by a binder, the tube passing through a hole in the binder. A cork was fixed in the outer end of the tube, The nurse was instructed to remove the cork whenever motion appeared in the tube. In this way Mr. Gould pointed out the contents of the bowel could be readily evacuated without even soiling the dressings or danger of infecting the peritoneal cavity. The glass tube he used was specially made for the purpose, being much like a Keith's glass tube without the lateral holes. He remarked that in cases of emergency he had used an ordinary test tube after cutting off the enclosed end. It was a great advantage, he thought, for these patients to observe perfect rest after the operation; the avoidance too of all change of dressings he considered of great importance.

THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET.

Necrosis of the Popliteal Surface of Femur.—Mr. Edmund Owen operated on a child, æt. about 8, who had a considerable enlargement of the lower end of the femur. He remarked, that although there was a little fluid in the joint, it was not a case of articular disease. In tubercular disease the joint ends of the bones are not enlarged; they undergo a rarefying ostitis, but not expansion. He said that the proper situation from which an attack should be made upon the femur was in the interval between the ilio-tibial band and the biceps. Making a free incision at that spot, he introduced his finger between the popliteal vessels and the bone, and discovered a small opening in the back of the femur. By the use of a strong raspatory he then raised a triangular sequestrum from the back of the femur just above the condyles, and he also extracted a sequestrum from the interior of the bone. After using a sharp spoon, he demonstrated a large cavity in the lower end of the diaphysis of the femur, which he washed out with a chloride of zinc lotion. Mr. Owen said that this was another instance of the proneness of the delicate tissue at the end of a diaphysis to be invaded by destructive micro-organisms. The case was probably one of acute septic osteo-myelitis in a somewhat limited area. Not unfrequently, if the original disease were allowed to run on unchecked, the joint became the seat of suppuration, and amputation had to be resorted to. The condition of popliteal necrosis occurred especially in children, though it might be met with at any time before the epiphysis was ossified on to the shaft. When in the course of the acute inflammation the dense popliteal surface of bone became invaded, a characteristic sequestrum such as he had just extracted was often met with. The frequency with which necrosis attacked that particular piece of bone was, in his opinion, due to its close proximity to the inflammable tissue of the diaphysis, in which septic as well as tubercular disease was very apt to start.

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Thirty-two nations will be officially represented at the International Medical Congress in Rome. Up to the present the officials have been advised of upwards of two thousand communications to be presented to the Congress. All the *fêtes* which usually take place in carnival times have been postponed to the period when the Congress will be sitting.

A widow lady residing at Walton was fined £1 and costs, last week, for not having notified to the police that her dog was suffering from rabies. The animal had bitten a boy who is now at the Pasteur Institute, examination of the dog's carcase after death, by a veterinary surgeon, having revealed the presence of rabies.

The death has been announced of Dr. Pickering, of Monaco, at the age of 54. General regret has been expressed by the members of the British Colony there at his decease, for Dr. Pickering enjoyed a large measure of popularity among his compatriots.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 21, 1894.

THE CARE OF THE IDIOT AND EPILEPTIC.

Charitable England is, we fear, far behind in the consideration which it has given to this matter, and in the provision which has been made for the care of these unfortunates. A recent Royal Commission recommended, *inter alia*, (3) that power should be given to town councils, jointly or severally, to set up institutions for educable imbeciles out of the funds at their disposal, and (6) that educable imbecile children should not be left for any time in workhouses or lunatic asylums. Moreover, the Lunacy Act of 1890 expressly provides that the local authority of any county or borough may provide separate asylums for patients suffering under any *particular* class of mental disorder. The latter provision, *any particular class of mental disorder*, would, in Dr. Shuttleworth's opinion, meet the case of the epileptic. The epileptic genus is difficult to classify, and cannot be located medically under one heading, or, socially, under one roof. If Dr. Shuttleworth pleads merely for the epileptic idiot or imbecile prior to adolescence, we can quite understand and agree with the views so ably and forcibly propounded by him in the *Times* newspaper! For sane and insane epileptics the case is different—they must be separately dealt with. While it is unadvisable to deal with the epileptic insane separately from the general hospitals for all classes of the insane, it is advisable, indeed most desirable, that the juvenile idiots and imbeciles should be kept out of asylums, and provided for separately. The English mind has not wakened up to this question yet; it is content to sleep over it, and to delay looking into a question that means public expense. The case at first looks a hard one for the ratepayer, for official charity is now a considerable tax all over the country; but if it is looked into apart from maintenance grounds, the public necessity for such institutions will be plainly apparent. The educable idiot and imbecile left to the tender mercies of the streets, neglected physically and mentally, becomes in time a public nuisance, is sent to asylums to become worse, to learn by mimicry from the adult insane all that is vile and corrupt. Further, he is helpless, is trained to no work, and is therefore a deadweight on the routine of the establishment, and an expense more than the ordinary lunatic. Provide separately for such children, in time teach so far as their small feeble brains are capable of assimilation, discipline their habits, and you present to society a presentable, tidy, nice-mannered, useful member of the special community to which he belongs. His work may not be worth as much as his board, but it is a *plus* factor in the finances of the institution, whereas his neglected brother, brought up in the gutter, is a *minus* factor, and therefore a very serious charge upon the State. The weak point in the Lunacy Act of 1890, as Dr Shuttleworth points out, is that legislation here is permissive, not compulsory. Those who framed the Act had not the courage to go the full length; but shirked their grave responsibility in this matter, trusting to public opinion wakening up in time. While a permissive clause in many cases is safer and wiser than a compulsory one, this is a case where it is positively cruel. Dr. Shuttleworth has estimated that at least 18,000 idiots and imbeciles of all classes are under 20 years of age, and for the care of these in England institutions for an aggregate of 1,600 have been provided by the Poor Law, whilst the five charitable institutions accommodate about an equal number. This is a most deplorable state of affairs, and we trust that the correspondence begun in the *Times* will not end there, but that a rousing agitation and moral compulsion will be the result.

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THE ROYAL COMMISSION ON OPIUM.

There is one feature respecting the Royal Commission on Opium which stands out in bold relief, and that is that the longer it continues its work the more apparent becomes the fact that such an inquiry was absolutely uncalled for. The Commissioners have now been collecting evidence on the subject in India for upwards of two months, and despite the alarming allegations of the busybodies, nothing has been proved to show that the use of opium by the Indian population is actually deleterious to morals and health. To those who know India and the Indian people this result has in no way come as a surprise, indeed, from the first it was felt by the best authorities on the subject that the inquiry was ill-advised, quite unnecessary, and could only lead to a useless waste of public money. According to the *Indian Medical Gazette*, European and native, official and non-official, have almost unanimously condemned any interference with the opium habit in India, and have emphatically declared that the practice as generally carried on by the Indian population, with the exception of smoking *Muddut* and *Chundoo* in opium dens, is not one from which any injury to health has been noticed. On the other hand there is no doubt that as a sustainer of energy when hard work is to be done or great exposure to inclement weather is to be borne, a section of the Indian people find it to be invaluable. In declining years, too, when the vital powers are flagging, it is found to be of immense benefit, and the same advantages may be claimed for it in cases of malaria, rheumatism, fevers, and pains and aches generally. In all these instances the moderate use of the drug has proved to be nothing less than a comfort and a blessing. These are the conclusions arrived at by experts and others who are most competent to judge, and whose position in the country and intimate knowledge of the subject enable them to speak with confidence and conviction. Just, however, as might have been anticipated, the scientific evidence showing that the inquiry was from the first perfectly unnecessary, has been overwhelming. For example, one of the witnesses called by the Commission was Dr. Lethbridge, who has had twenty years experience of prison administration in India, and his testimony was to the effect that the use of opium, even in excess, did not in his experience lead to any organic constitutional changes such as those which resulted from the use of alcohol. "Even the emaciation," he says, "and the tucked-up appearance of the opium drunkard disappears very rapidly after the drug has been stopped." Again, a practitioner who had practised for thirty-eight years in Calcutta, and who had had as patients men of all castes, races, and religions, affirmed that he had not found that the opium habit was in any way productive of disease, and he further made the important statement that throughout his long experience he had never come across a case of opium drunkenness. Furthermore, the medical officer of a large opium factory testified that out of a total of 2,758 hands employed he had never met with any case of illness which he could trace to the effects of opium. Thus, judging from the numerous witnesses whose experience was similar to this, it would appear that the scientific evidence disproving the allegations respecting the deleterious results of the opium habit could be multiplied almost *ad infinitum.* Among the medical witnesses examined a unanimity to this effect was displayed which could not have failed to impress the Commissioners—and more especially must this have been the case, since the whole question must necessarily devolve upon the evidence of those whose calling brings them into direct contact with all classes of the community who have become inured to the habit. To the casual visitor to India there is nothing to indicate that any such habit as that of the indulgence in opium is resorted to; and yet, if the effects of the habit were so deleterious upon the population as have been described, it would scarcely be possible for these to escape the observation of persons who were new to the country and its people. Under the circumstances, then, with the strong testimony disproving the allegations which have been made, the question might well be raised whether any more money should now be wasted upon the inquiry. Sufficient evidence has surely now been collected to show that the inquiry was unneeded, and it is difficult to see that any good can come from the Commission prolonging its work. The busybodies who clamoured successfully for the Commission should now be called upon to contribute to the enormous waste of public money which the inquiry has involved. Had they been required to guarantee some of the expense they would not have been so eager to foist their folly upon the authorities. But the wonder is that the clamour of a small clique should ever have been listened to: any attempt to stop the consumption of opium in India would inflict just as much harm upon the population as has resulted from the repeal of the Contagious Diseases Act, which, again, was the work of a clique of irresponsible faddists.

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Cholera is officially reported to have broken out at Tripoli. Several cases of disease have occurred in the military hospital outside the town.

Notes on Current Topics.

An Anarchist's Death.

Since Thursday last the public mind has been deeply stirred by the horrible death of the French Anarchist, who was in truth "hoist with his own petard" in Greenwich Park on the evening of that day. The circumstances of the case have endowed the incident with details of such import that the political, social, and national questions involved have almost thrown into the shade every other matter of public notice at the present time. The story of the explosion of the bomb by which the wretched individual lost his life has been fully described in the newspapers, and circumstantially the evidence respecting the manner in which his death was brought about undoubtedly bears upon it the impress of truth. It is only, however, the aspects of the case which belong purely to our own profession that we need stop to discuss here. The man was killed, killed in a manner which was sufficiently revolting, and the nature of his injuries, arising from the explosion, was remarkable. Perhaps, however, the most extraordinary feature in the case was that the destructive force of the explosion was not more extensively displayed. With a bomb designed, as far as is known, for the destruction of a building, it is certainly surprising that the man was not practically "blown to pieces" when the explosion took place. The supposition is that the infernal machine exploded in one of his pockets, and yet, despite his injuries, the wretched creature lived for some time afterwards. With a view of ascertaining the precise details of the effects of the explosion a representative of the Medical Press and Circular paid a visit to the Seamen's Hospital at Greenwich on Saturday last. The post-mortem examination had just been made, and the full details of the injuries had therefore been carefully noted. Through the courtesy of the medical officers at the hospital our representative saw the body, and was informed in respect to the results of the post-mortem, and we are thus enabled to supply our readers with the material facts in connection therewith. In the first place the reports of the injuries in the public press have been much exaggerated. Saving for a few small abrasions of the skin the man's face was entirely unaltered, and it is not true, as has been stated, that either of his legs was broken. The lower two-thirds of the left forearm were blown off, and there was a lacerated wound of the abdomen on the right side, mainly involving the right hypochondrium; there was also an extensive rupture of the liver; the right kidney was also ruptured, and there was a lacerated wound in the lumbar region, which pointed to the fact that some large foreign body had passed through the abdomen, inflicting the injuries above mentioned, and had made its exit posteriorly. There were also flesh wounds of small extent upon both thighs and over the right pectoral region, in some of which portions of clothing and some pieces of metal were found. Despite the extensive rupture of the liver, very little blood had extravasated into the peritoneal cavity although the newspaper reports state that a good deal of blood was found on the pathway where the explosion took place. It may be added that the body was that of a decidedly small man.

Sir Richard Quain at Cardiff.

It goes without saying that anything which Sir Richard Quain, the President of the General Medical Council, says on the subject of Medical Education would be certain to be instructive and calculated to command attention, and in his address at the opening of the Cardiff Medical School last week he touched upon topics which were highly interesting. Among other things he alluded to the character of education and examinations in former days, and said that he could remember the time when the period occupied by examination, qualifying for a surgeon, held by the Royal College of Surgeons of England was one hour, one half devoted to anatomy, the other half to surgery. There was no preliminary examination in general education, and no examination in any other department of the healing art. The examination of the Apothecaries' Hall for the L.S.A., facetiously called by the students the "M.D. of Blackfriars," occupied about the same time, and questions were asked in the practice of medicine, materia medica, and botany. In the present day, however, the conjoint examinations of the Royal Colleges of Physicians and Surgeons occupied forty-one hours, of which the preliminary examination extended over fourteen, and the examinations in the several professional subjects occupied twenty-seven. Again, the time occupied by candidates for the degree of M.B. of the University of London was ninety-one hours, twenty-five of which were devoted to the matriculation examination, the three remaining examinations occupying the remaining sixty-six hours. He also drew attention to the remarkable fact that since the foundation of the University of London in 1842, the total number of candidates, at all the examinations, up to 1892, amounted to 87,442! In passing he paid a warm tribute to Dr. John Snow, who died in 1848. To him Sir Richard attributed the credit of having discovered that cholera was propagated by the use of drinking water contaminated by the cholera virus, a discovery which had been the means of saving, perhaps, millions of lives. The address throughout was intently listened to, and evoked an outburst of applause at its termination. The chair on the occasion was occupied by Lord Windsor, in the absence of the Marquis of Bute.

The Disease and Death Rates of Negro Convicts.

From a comprehensive series of statistics, Dr. Cunningham, of Ensley, Ala., draws some interesting conclusions respecting the disease and death rates of negro convicts. In a paper on this subject contributed to the "*Filadelfia*" *Medical News*, he shows that his figures point to the facts that there is a much larger class of diseases represented among the negro than among the white deaths; that the whites are more liable to die from accident, meningitis, and the continued fevers, than the negroes; and that the negroes are especially prone to tuberculous affections, the various forms of pneumonia, pleurisy, and organic heart disease, in short to thoracic diseases generally. In part explanation of this latter statement an examination of several thousand negroes showed that the normal thoracic movements in ordinary respiration were difficult, and that the thorax was not capable of as great movement during forced inspiration and expiration as in the whites. But if the negro is deficient in thoracic development he makes up for the deficiency in his abdominal development. The natural largeness of the negro's abdomen, as well as of his genitals is a conspicuous feature of his *physique* in comparison with white persons. The general muscular development, however, of the negro is good, saving for the deficiency of the chest muscles and those below the elbow and knee. The author concludes that the effects of prison life, however well ordered, are, regardless of race, beyond all doubt detrimental both to mind and body. In the white, the mind suffers most in consequence, and in the negro the body is most affected.

Small-Pox in a Love Letter.

Flirting with nurses is not without its dangers, and these are enhanced when the nurse is engaged in looking after infectious cases. Purity of sentiment is not enough to secure immunity from infection, and it is possible, within the narrow compass of a *billet doux*, to transport a tangible quantity of specific germs. Such was the experience of a "young man of Torquay," who languished after a nurse engaged in far away Yorkshire in looking after a number of small-pox patients in the local isolation hospital. It is just possible that something in the letter determined a depressed mental condition which is well known to constitute a predisposition to certain diseases. As to this we are not in the possession of precise information, but, be this as it may, the unfortunate suitor pined to such a degree that an eruption made its appearance which was declared by a competent authority to be small-pox. In future, nurses should either be forbidden to have "followers" while engaged on this kind of work, or special arrangements should be made to disinfect their correspondence. It will not be sufficient to use an antiseptic ink nor to sterilise the pen itself. A prolonged bath in a solution of corrosive sublimate or five minutes at the back of the grate will alone preclude the repetition of so regrettable an occurrence. Men, on the other hand, will be well advised if they fail to see nectar on a lip which is within dangerous proximity to a case of small-pox.

An English Medical Man at Kabul.

The Amir of Afghanistan recently had the benefit of the medical attendance of an English practitioner, and the latter, named Mr. John A. Gray, described his experiences as surgeon to His Highness in a paper read before the Society of Arts last week. Mr. Gray was a month in Kabul, and saw a large number of patients. The populace there flock to a European doctor. He found the Amir a man of good presence, broad and stout, fair-skinned, sun-burnt, and with black hair and beard. Dignified and courteous, on occasion the Amir can be exceedingly fierce, and no Chief dare speak or sit in his presence without permission. The medical work was heavy, remittent fever decimating the troops. So far as the Amir himself was concerned, his only complaint at the time was a common cold. Apparently the ruler of Afghanistan has yet something to learn from civilised nations. At all events, he seems to have one habit which leaves a good deal to be desired. In open durbar he generally makes a point of taking out his artificial teeth and cleansing them with a toothbrush, after which he replaces them in full view of his courtiers. The suggestion is made that this somewhat indelicate procedure impresses the people and gives them the idea that their king is one who can take himself to pieces at will. We are glad to know that the Amir is no enemy to vaccination, as is shown by the fact that he instructed Mr. Gray to vaccinate the young prince who is heir to the throne.

An Interesting Point in Retinal Physiology.

Dr. Frederick A. Cook, who was the ethnologist to the Peary Expedition to North Greenland, records some observations respecting the physiology of the retina which are worthy of note. He gave a native a photograph of an actress: but while paying the former a visit a few days afterwards the photograph was noticed to be hanging on the wall upside down. Dr. Cook remedied this state of things, but shortly afterwards the photograph was again placed in its original reversed position. This aroused his curiosity, and a series of experiments was carried out on other natives, with the result that without exception every individual who was handed a picture book at once inverted it, and then in awe and amazement began to examine the pictures. Evidence was then forthcoming to show that the individuals in whom this strange peculiarity was noticed had never seen a book, picture, printed or written paper before. One or two natives were subsequently asked to draw a polar bear, but when the drawing was finished the legs of the bear were upwards, that is to say, the image was inverted. Other images and pictures were drawn with the same result. The author accounts for this "inverted" phenomenon by assuming a want of education of the retina.

Exit the Indian "Oculists."

The curtain has fallen on the last scene in the drama of the "Indian Oculists." After the acquittal of these peripatetic practitioners at the Old Bailey a few months ago, they became so destitute that there was nothing left for them to do than to enter the workhouse. But their position as paupers was far from being a tolerable one to them, and yet they were entirely without means, and totally unable to obtain assistance by which they could accomplish their cherished desire to return to their own country. In this unfortunate and apparently hopeless condition of affairs the Secretary of State for India was successfully appealed to, with the result that he undertook to advance the passage money to these unhappy natives provided that they entered into an agreement to refund the money after their arrival in India. This agreement was naturally quickly completed, and the four men are now on their way to Calcutta—sadder, we should imagine, if not wiser men.

The Retirement of Dr. W. H. Dickinson from Hospital Practice.

Dr. W. H. Dickinson, for many years Senior Physician at St. George's Hospital, London, went round his wards for the last time on the 12th instant, and has now retired from the acting staff of the hospital. The severing of his long connection with an institution the pulse of which, so to speak, he had felt almost daily throughout his time, could not have failed to make his leave-taking an occasion of sorrow. The valedictory ceremony, therefore, which took place in the board-room of the hospital after the last patient had been seen, and the last word spoken to the students in his capacity as senior physician, was one which could not have been otherwise than affecting. Dr. Dickinson, however, bravely refused, as he expressed it, to be "sentimental," and thus the ceremony became more tolerable for those whose feelings are more easily touched, and to whom sorrowful scenes are a source of pain. An influential committee has been formed, headed by the Duke of Cambridge, to present a testimonial to Dr. Dickinson on his retirement.

Arsenic and Cancer.

Among the ingenious and plausible suggestions emanating from Mr. Jonathan Hutchinson is the possibility of the evolution of epithelioma being facilitated by a long course of arsenic. In his well-known paper on the subject he alleged a number of instances in which there was certainly presumptive evidence of arsenic having thus favoured the evolution of the cancerous outbreak. At a recent meeting of the Clinical Society *apropos* of a case of multiple epithelioma following a course of arsenic, he called attention to certain peculiar changes in the skin of the palms and soles which in his opinion indicate that it is time to desist from the administration of the drug, viz., a furfuraceous thickening of the skin in those situations. We call attention to this statement in order that our readers may avail themselves of any and every opportunity of ascertaining how far the suggestion is confirmed by clinical observation.

The Collapse of the Harness Case.

The solicitor of the Harness libel suit against a London evening newspaper has intimated that no further proceedings will be taken in the matter. The reason alleged is that it is useless to fight a millionaire, and that Harness has no funds with which to sustain a costly libel action. Probably the late manager of the Medical Battery Company has already had too much of the law courts, and is not anxious to brave the perils of another trial. The best that he can now do is to retire from public life, and in the seclusion of a suburban residence endeavour to find a solution to the problem of what use he has been in his generation.

The Coombe Hospital Scandal, Dublin.

The suit of Dr. Colclough Hoey, ex-Master of the Coombe Hospital, *versus* the *Independent*, for libel in connection with the recent *bouleversement* at the hospital, was in the law list of the Dublin Courts for last Monday, and will come on for trial in a few days. Several well-known Dublin physicians will be put into the witness-box, and it is to be expected that the rumours as to irregularities in the management of the hospital will assume a definite shape, and be the subject of cross-examination.

Irish Medical Schools and Graduates' Association.

The annual general meeting of the Association will be held at 11 Chandos Street, Cavendish Square, on St. Patrick's Day, Saturday, March 17th, at 6 p.m. On the same evening the Association will dine at the Café Monico, Piccadilly Circus, at 7.30 p.m., the President, Richard Heath, Esq., M.D., in the chair.

The Premier's Eyesight.

A London evening newspaper last week quoted a sensationally-worded report to the effect that the Premier was suffering from complete cataract of one eye and advancing cataract in the other. The report was embellished with an account of the observations which Mr. Gladstone is stated to have made when the information was conveyed to him by his medical adviser at Chester that the failure in vision was due to the cataracts. There and then, so the report runs, Mr. Gladstone wanted the completely opaque lens removed. "I want you," he said, "to perform the operation here and now, while I am sitting in this chair." "It might not be successful" added his medical adviser. "That is a risk I accept," retorted the head of Her Majesty's Government. The operation, however, was not performed, neither there nor then, nor has any confirmation of this extraordinary incident appeared in the public press. Mr. Gladstone's great age would form no insuperable obstacle to the performance of a cataract extraction, if such an operation became necessary. But while his extraordinary vigour has kept him mostly free from the infirmities of age, it is only right to mention no authoritative statement has yet appeared to the effect that he is suffering from cataract.

The Paragrapher on Electrical Appliances.

The average journal devoted to women is remarkable for the number of advertisements which are inserted in the body of the paper under the guise of didactic paragraphs. Seldom, however, have we seen a more misleading passage of the sort than one which appeared a short while since in the columns of a fair contemporary. After referring to the caution which is needed now-a-days in dealing with electrical appliances, the writer boasts that a certain notorious apparatus of that kind has never been recommended in the pages of his paper. After this little laudatory flourish he proceeds to make up for past abstention by describing an appliance about which several of his friends are filled with enthusiasm. Although the name of this therapeutic agent is a hybrid of which the first half is "electro," yet we are told that it does not lay claim to electric properties. Its inventor, however, claims that it generates pure atmospheric oxygen, and thus possesses properties that "purify the vital organs and restore nerve power in cases of general debility and neuralgia." One would like to know whether the oxygen is generated outside the body, as in that case it would be superfluous, since the gas already exists in the air in large quantities. Or is the appliance supposed to create oxygen in the actual tissues themselves? In the latter case actual disintegration of the tissues would inevitably follow, with results that could not fail to be disastrous. The whole passage is a fair sample of the nonsense that is offered to the public by editors who are interested in puffing quack appliances of a worthless description. Such statements as we have quoted will not bear a moment's candid examination. One would like to know what amount of hard cash the editor of the ladies' paper in question draws, or has drawn, or is likely to draw from the insertion of advertisements in favour of this infallible oxygenator.

"Place aux Medecins."

The narrative of the very narrow escape of the Atlantic liner *Cerean* from foundering brings into prominence the courage, firmness, determination, and self-sacrifice which is commonly manifested by members of our profession in the hour of danger. When the engine-rooms were flooded, the fires put out, and the leak gaining, the surgeon in charge, Mr. Smith, of Glasgow, a mere stripling, was the organiser of the pump hands, himself taking part of the labour and knowing neither sleep nor rest while he kept the men to the work. Were it not for his encouragement and example, despair might have overtaken the crew and passengers, and the ship would probably not have been where she now is, safe in dock.

False Teeth for Paupers.

The Local Government Board for England has decided that it has no power to surcharge the Chichester Guardians with £4 4s. paid by them for a set of artificial teeth for one of the recipients of out-door relief. Heretofore the duty of the taxpayer to the pauper has been considered to be discharged when the pet has been supplied with wholesome food and such luxuries as tobacco and whiskey. It seems, however, as if we had come to the time when Guardians must follow the dominant craze, and as School Board "Progressivists" have provided pianofortes and tennis rackets for the children of the omnipotent artisan, Guardians must find artificial dentures for the charity pensioner. Let us hope that the authorities will not insult the nobility of the unemployed by offering them cheap vulgar vulcanite instead of the more proper gold plate!

The Factory Acts.

The Home Secretary, Mr. Asquith, has intimated his intention of introducing a Bill to amend these Acts. This may be interesting to factory surgeons, considering that they narrowly escaped extinction by Mr. Matthews, the late Home Secretary, who desired to expunge them, but was prevented doing so by an adverse vote of the Select Committee to which the Bill was remitted.

An Open Sewer in London.

The insanitary condition of the Regent's Canal has frequently been pointed out, but the Report of the Public Health and Housing Committee of the London County Council just issued shows that the canal is little else than an open sewer. The disclosures contained in this report reveal a state of things which is a positive disgrace to the metropolis. Of course, the Canal Companies concerned are not short of excuses when remonstrated with on the subject. Among other things, they state that the stagnant condition of the water was incidental to all canals which did not canalise rivers, and that it was not in their power to pass more water down the canals. It was also pointed out that the Zoological Gardens is Crown property, and, despite this fact, nothing had ever been done for the diversion of its sewage from the canal into the public sewers. We are glad to see that the Committee above mentioned expressed its conviction that legislation was urgently wanted to enable the County Council to deal directly with the canal in its course through London. The local sanitary authorities may remonstrate with the Companies, and direct certain things to be done so far as their power lies, but such remonstrances in the past seem to have been in vain, and until more stringent powers are obtained, it is scarcely to be expected that the sanitary condition of the Regent's Canal will be found to be any better.

"Scares."

When a wave of sanitary hysteria passes over the public, the sanitary enthusiasts, and the medical profession, it is a great mistake for the practitioner who desires popularity to hesitate about joining in the general cry. He may know—no one better—that three-fourths of the statements in the newspapers, and two-thirds of the horrors to which those statements give origin, are nonsense, and that the lapse of a few months will explode the entire fabric of theory and hasty conclusion, but if he is wise, he will add his voice to the cry, and make what he can out of it in the way of notoriety and fees. The Koch craze was a case in point, the hydrophobia scare is another, and the cholera screech of last year is a third illustration. While the hot fit was on, all sorts of projects for drastic sanitation were put in practice, quarantine *cordons* were established, the police were stirred up, and new hospitals were designed on an extensive scale. The real truth comes out now. The Medical Officer of the London County Council reports that fifty cases of alleged cholera were investigated. Of these, only thirteen were considered worthy of scientific examination by Dr. Klein, and of the thirteen only three presented the pathognomonic comma bacillus. This is but a small residuum of proof for the vast quantity of assertion, and it teaches us to avoid screeches and crazes, and calmly, but without losing time, to investigate and inquire before delivering ourselves over to the epidemic hysteria fit.

More Compulsory Notification.

It will be observed from perusal of our remarks upon lead-poisoning in our last issue that the latest suggestion of the notificationists is that every case of plumbism shall be notified under penalty, which, it is naïvely suggested, becomes necessary "because at present persons thus affected avoid the medical officer of the works lest he might stop further employment." Exactly so. But why not, on the same principle, fine and imprison all bootmakers or chiropodists who omit to notify corns, and all dentists who fail to report dental caries, or, still more reasonably, all practitioners and chemists who do not report syphilis and gonorrhœa? Was ever a hobby ridden to the death like the notification hobby?

The New Chinese Medical College.

Surgeon-Captain Heuston, F.R.C.S.I., has been appointed Director and Professor in the new Chinese University at Tientsin, which was opened in October last, with sixty students. Its purpose is to educate Chinese for the medical profession in order that they may be able to take places in the army, naval, and civil services of their country. Surgeon-Captain Heuston will have under him pure Chinese doctors, educated and graduated in England, and the new college bids fair to become a very important institution.

The Physiciancy of the City of Dublin Hospital.

The succession to Dr. Hawtrey Benson in this position was decided last week by the appointment of Dr. Alfred Robert Parsons, Assistant Physician to Sir Patrick Dun's Hospital. We have already informed our readers that, upon the resignation of Dr. Benson, eight candidates offered themselves, of whom the Medical Board selected three, viz., Dr. Broomfield, Assistant Physician to the Hospital; Dr. Bewley, Assistant Physician to the Adelaide Hospital; and Dr. Parsons. This selection was sent to the lay Board of Governors, and eventually they chose Dr. Parsons. The new physician is a young man who has no claim upon the hospital as one of its own *alumni*, but who has achieved much distinction in his University career, both in Arts and in Medicine. He is an A.B., M.B., B.Ch., and B.A.O. of the University of Dublin, dating from the year 1888, but, in addition, he took a senior gold medal in experimental physics, and was the Medical Scholar and Travelling Prizeman of his time. He pays something like £1,000 to the outgoing physician, that being the proprietary interest of the place, in respect of money originally invested by his predecessor in founding and carrying on the hospital. It ought to be understood that this payment is in no sense a bribe, but is a fair and honest recoup of capital invested, and it does not influence the election in the least degree. The legal arrangements made some years ago when the lay Governors took the subject in hand provide for the gradual extinction of these proprietary claims, as is quite right and proper.

Alleged Discovery of an Opium Antidote.

The detailed description of an alleged discovery of an antidote to opium by a New York physician is going the round of the public press. It is stated that the discoverer, Dr. Moor, gave a practical demonstration of his faith by swallowing three grains of morphia in the presence of a number of medical men. Immediately afterwards he took the antidote, namely, four grains of permanganate of potash, which, like the alkaloid, was dissolved in water. Contrary to the expectations of the medical men, who kept him under observation for the next five hours, he was uninjured by this heroic dose of poison. Dr. Moor is said to have hit upon his discovery by accident. He found that the permanganate, when added to a solution of morphia, not only precipitated the alkaloid, but also removed the characteristic taste. This action was almost instantaneous, but was considerably retarded in the presence of white of egg and peptones, substances which closely resemble what the permanganate would meet with in the stomach. Notwithstanding the probable hindrance to be looked for in that quarter, the doctor had the courage of his convictions, and carried out his *experimentum in corpore vili.* If this discovery be true, it would be almost impossible to over-rate its value. At least half of the total number of deaths from poisoning are due to opium or its alkaloids, and a specific antidote to the poisonous action of so deadly a drug would add a powerful weapon to the *armamentarium* of the practical physician.

A Medical Charter for Herbalists.

A person named Newton, who practises herbalism at Keighley, and is stated to be a prominent member of the Town Council, was prosecuted last week for breach of the English Apothecaries' Act of 1815, by engaging in medical practice. It was admitted that he had done so for nearly thirty years, charging 2s. per visit, and prescribing for all sorts of ailments. He pleaded the authority of an Act of 1542 passed "for the benefit of the poorer classes, by which it was permitted for persons having a knowledge of roots, herbs, and waters, to use and administer herbs, &c., for outward ailments, and to give drinks for stone, strangury, or ague." It was urged that the Apothecaries' Act did not repeal this statute, and that it is still operative. The Judge held that even if the Act was still operative it would not confer power to visit patients and prescribe for inward ailments, and accordingly he fined the herbalist two penalties of £20 each and full costs. It is worthy of remark that Keighley is the home and centre of anti-vaccinationism, and that the Town Council is notorious as the most obstructive and reactionary conclave in Great Britain as regards sanitary administration. This is not to be wondered at when a herbalist can boast of having visited and prescribed for nearly thirty years "without let or hindrance" under the authority of a charter passed in 1542 ! ! !

We understand that H.R.H. the Duke of Connaught has signified his intention of presiding at the Festival Dinner on behalf of the London Lock Hospital at the Hôtel Métropole on April 21st.

In consequence of the frequency of accidents at the Royal Gunpowder Works at Waltham Abbey, the War Office have, it is stated, determined to erect a proper hospital on the works, and a small staff of nurses will be permanently engaged for emergencies.

An announcement is made in our advertising columns that the "Nurses' Co-operation" intend to apply to the Board of Trade to be registered with limited liability, without the addition of the word "Limited" to its name. Any objection to the proposal must be made to the Board before March 16th.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

The Royal Colleges of Physicians and Surgeons, Edinburgh.—Negotiations are, we believe, proceeding between these two Colleges with regard to a closer relationship between them than formerly. For instance, the College of Physicians may combine with the College of Surgeons in the support of a research laboratory similar to the one at present conducted by the Physicians alone. A more visionary scheme is to, by a sort of amalgamation, form an Academy of Medicine in rivalry with the University. Whether this last scheme ever outgrows the fœtal stage or not, there is no doubt that a closer reciprocity between the two Colleges will be of advantage to both.

The Medical Officer of Annan and the Notification Act.—The Sanitary Committee of the Annan local authorities have agreed to request Dr. M'Bean, the M.O.H. for the burgh, to resign, not being satisfied with the manner in which he has carried out the provisions of the Notification of Infectious Diseases Act, which has lately been adopted in the burgh.

The Tyson Cure Again !—The favourable result reported from the Tyson experiments in Dundee—favourable because at the end of a few days a few drunkards said they were cured and had an absolute loathing for alcohol ! —has stimulated the Edinburgh teetotal faddists. They propose to try the cure among the "habituals" of the city in a short time. We would like to receive a report of the patients alleged to be cured in Dundee six months after the course of treatment. Could not some practitioner in that city advise us ?

Edinburgh Royal Maternity Hospital.—This hospital has again been opened ; D. C. Edinton, M.B., C.M., and W. C. Hamilton, M.B., C.M., will act as House Surgeons during the quarter.

Proposed Glasgow Medical College for Women.—The trustees under the will of the late Dr. Henry Muirhead have come to a decision regarding the disposal of £34,000, left by that gentleman to found a college for the instruction of women, chiefly in science and medicine. The proposal, made by the committee of trustees to the Court of Glasgow University, was rejected, to affiliate the proposed Muirhead College with the University, and the trustees have now decided to proceed independently of the University. Compared with other medical colleges for women, the means of the Muirhead College will be exceptionally large, and in conjunction with the Victoria Infirmary it will form the best-equipped institution for the medical education of women in the country. The degrees of the Glasgow University will not be available to students of the Muirhead College, but the University of St. Andrews will doubtless extend the same privileges it has already given to the Edinburgh Women's Medical Colleges. Women students will thus be enabled to take the whole of their five years' curriculum at the Muirhead College, and then graduate at St. Andrews University as if they had studied there.

The Criminal Responsibility of Drunkards.—Dr. J. F. Sutherland, Medical Officer to H.M. Prison at Barlinnie, delivered an address before the members of the Glasgow Eastern Medical Society last week. In the course of his remarks he said, the extreme penalty of the law should be enforced against the deliberate assassin, or the burglar who "removed" his victim without hesitation, but he contended that it was out of place to so punish the drunkards who, under the influence of drink, committed savage assaults which ended in death. His experience, extending over thirteen years as prison surgeon, during which he had appeared in thirty cases of murder and culpable homicide, satisfied him that in no case did the author of the crime deliberately and with a knowledge of right and wrong commit the assault charged. Professor Gairdner, in opening the discussion which followed, said that the simple act of intoxication was not privileged, because it was a voluntary act. He argued that if the law was to maintain the position that drunkenness was no excuse for crime, it must constitute drunkenness a crime in itself, and sternly repress it. They must hold that men were responsible for becoming habitual drunkards, and therefore he was not in favour of coddling them.

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MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last (February 19th) was devoted in its entirety to the discussion of a paper by Mr. Joseph White, of Nottingham, on "The Administration of Chloroform clinically Considered." This gentleman's experience goes back to the very introduction of anæsthetics, and forty years ago he brought a paper before the local medical society describing several hundred administrations of chloroform. That number now reaches upwards of 7,000, including 4,049 of chloroform, 798 of ether, 691 with nitrous oxide, and 1,433 with the A.C.E. mixture. He has never had a single death, though he narrowly escaped a disaster on several occasions. He reviewed the history of the earlier fatal cases, which, curiously enough, all occurred within a very short time of the administration being commenced. After discussing the conclusions formulated by physiologists and committees of investigation, he suggested certain precautions having for object to avert the untoward consequences which still follow the use of chloroform even in skilled and experienced hands.

Dr. Sansom, who has done valuable work in this direction in years gone by, protested against the teaching that it is best to give chloroform to begin with in strong doses, a teaching which he regretted to see had been supported by the conclusions of the Hyderabad Chloroform Commission, of which he highly disapproved. He pointed out that it was the nervous, and not the muscular part of the heart that gave way in chloroform narcosis, and he dissented strongly from the view that in human beings it was the respiration that succumbed before the heart, the very contrary being the result of his own observations. He animadverted on the danger attending the ordinary method of giving chloroform, of administering too highly charged a vapour, pointing out that 1 per cent. of chloroform vapour was sufficient to secure anæsthesia. He scoffed at the idea that fatty heart was often responsible for death under chloroform, pointing out that, as a matter of fact, fatty heart was an exceedingly infrequent cause of sudden death.

Dr. Hewitt did not think that the contracted pupil indicated a working degree of anæsthesia. In using the A.C.E. mixture, he pointed out that only small quantities ought to be poured into the inhaler at a time in order that the unequal rate of vaporisation might not prove a disadvantage.

Mr. Silk admitted that chloroform was a possibly dangerous anæsthetic, safety depending on the care and skill with which it was administered.

Mr. Rowell preferred to rely on fixation of the eyeball in preference to the condition of the pupil.

Dr. Benham insisted on the advantage of giving a dose of brandy before commencing the administration of chloroform.

Sir William Dalby urged that if patients knew the difference in the mortality between the use of chloroform and ether, they would probably select the safer anæsthetic.

Dr. Edmunds called attention to the advantages attending the use of Krohne's modification of Junker's inhaler, by means of which it was possible to regulate to a nicety the amount of chloroform vapour entering the patient's lungs.

Mr. White, in reply, said he almost constantly used Krohne's inhaler, which he considered a very admirable apparatus.

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THE MEDICAL DEFENCE UNION.

At the annual general meeting of the Medical Defence Union held on Feb. 7th, an animated discussion took place on the report. A vote of censure on the Council was proposed owing to the Council having undertaken to defend a member of the Union in an action brought against him by another member, in opposition to a resolution unanimously passed at the last general meeting, "that the funds of the Union should not be used to defend or support any action made against another member of the profession." In the case in question both litigants are members of the Union, and their dispute arose out of an assistancy agreement. The plaintiff applied for assistance to one of the secretaries, Dr. Leslie Phillips, who, in acknowledging the application, promised to place the application before the Council, but added that it was contrary to the usual custom of the Council to take up cases between principals and assistants. In consequence of this statement, the plaintiff withdrew his application. Later on, the defendant, who is a member of the Council, wrote to the other secretary, Dr. Bateman, asking the help of the Union, and no obstacles being placed in his way, the application came before the Council and was accepted by them. It was stated at the meeting that the Council did not know the plaintiff was a member of the Union, and, moreover, had heard nothing of his original application to the provincial secretary. In the absence of any knowledge of these important and elementary facts it was strongly urged on the Council to reconsider their position. It has hitherto been a maxim of the Union, and one especially insisted upon in the last report, that all differences between medical men should be settled, if possible, by arbitration. In the course of the meeting a member of the Council stated that arbitration was offered in this case, but had been refused by one side. On the other hand, the plaintiff emphatically denied that arbitration had been suggested to him. It appears, therefore, that the Council took up the case of a member who refused arbitration without giving the other party to the suit, also a member of the Union, an opportunity of accepting that method of procedure.

The President said that there were exceptional features in the case which had induced the Council to take it up, but as the matter was still *sub judice* he was unable to state those circumstances. Many members present expressed the opinion that no circumstances, however exceptional, justified the Council in acting contrary to the unanimously expressed wishes of the members at the last general meeting. The vote of censure was ultimately defeated, as many members who had expressed their disapproval of the course taken by the Council abstained from voting. Shortly after the meeting the plaintiff entered legal proceedings to prevent the Union prejudicing his case by advancing any further support to the defendant.

At the same meeting it was proposed to discuss the action taken by the Council with regard to the proposed amalgamation with the London and Counties Protection Society, but there was no time available for that purpose. The balance-sheet of the Union shows the satisfactory surplus income of £395 8s. 4d. That amount exceeds by a few pounds the deficit of the foregoing year.

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A medical contemporary of last Saturday says:—"In London the Notification Act is a decided failure, the numbers of cases of infectious diseases and the percentage of mortality having largely increased since the Act came into force."

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

LADY "MEDICAL" MISSIONARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the Medical Press of February 7th, I referred to the above subject, and asked Dr. Routh a few simple questions regarding the pseudo "medical" missionaries, whom he and a few other gentlemen are trying to flood the country with. But instead of giving a courteous reply to such questions, he tries to assume the *rôle* of the "injured innocent," and in the Medical Press of February 14th, "haughtily" states, "I decline further correspondence with Dr. Rentoul." When a man elects himself the champion of pseudo-medical-missionaries—even when such are sent out to teach the niggers and other so-called "heathen"—he should be prepared to fight. I guarantee I shall come out of it with as clean hands as any other person. I have not yet started a college at which those who have neither the brains nor the money to take a proper qualification can be granted diplomas, nor do I try to make the Hindu "find salvation" through non-legitimate methods.

Now, sir, I have asked Dr. Routh to say whether it is true that Dr. W. M. Ord is still the "Examiner in Medicine" at the "Zenana Medical College," and further, is it true that Mr. T. Pickering Pick, and Dr. W. R. Dakin still act as "Examiners in Surgery and Midwifery," at this College? If Dr. Routh will not answer, then each reader must form his own conclusion. Anyhow, I mean to call the attention of the General Medical Council to the action of all medical practitioners who are now constituting themselves into medical examining and diploma granting bodies other than those legally qualified to do so.

If you can send out as "medical missionaries" to India and China only those who fail to pass a proper examination and go through the necessary curriculum at home, then I would suggest that these "blessings of Christianity" be held back for a time. All honour to true missionaries, and to the Golden Rule of doing to others—even in medicine—as you would wish your own wives and daughters to be done to.

I am, Sir, yours, &c.,
Robert R. Rentoul.

Liverpool.

*** We think our correspondent is arguing on a wrong hypothesis; the General Medical Council has no voice in, or control of, a matter of this kind, even supposing the instruction and diplomas are illegal.—Ed.]

DR. MORTIMER GRANVILLE AND HOMŒOPATHY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am well content that Dr. Granville should continue to "praise homœopathy with faint damnation," as he does in his last article; but there are one or two points in it which ought not to pass without comment. It will be observed that though he heads his article "Homœopathic Claims to Discoveries of Medicines," he makes no attempt to substantiate his original charge against homœopaths of having claimed what is not their due. On the other hand he makes some notable admissions. He owns that he was "very successfully" and very pleasantly treated by a homœopath through a severe illness, having passed through a very different experience at the hands of eminent allopaths in a similar illness two years before. He admits, also, that he signally relieved some of his own patients by the use of homœopathic remedies; and yet, in the face of these weighty testimonials to the efficacy of the system, he allowed himself to be driven from it for no better reasons than a scare at the amount of trouble it entailed, and the fact that the statistics of the homœopathic treatment of pneumonia did not satisfy him. If Dr. Granville had inquired a little further he might have been reassured on the latter point. Dietl lost 7·4 per cent. of his patients under "expectant" treatment, whilst Tessier, under homœopathic treatment, lost only 6, a difference of 1·4 per cent. (not ¼ per cent.) in favour of homœopathy. This is not a very great difference it is true, but when we come to consider the length of time the illness lasted a very marked difference is shown—Dietl's patients averaging 28 days, and Tessier's only 11⅜. With regard to pile of books which so appalled Dr. Granville, I quite sympathise with him there. Most practitioners of homœopathy have experienced similar sensations to those he mentions when they have first realised the magnitude of the task before them, only they have differed from him in that they have refused to accept this as a reason for running away from or abusing the system. They have concluded that the tangible benefits they have seen and experienced warranted them in facing the difficulties, however great. But there is a right way of approaching the literature of homœopathy as well as a wrong, and Dr. Granville had the misfortune to hit upon the latter.

Regarding Koch's lymph, I was under the impression that the great bacteriologist took especial pains to filter and sterilise it before he allowed it to leave his laboratory to be injected into the tissues of patients. If there exists in it "a single germ" of living tuberculous matter, Dr. Granville ought to furnish his proofs at once for the benefit of any who may still be advised to undergo the treatment.

I am, Sir, yours, &c.,
John H. Clarke.

30 Clarges St., W.

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Literature.

SIR WILLIAM JENNER'S LECTURES AND ESSAYS ON FEVERS AND DIPHTHERIA. (a)

In common with the whole medical world, we extend a hearty and sympathetic welcome to this book, with the authorship of which the name of William Jenner—*vir nobilis ac clarissimus*—is identified.

No doubt, with the last decade of the nineteenth century well advanced, standing within measurable distance of the *fin de siècle*, it seems hardly worth while to argue the question of the separate identity of typhus and typhoid fevers. But we cannot forget that forty or fifty years ago this was the great *quæstio vexata* of medicine. There are those among us, indeed, who are still young enough to remember with what weighty words and philosophic reasoning William Stokes did battle for the doctrine of the unity of these continued fevers—though all in vain, for facts were too strong in the end for the illustrious physician of the Meath Hospital.

In the conflict of medical opinion, which began in 1810, when von Hildenbrand first clearly distinguished between typhus and enteric fevers, no voice was more clearly heard or with more commanding influence than that of William Jenner. In a series of admirable papers published between 1849 and 1853, he maintained that typhus and the so-called "typhoid fever" were as distinct as any two of the exanthemata. Although many years elapsed before the specific distinctness of these two fevers was finally, and we may say universally, recognised, Sir William Jenner's writings did much to settle the controversy. Hence, it is that we hail the volume before us as a historical record, for it contains reprints of these classical monographs with all their wealth of original research and clinical observation.

Sir William Jenner had good reason to believe firmly in the separate identity of typhus and typhoid, for, as he tells us in his preface, while collecting some of the facts, which are detailed and analysed in his papers, and all of which "were observed and recorded at the bedside and in the deadhouse by myself," in 1847 he caught typhus fever, and three or four years later, typhoid fever. The late Dr. E. A. Parkes, who was at the time Professor of Clinical Medicine at University College, London, and subsequently Professor of Military Hygiene in Victoria Hospital,

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(a) "Lectures and Essays on Fevers and Diphtheria, 1849 to 1879." By Sir William Jenner, Bart., G.C B., M.D.Lond. and F.R.C.P., D.C.L. Oxon., LL.D.Cantab. and Edin., F.R.S., President of the Royal College, of Physicians from 1881 to 1888, Physician in Ordinary to H.M. the Queen and to H.R.H. the Prince of Wales, Consulting Physician to University College Hospital. Demy 8vo, pp. 581. London: Rivington, Percival and Co. 1893.

Netley, attended him in both illnesses, and had no doubt about the diagnosis in each case. Sir William mentions this incident because it was said at the time, "Before typhus and typhoid fevers can be said to be absolutely different diseases some one must be found who has suffered from both."

The seven papers republished in the handsome volume under review are accurate reprints of those which originally appeared in various journals and in the Transactions of certain societies. The only alterations or additions made by the author are contained in a brief note or two appended to some of the pages. This being so, of course we shall look in vain for any mention of the modern bacteriology and pathology of the diseases described. Eberth's *Bacillus typhosus*, Löffler's *Bacillus diphtheriæ*, Oertel's *Streptococcus diphtheriæ* are not even named. Notwithstanding, the richness of the clinical material, the soundness of the treatment, and the philosophic tone of the author's teaching—more even than the glamour of his name—will arrest and hold enthralled the attention of the reader.

The first monograph in the series which make up the volume is on the Identity or Non-Identity of Typhoid and Typhus Fevers. It was originally published in the *Edinburgh Monthly Journal of the Medical Sciences*, in 1849-50, and was afterwards reprinted in book form in 1850. The author did not follow, seemingly, the advice of Dr. Parkes, who on reading the manuscript recommended him to place the conclusions at which he had arrived in the forefront of his paper. "If, said Parkes, "you place the conclusions first, whoever is interested in the subject will read them carefully and then will read what follows to see how you prove the points which interest him."

Well, we all know the conclusions to which Jenner's researches led him. In no uncertain voice he proclaimed that "it is indisputably proved that typhoid fever and typhus fever are equally distinct diseases (as small-pox and scarlet fever); not mere varieties of each other, but specifically distinct, specific distinction being shown in typhoid and typhus fevers, as in small-pox and scarlet fever by the difference of their symptoms, course, duration, lesions, and *cause*."

But, after all, the great and abiding value of this splendid monograph depends on the wealth of clinical material with which it abounds. It presents an admirable description of the mode of attack of the two fevers, their symptoms, pathological lesions and cadaveric changes, duration, complications, and sequelæ—all these facts being recapitulated in a summary toward the end.

In this paper we have the definition of the "comavigil" of Jenner. "By this term," says the author, "I intend to express that peculiar condition in which the patient lies with his eyes open, evidently awake, but indifferent or insensible to all going on around him, and not what some writers on fever (*e.g.* Chomel) have meant by the expression, viz., that state in which a patient lies asleep for hours, and yet declares on awakening that he has never closed his eyes." (Page 32.)

Here, too, we notice the introduction into medical literature of the expressions—now familiar as household words—"mulberry rash" and "subcuticular mottling," applied to the eruption peculiar to typhus.

The second paper in the volume, on the "Identity or Non-Identity of the Specific Cause of Typhoid, Typhus, and Relapsing Fever," was read before the Royal Medical and Chirurgical Society, on Dec. 11th, 1849, and was published in vol. xxxiii of that Society's Transactions. It is followed by an Appendix containing the report of the interesting discussion which ensued on the reading of the paper, and in which Dr. A. P. Stewart, whose writing in 1880 did much to settle the question of the separate identity of typhus and typhoid—Dr. Baly and Dr. Charles West took part.

The third monograph consists of a series of papers on the whole question of continued fever, illustrated by cases collected at the bedside. This essay was published in the *Medical Times* in a series of twenty-one papers, which appeared from time to time in that journal between November 17th, 1849, and February 8th, 1851.

In his clinical description of typhoid fever in this essay, Jenner avows his dissent from the view entertained by Rokitansky, that "pregnancy offers an almost entire immunity from typhoid fever." "My experience," says our author, "is by no means in accordance with that of the celebrated Vienna pathological anatomist's (*sic*), and I know others have repeatedly met with examples of women large with child suffering from typhoid fever." This is altogether our experience also, but we cannot agree with Sir William Jenner when he adds: "Pregnancy is a very serious complication. A *very* large proportion, I will not say all, of such cases die." The pregnant patient is, no doubt, particularly liable to miscarry or to be prematurely confined, but apart from this, we do not know that she runs any more risk than a patient who is not pregnant, or a male.

In a foot-note on page 387 there is a full account of those markings in the skin, to which the name of *taches blenâtres* has been applied by Duvasse Forget, of Montpellier and others. No attempt is made to explain these curious epi-phenomena even in a foot-note, although Sir William is doubtless aware that they have of late years been proved to have no diagnostic importance whatever, since they are really pigmentations of the skin caused by the irritation of the pediculi.

At pages 392 and 393 an excellent short definition of the four diseases, febricula, relapsing fever, typhoid, and typhus, will be found.

The fourth essay included in the volume embraces three lectures on the Acute Specific Diseases, being the Gulstonian Lectures delivered at the Royal College of Physicians of London, in March, 1853. They were published in the *Medical Times* for the same year. Jenner is clearly no believer in the doctrine of the "Change of Type in Disease," for in the opening sentences of the third of this series of lectures he observes: "A glance at the history of epidemics will render it evident that each of the acute specific diseases we have now constantly among us has maintained its identity through a lengthened series of years in countries most distant from each, and in climates most varied. That each has presented from first to last the same group of symptoms, and the same order in their appearance; that no one of them is a new disease; that the symptoms of small pox, the order of occurrence of these symptoms, its chief varieties and its complications are to-day what they were two hundred years since, to go no further back, there cannot be a question. The same is true of scarlatina." (Page 447.)

In this same lecture there is an interesting section on "Pyogenic Fever," or the acute purulent diathesis which sometimes accompanies, but more often follows, the acute specific diseases. With singular prescience and acumen the author says that, pathologically the affinity of this disease seems to be with erysipelas. Of course he makes no mention of the *streptococcus pyogenes*, or the *streptococcus erysipelatis*—micro-organisms of the pathogenic group which have much to say to the production of Jenner's pyogenic fever. By the way, this term must be carefully distinguished from Murchison's "pythogenic fever," which is enteric fever supposed to have arisen within or without the body. As to the origin of the multiple abscesses of which Jenner speaks, we think that Sédillot is nearer the truth in assigning the circulation of pus corpuscles with the blood as the sole cause of disseminated abscesses. Certainly, when they occur in the lung they appear to be of embolic origin—minute septic emboli lodging in the peripheral or terminal branches of the pulmonary artery, and so setting up multiple abscesses in the lung tissue.

The fifth monograph is an address on the treatment of typhoid fever, which was delivered before the Midland Medical Society, at Birmingham, on November 4th, 1879, and published in the second volume of the *Lancet* for that year. This address is a masterly exposition of all that is best and most useful in the management of one of the most treacherous maladies that a physician is called upon to treat. "The treatment of typhoid fever," says Sir William Jenner, "is essentially rational." "I have never known a case of typhoid fever cut short by any remedial agent—that is, cured. The poison which produces any one of the acute specific diseases (to which order typhoid fever as much as small-pox belongs) having entered the system, all the stages of the disease must, so far as we know, be passed through before the recipient of the poison can be well. If the patient can be kept alive for a definite time the specific disease ends, and then, if no local lesion remains to constitute a substantive disease, the patient is well." (Pages 473 and 474.)

We are surprised that the author substains so high an opinion of teaspoonful doses of charcoal two or three times a day as correctors of fœtor in the intestinal discharges. No doubt he stipulates that animal rather than vegetable charcoal should be prescribed, and that the greatest possible care should be taken that the charcoal is an impalpable powder. It is hard to see how charcoal can retain its absorbent and deodorant properties once it has been moistened, and certainly a teaspoonful of dry charcoal powder seems a distasteful meal, particularly when given to a perhaps half-conscious typhoid patient, passing fœtid and ammoniacal stools.

Needless to say, the modern methods of inducing intestinal antiseptics in enteric fever are not mentioned—such as the administration of salicylate of bismuth, absolute phenol and opium, thymol, and naphthol, and last, certainly not least, thiocamf in keratin-coated capsules.

The author's remarks on the administration of alcohol to avert death from failure of the heart power and to stimulate the nervous system are admirable: "It should only be given," says he, "for the purpose of attaining a definite object; its effects should be watched, and the dose so regulated as to attain the desired effect from as small a quantity as possible." (Page 492.)

The excellent essay on the treatment of typhoid fever is followed by two lectures on Diphtheria, its Symptoms and Treatment, originally published in 1861, when this fell disorder was making its uncanny presence felt in London for the first time. These lectures, as the writer says in his preface to the original edition, "are dogmatical in tone, because they are addressed to students, and I believe dogmatism to be essential for successful student teaching."

The present notice has run to so great a length that we can pause only to allude to a statement by Sir William Jenner, which seems to us to be open to misconception, and likely to lead to untoward, if not disastrous, consequences. It is to the effect that the occurrence of diphtheria is not immediately related to bad sanitary surroundings. "These facts," says the author, "are strong evidence in favour of the opinion that the ordinarily reckoned anti-hygienic conditions are not especially favourable to the development of diphtheria." Again, after enumerating a series of cases to prove the influence of family constitution in favouring the occurrence and determining the ending of diphtheria, he observes: "In all these cases the hygienic conditions were good; there was nothing patently bad as regards drainage, ventilation, overcrowding, water supply, food, or work. All the patients were in the middle rank of life, and resided in good-sized houses, and in fairly open situations." (Page 526.)

No physician at the present day will, we think, be found to deny a first rank to family constitution among the predisposing causes of diphtheria, and to assign to contagion the *rôle* of the exciting cause—the *causa causans*—of the disease. But it is a most dangerous doctrine to exclude from the list of predisposing causes insanitary conditions and particularly defective sewerage. Even supposing that these conditions had no direct influence in predisposing to diphtheria, the sore-throats which result from the constant inhalation of sewer-gas undoubtedly present a fertile soil for the development and culture of the pathogenic microbe or microbes of diphtheria. And, further, these pathogenic organisms certainly flourish in sewage-reeking soil or sewage-polluted water. At this moment we can recall more than one most striking illustration of these statements, but space fails us, and we content ourselves with mentioning the fact.

Sir William Jenner, impressed by one remarkable case in which the operation undoubtedly saved life, pleads for tracheotomy as a means of treatment—even if it is a desperate means. In the adult, laryngotomy is to be preferred to tracheotomy.

The volume before us draws to a close with an eloquent and instructive clinical lecture on Croup and the diseases that resemble it. This lecture was published in the first volume of the *Lancet* for 1875. It is particularly interesting because of the full description of laryngismus stridulus with which it opens, and because of the change of opinion which the author avows as to the identity of membranous inflammation of the larynx, or true croup and diphtheria. "I am inclined now," he says, "to the belief that there is no such disease as idiopathic, simple, membranous inflammation of the larynx, I say, I am inclined to this belief. I am not sure that it is true; but as I formerly thought that the weight of evidence was in favour of their non-identity, I am now inclined, from my further experience, to think that the two diseases are really identical, that the so-called croup is really diphtheria." (Pages 564 and 565.)

Thus ends this noble work, the perusal of which has brought to us pleasure and profit. It is fitly dedicated to the memory of Professor William Sharpey, Professor Edmund Alexander Parkes, and Sir James Clark, Bart., K.C.B., Physician in Ordinary to Her Majesty the Queen —"three of the most able, honourable and kindhearted men that the author has ever known in the Medical Profession."

GOODALL ON THE MICROSCOPICAL EXAMINATION OF THE HUMAN BRAIN. (*a*)

A WORK of this kind has been much needed, for the investigations in this field of medical research are now very numerous. The results of such labours are not, however, proportionate to the zeal and energy expended, probably because training in microscopic work is so often defective, and information is so scattered through the immense sheaves of medical literature now broadcast. Dr. Goodall was eminently fitted by position and experience to write such a book, and he has done so in a business-like way without circumlocution, and without waste of words. The scheme of the book is comprehensive, dealing first with fresh methods, then in turn with injections of cerebral blood vessels, hardening methods, fixation and stains. In addition, there is given as an appendix, a scheme for systematic post-mortem examination of the brain and its covering. The only noticeable defect in the book is the absence of a table of contents, a preliminary synopsis of this kind being now so general in scientific works that it is invariably looked for. Apart from this, it is a good useful book, which ought to prove invaluable to all asylum medical officers.

CURE OF RODENT CANCER BY ELECTRICITY. (*b*)

IF this book contains one original idea, it has escaped our search. The historical retrospect of the disease shows that the author is unaware that it was described by Arthur Jacob, of Dublin, years before any of the writers whom he names were heard of. The pathological review of the disease is a weak epitome of the ideas of previous authors —some of them undistinguished—the electrical disquisition is a paraphrase of any of the minor mamals on the subject, and the published experience of the author is limited to four very common place cases. The work is small and ought to be cheap, and it may be found useful for circulating amongst patients who suffer, or think they suffer, from rodent ulcer, and may be induced to think that they can be cured by the author's method.

THE CLINICAL SOCIETY. (*c*)

THE present volume comprises the proceedings of the Society from October, 1892, to May, 1893.

The communications number forty-three, and they are all of a practical character, and such as the general practitioner may read with ease and advantage. They contain no fine-spun theories, but deal with difficulties that present themselves at the bedside, and the whole statement is made in plain idiomatic English. To those familiar with the Transactions of the Society no word of praise is necessary, and to those to whom the Transactions are unknown the barest recital of the wealth of information they contain would appear as a great exaggeration.

(*a*) "Microscopical Examination of the Human Brain." By Edwin Goodall, M.D. Lond. Baillière, Tindall, and Cox. 1894. Price 5s.

(*b*) "The Healing of Rodent Cancer by Electricity." By J. Inglis-Parsons, M.D., M.R.C.S., M.R.C.P., Hon. Fellow American Electro-Therapeutic Association, &c. London: John Bale and Sons. Crown 8vo, pp. 82.

(*c*) "Transactions of the Clinical Society of London." Volume the Twenty-sixth. London: Longmans, Green and Co. 1893.

We recommend all our readers to become subscribers for these Transactions, confident that those who take our advice will be grateful to us for introducing to them one of the most practical, advanced, and trustworthy of medical serials.

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Medical News and Pass Lists.

The International Medical Congress, Rome.

The Hon. Sec., Mr. G. H. Makins, F.R.C.S., has sent us the following notes of latest arrangements:—It has been arranged to issue the various travelling tickets from Genoa until February 28th, instead of February 15th, as previously announced. Intending members should therefore apply direct to Professor Maragliano, Genoa. After March 1st application must be made to G. H. Makins, 47 Charles Street, Berkeley Square, London, W. Members enclosing their subscriptions to Professor Maragliano should make them payable to L. Pagliani. The member's fee is £1. The fee for guests, 8s.

The Employment of Women in Factories.

In the Labour Commission Blue-book on the employment of women an interesting account appears of the thoughtful measures provided by the well-known firm of cocoa manufacturers, Messrs. Cadbury, for the amusement, comfort, and general well-being of their female workers. The lady commissioner who contributes the report asserts also that the firm has the reputation of paying the best average wages in the Birmingham district, which means that the average wage of the majority of girls in its employ is higher than that of the majority of girls in any other factory. As showing, moreover, how attentive the firm is to the health of its workers, we note that it is the special business of a district nurse to visit the girls who are ill, and that a committee of forewomen meets once a week to give out tickets that may be required for hospitals or other charities.

The Sanitary Institute.

The Council of the Institute have accepted an invitation received from the Lord Mayor and Citizens of Liverpool to hold their next Congress and Exhibition in that city in the autumn of this year.

University of London.

The following is an official list of candidates who passed the recent entire Intermediate Examination in Medicine, alphabetically arranged:—

First Division.

Dodgson, R. W.
Drury, E. G. D.
Dyball, B.
Huggins, S. P.
Leicester, J. C. H., B.Sc.
Noble, H. P.
Waldron, F. T.

Second Division.

Chandler, F. W.
Dixon, W. E., B.Sc.
Farrant, M.
Flint, E. C.
Frazer, W. D.
Goring, C. B.
Green, H.
Hull, C. E.
Innes, H.
Ketchen, A. D.
Maxwell, J. P.
Patch, W. S., B.Sc.
Robertson, J.
Savage, W. G.
Scowby, E. T.
Thomas, R. T.
Tucker, E. F. G.
Waterhouse, R.
White, S. E., B Sc.
Wilkins, W.
Wise, H. M.

Nineteen others passed at the same examination, excluding Physiology, and eleven passed in Physiology only.

Royal College of Surgeons of England.

The following gentlemen, having passed the necessary examinations, have been this month admitted Members of the College. The names are arranged alphabetically:—

Allen, William Herbert, L.R.C.P. Lond. Appleyard, Francis Edward, L.R.C.P.Lond. Austin, James Herbert, L.R.C.P.Lond. and M.D. Toronto. Axford, Sidney Bertram, L.R.C.P.Lond. Bannerman, George Douglas King, L R.C.P.Lond. Barrow, Arthur Sibert, L.R.C.P.Lond. Barrow, George Augustus, L.R.C.P.Lond. Bennett, James Henry, L.R.C.P.Lond. Beresford, Ralph, L.S.A. Brooke, Baron, L R.C.P.Lond. Burrow, Thomas, L.R.C.P.Lond. Clarkson, George Aylwin, L.R.C.P.Lond. Colby, Francis Edward Albert, L.R.C P.Lond. Coleman, James George Blyth, L.R.C.P. Lond. Colcutt, Arthur Maurice, L.R.C.P.Lond. Cooper, Francis Bastow, L.R.C.P.Lond. Corbold, Victor A. L. Ed., L.R.C.P.Lond. Cory, Charles George, L.R.C.P.Lond. Crowley, John Henry, M.B., B.S.Melb. Cutting, Ernest Buxton, L.R C.P.Lond. Dalby, John Lyttleton J. B., L.R C.P.Lond Davies, Hugh Rattray, L.R.C.P.Lond. De Jong, Edward Meyer, L S.A. Denny, Arthur William, L.R C.P.Lond. Dickens, Charles Henry, L.R.C.P.Lond. Dobson, Arthur, L.R.C.P.Lond Duffett, Henry Allcroft, L.R.C.P. Lond. Dunstan, Charles Harvey, L.R.C.P.Lond. Ellerton, Henry Byam, L.R.C.P.Lond. Elliot, Ernest Edward, L.R.C.P.Lond. Emerson, Herbert Bree, L.R.C.P.Lond. Ewing, Samuel Arthur, L.R.C.P.Edin. Fagge, Robert Hilton, L.R C.P.Lond. Farnum, Charles Mortimer Stone, L.R.C.P.Lond. Fenwick, Percival Clennell, L.R.C.P.Lond. Fisher, Reginald Willis, L.R.C.P.Lond. Fosbery, Francis Clifford, L.R.C.P.Lond. Frend, Eustace Clifford, L.R.C.P.Lond Gittins, Alfred Benjamin, L.R.C.P Lond. Grunbaum, Albert Sidney Frankau, L.R.C.P.Lond. Gurney, Alexander Cecil, L.R.C.P.Lond. Halliwell, Thomas Oates, L.R.C.P.Lond. Hawes, Godfrey Charles Browne, L.R.C.P Lond. Henderson, William Douglas, L.R.C P.Lond. Hickman, Henry Richard Belcher, L.R.C P Lond. Hoare, Edward Stanley, L.R.C.P.Lond. Hovenden, Gerald Stanley, L.R.C.P.Lond. Hovten, William James, L.R.C.P.Lond. Hudson, John Samuel, L.R.C.P.Lond. Huskinson, Harold, L.R.C.P.Lond. Hutley, William Charles, L.R.C.P.Lond. Jackson, Richard, L.R.C.P.Lond. Jenkins, Herbert Thomas, L.R.C.P.Lond. Jones, Charles Albert, L.R.C.P.Lond Jones, William David, L.R.C.P.Lond. Kennington, Edgar, L.R C.P.Lond. Kerswill, Harry, L.R.C.P.Lond. Kirton, Reginald Gower, L.R.C.P. Lond. Lawrence, George, L.R C.P.Lond. Lawson, Kenneth, L.R.C.P.Lond. Leete, Arthur Henry, L.R C.P.Lond. Lindsey, Colin Dunrod, L.R C.P.Lond. McCardie, William Joseph, L.R.C.P. Lond. McCone, James Francis, L.R.C.P.Lond., M.D.California. Marsh, John Bedley, L.R.C.P.Lond. Meakin Harold Budgett, L.R.C.P.Lond. Meggs, Theodore Hugh Egbert, L R.C.P.Lond. Miles, Henry Pole, L.R.C P.Lond. Minnes, Robert Stanley, M.D.Kingston. Mitchell, James Edwin Henry, L.R.C.P.Lond. Oldfield, Herbert Edgar, L.R.C.P.Lond. Orme, William Bryce, L.R.C.P.Lond. Park, William Charles Cunningham L.R.C.P.Lond. Passmore, Joseph Ernest, L.R.C.P.Lond. Peake, Frederic Ernest, L.R.C.P.Lond. Pereira, Joseph Anthony Wenceslaus, L.R.C.P. Lond., L.M. & S. Bombay. Phillips, Frederick George Meynell, L.R.C.P.Lond Pinniger, Walter Augustus, L.R.C.P.Lond. Pollard, Walter Henry, L.R C.P.Lond. Powys, Henry Lionel, L.R.C.P. Lond. Reid, Edgar, L.R C.P.Lond. Ridsale, Arthur Errington, L.R C.P.Lond. Roche, R. J., L.R.C.P.Lond. Romer, H., L.R.C.P. Lond. Rubel, J. L., L.R.C.P.Lond. Russell, C. H., L.R.C.P.Lond. Rutherford, Alfred Ernest Ralf, L.R.C.P.Lond. Ryall, Charles, L.R.C.P.Lond. Shaw, Arthur Priest, L.R.C P.Lond. Simpson, Frederick Hampson, L.R.C.P.Lond. Smith, Reginald Nitch, L.R.C.P.Lond. Snowman, Jacob, L.R.C.P.Lond. Stewart, Chas. Howard, L.R.C.P Lond. Storey, Percy Arthur, L R.C.P.Lond. Strand, Alick Condell, L.R.C.P.Lond. Sutter, Robert Ross, Symons, Robert Fox, L.R.C.P.Lond. Symons, Thomas Henry, L.R C.P.Lond. Taylor, Ashby, L.R.C.P.Lond. Taylor, Edwin Claude, L.R.C.P.Lond. Taylor, John William, L.R.C.P.Lond. Terry, John, L.R.C.P.Lond. Thorp, Arthur Edward, L.R.C.P. Lond. Todd, Lancelot Bew, L.R.C.P.Lond. Tomlinson, Lionel Philip L.R.C.P.Lond. Tuck, Ernest Sydney, L.R.C.P.Lond. Twemlow, William Albert Fytch, L.R.C.P.Lond. Wakeling, T. George, L.R.C.P.Lond. Walker, Arthur, LRCPLond. Wallace, Lewis Alexander Richard, LRCPLond. Warren, Charles Frank, LRCPLond. Watson, C H, LRCPLond. Way, Wm, LRCPLond. Weston, A Ernest, LRCPLond. Whelpton, E S, LRCPLond. Whichells, H, LRCPLond. Whittingham, G M Y, LRCPLond. Wilkinson, George, L.R.C.P.Lond. Willway, Frederick William, L.R.C.P.Lond. Winter, Edward Stuart, L R.C.P.Lond. Witham, Henry, L.R.C.P.Lond. Wonnacott, Richard Reginald Howard, L.R.C.P.Lond. Wood, William Charrington, L.R.C.P.Lond. Wrangham, John Marris, L R.C.P.Lond. Wray, William Thomas, L.R.C.P.Lond. Wrinch, Edwin Percy, L.R.C.P.Lond. Wyllys, William, L.R.C.P.Lond.

The following gentlemen, having previously passed the necessary examinations, and having now attained the legal age of twenty-five years, were admitted Fellows of the College:—

Miles, William Ernest, L.R.C.P. Lond., St. Bartholomew's Hospital; diploma of Membership dated July 30th, 1891.
Clegg, John Gray, M.B., Ch.B. Vict., Owens College and Royal Infirmary, Manchester; Nov. 12th, 1891.

Conjoint Board in England of the Royal Colleges of Physicians and Surgeons.

The following gentlemen, having passed the necessary examinations, have been admitted by the two Colleges Diplomates in Public Health:—

Adams, Ed. Weaver, L.R.C.P.Lond., M.R.C.S.
Bolton, Alfred, L.R.C.P.Lond., M.R C.S.
Brown, R. King, M.B. and B.Ch. R.U.I.
Close, H. A., Deputy-Inspector-General, R.N., L.R.C.P.Lond. M.R.C.S.
Elkington, Henry P. G., Surgeon-Captain, Army, L.R.C.P.Lond
Harris, Frank Drew, L.R.C.P.Lond, M.R.C.S.
Hatch, Herbert L., L.R.C.P Lond., M.R.C.S.
Henderson, James T., L.R.C.P.Lond., M.R.C.S.
Illingworth, C. R., M.D.Ed., M.R.C.S.
Oakeshott, Walter Field, L.R.C.P.Lond., M.R.C.S.
Toogood, F. Sherman, M.D.Lond., M.R.C.S.
Thompson, Wilberforce, L.R.C.P.Lond., M.R.C.S.
Watson, J. Riley, M.B. and C.M.Ed.

Nine candidates were referred for six months.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Mr. Morison's paper on "A Form of Dysphagia associated with Chronic Alcoholism" is marked for early insertion.

F.R.C.S. is thanked for his communication. He will see the subject is referred to in another column.

Dr. G. E. G.—Quite impossible at present.

COST OF CREMATION.

Cheapness is one of the chief arguments advanced in favour of cremation. That quality, however, is by no means an indispensible adjunct, as shown by the cost of the cremation of the late King of Siam. The ceremony, as it has now been officially announced, was carried out at an expense of £99,000. The tendency to extravagant rites, however, has always been a characteristic of Eastern nations. Indeed, long ago summary laws were passed in India forbidding more than a certain sum to be expended in buying costly woods and incense for cremation. In that country, as in ours, an expensive funeral will frequently plunge a family into poverty.

Mr. J. S. T.—A very interesting subject undoubtedly, but more suitable for a lay journal.

FROM GENERATION TO GENERATION.

The unusual circumstance of five generations living in the same village is now existing at Skillington, near Grantham, where there are living Thomas Duffin, who is 97; George Duffin, his son, aged 73; George Duffin, grandson, 48; Joseph Duffin, great grandson, 26; and George Duffin, great-great-grandson, aged 6. The head of the family is still hale and hearty.

Mr. F. E. Perkis, R.N.—The matter shall be considered.

AN OINTMENT THREE THOUSAND YEARS OLD.

Among the Egyptian curiosities contained in the famous museum of the Duke of Northumberland at Alnwick is a jar of ointment which is upwards of three thousand years old. Notwithstanding this extreme antiquity the ointment retains a powerful smell This result, obtained as it was in pre-antiseptic days, says a good deal for the thoroughness of the empirical methods in vogue amongst the early Egyptians. How much of the modern therapeutic output in ointments would stand such a test as the above?

Dr. Chas. Forbes.—Parts II and III have have been received, but the first part has not yet come to hand.

Meetings of Societies, Lectures, &c.

WEDNESDAY, FEBRUARY 21ST.

Epidemiological Society of London (11 Chandos Street, Cavendish Square).—At 8 p.m., Dr Frank Clemow: A Contribution to the Epidemiology of Cholera in Russia.

London Post-Graduate Course.—Hospital for Consumption, Brompton.—At 4 p.m., Dr. Habershon: Demonstration of cases from the Post-mortem Room. Royal London Ophthalmic Hospital, Moorfields.—At 8 p.m., Mr. A. Q. Silcock: Glaucoma. Hospital for Skin Diseases, Blackfriars.—At 1 p.m., Dr. Payne: Seborrhœa.

West London Hospital (Hammersmith).—At 5 p.m., Dr. William Hunter: Disease of the Blood (with lantern demonstration). (Post-graduate Course.)

THURSDAY, FEBRUARY 22ND.

London Post-Graduate Course.—Hospital for Sick Children, Great Ormond Street.—At 3·30 p.m., Dr. Penrose: Tuberculosis in Children. National Hospital for Paralysed, Bloomsbury.—At 2 p.m., Dr. Taylor: Muscular Atrophy. Central London Sick Asylum, Cleveland Street, W.—At 5.30 p.m., Mr. Henry T. Butlin: Cases in the Wards.

Royal College of Physicians of London (Examination Hall, Victoria Embankment).—At 5 p.m., Dr. J. Berry Haycraft: Weismannism Disease and Race Progress. (Milroy Lecture.)

FRIDAY, FEBRUARY 23RD.

Clinical Society of London.—Living Specimens at 8 p.m.:—Dr. Sansom: A case of Aphasia.—Dr. Francis Hawkins: Displacement of Heart in a Child due to Fibroid Phthisis.—Mr. Stanley Boyd: Knee after Rupture of Anterior Crucial Ligament.—Mr Battle: (1) A case of Wiring the Pelvis after Compound Fracture; (2) Reduction of Intractable Dislocation of the Hip by means of Incision of the Joint.—Dr. Harry Campbell: Interstitial Nephritis with Albuminuric Retinitis in a Youth aged Nineteen.—Dr. Arthur Davies: (1) A case of Myxœdema after Thyroid Feeding; (2) Partial Congenital Dislocation of both Clavicles.—Dr. Wilberforce Smith: Large Apical Cavity, Treatment by Carbolic Hat-box Respirator, Cicatrisation.—Mr. Bland Sutton: A case of Excision of part of the Clavicle for Myeloid Sarcoma four years ago.—Dr. Calvert: A case of Hysteria in which the Breathing is almost entirely Diaphragmatic.—Mr. Storer Bennett: A case of Dentigerous Cyst in the Upper Jaw with the tooth in situ. Papers at 9 p.m.:—Dr. Mott: Multiple Toxæmic Neuritis.—Dr. Hale White: Diphtheritic Peripheral Neuritis causing Sudden Death.—Mr. Mansell Moullin: A case of Cerebral Abscess.—Mr. Battle: Three cases of Extra-dural Hæmorrhage.

London Post-Graduate Course.—Hospital for Consumption, Brompton.—At 4 p.m., Dr. R. Douglas Powell: Angina Pectoris.

Royal College of Surgeons, England.—At 5 p.m., Prof. E. T. Collins, The Anatomy and Pathology of the Eye.

SATURDAY, FEBRUARY 24TH.

London Post-Graduate Course.—Bethlem Hospital, at 11 a.m., Dr. Corner: Insanity with Syphilis; Insanity with Organic Brain Disease.

MONDAY, FEBRUARY 26TH.

Royal College of Surgeons, England.—At 5 p.m., Prof. Chas. Stewart's First Lecture on The Physiological Series of Comparative Anatomy in the Museum of the College.

St. John's Hospital for Skin Diseases (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Tuberculosis of the Skin

Vacancies.

Coombe Lying-in Hospital, Dublin.—**Assistant Master.** Applications to the Master. (See advert.).

County Asylum, Rainhill, near Liverpool.—**Assistant Medical Officer** (unmarried). Salary £100 per annum, rising annually, with furnished apartments, board attendance, and washing. Applications and testimonials to the Medical Superintendent.

County Borough of Oldham.—**Medical Officer of Health.** Salary £400 per annum. Applications and testimonials to the Town Clerk by Feb. 26th.

County Lunatic Asylum, Snenton.—**Assistant Medical Officer** (unmarried). Salary £100 per annum, rising £10 annually to £150, with board, lodging, washing, and attendance. Applications and testimonials to the Chairman of the Committee of Visitors on or before Feb 27th.

Manchester Royal Infirmary.—**Resident Medical Officer** of the Convalescent Hospital at Cheadle (unmarried). Salary £150 per annum, with board and residence. Applications and testimonials to the Chairman of the Board by 3rd March.

National Orthopædic Hospital, London.—**Assistant Surgeon.** Must be a F.R.C.S. Eng. Applications to the Secretary. (See advert.).

Paddington.—**Medical Officer of Health.** Salary £600 per annum. Applications and testimonials to the Vestry Clerk on or before Feb. 26th.

Sheffield Public Hospital and Dispensary.—**Senior House Surgeon** (unmarried). Salary £100 per annum, with board, lodging, and washing. Applications and testimonials to Hon. Sec. Med. Staff, by Feb. 26th.

Tiverton Infirmary and Dispensary.—**House Surgeon and Dispenser** (unmarried). Salary £100 per annum, with lodgings, attendance, &c. Applications and testimonials to the Secretary on or before Feb. 23rd.

Appointments

Bredin, J. N., L.R.C.S.I., L.K.Q.C.P.I., L.S.A., Medical Officer to the Staff, Great Eastern Hotel, Liverpool Street.

Carey, C., L.R.C.P.Edin., L.M., M.R.C.S., Medical Officer of the Cottage Hospital, Bromsgrove.

Coombe, C. F., L.R.C.P.Edin., M.R.C.S., Honorary Medical Officer to the Children's Hospital, Sheffield.

Dodsworth, F. C., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for Chiswick, Middlesex.

Griffiths, H. J., M.B., B.S.Lond., M.R.C.S., L.R.C.P.Eng., Second Assistant Medical Officer to the Greenwich Union Infirmary.

Hale, E. T., L.R.C.P., L.R.C.S., L.M.Edin., Medical Officer for the Fourth Sanitary District of the Bedminster Union.

Lee, C. G., M.R.C.S.Eng., Honorary Aural Surgeon to the Royal Southern Hospital, Liverpool.

Mackintosh, A., M.D.Glasg., L.F.P.S., L.M., Medical Officer of Health to the Clay Cross Local Board.

Niven, J., M.B.Camb., B.C., Medical Officer of Health of the City of Manchester.

Pearce, A., M.R.C.S., Medical Officer of Health of the Kingsbridge and Salcombe Port.

Quarry, M. H., M.B., B.Ch.Irel., Assistant Medical Officer to the Lambeth Infirmary.

Robertson, J. H., M.B., M.S.Edin., Medical Officer of Health for the Byhope and Tunstall Sanitary District.

Sawyer, J. A. F., L.R.C.P., L.R.C.S.Irel., Medical Officer of Health for Clevedon.

Thomas, A. W., L.R.C.P., L.M., L.R.C.S.Edin., Medical Officer of Health for the Swaffham Urban Sanitary District.

Underhill, T. G., M.D.Edin., F.R.C.S., Medical Officer to the Cottage Hospital, Bromsgrove.

Willson, A., L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer to the City Hospitals, Sheffield.

Young, J., L.R.C.P.Lond., M.R.C.S., a District Medical Officer to the St. George Local Board, Bristol.

Marriages.

Wheatley—Bowring.—Feb. 19th, at St. Mary's Church, West Kensington, Arthur W. Wheatley, M.B., of Kensington, to Alice, widow of John F. Bowring, of Kingsbridge, Devon.

Deaths.

Collot.—Feb. 11th, at Malta, James Alexander Collot, Staff-Surgeon H.M.S. Collingwood, aged 44.

Dowling.—Feb. 10th, at the residence of his uncle, Stephen F. Dowling, J.P., Limerick, Dr. Edmund J. Dowling, late of Manchester, aged 41.

Greensil.—Feb. 17th, at Martley, near Worcester, John Nicholas Greensil, M.R.C.S., aged 74.

Peppin.—Feb. 13th, at Ivy Bank, Weymouth, Henry Cole Peppin, M.R.C.S., late Army Surgeon-Major.

Watson.—Feb. 9th, at the Tower of London, James Watson, F.R.C.S., Brigade-Surgeon Army Medical Staff, Retired, aged 57.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY, FEBRUARY 28, 1894. No. 9.

The Lettsomian Lectures

ON

PERITONITIS. (a)

By FREDERICK TREVES, F.R.C.S.,

Surgeon to and Lecturer on Surgery at the London Hospital; Examiner in Surgery University of Cambridge.

LECTURE III—(*Abstract*).

THE general symptoms of peritonitis are so well known, and have been so precisely described, that they call for no special consideration in the present lectures. It will be necessary only to deal with the characteristics of certain individual symptoms, and to define the clinical peculiarities of certain varieties of peritoneal inflammation.

(1) *The nervous phenomena.*—The lecturer proceeded to explain the general arrangement of the nerve supply of the parietes of the abdomen and of the abdominal viscera, which he remarked was somewhat peculiar. The skin over the greater part of the abdomen, over that part at least beneath which lie the chief viscera, is supplied by the lower seven dorsal or intercostal nerves. The same nerves supply the muscles of the belly, viz., the rectus, the two oblique muscles and the transversalis; these identical nerves take a most important part in the nerve supply of the abdominal viscera and of the peritoneum.

It thus happens that an arrangement exists for the most rapid possible conduction of reflex impulses. A cold hand is laid upon the abdomen, or a blow upon the part is threatened, and the muscles of the belly wall become rigid in a moment, or it may be that there is some sudden lesion of the peritoneum or of one of the abdominal viscera, and at once the muscles of the belly wall contract, and a more or less marked hyperæsthesia of the skin develops, and there is thus provided, by the tender integument and by the rigid muscles, that protection and that securing of rest which are the first elements in the natural treatment of a damaged part. Absolute rigidity of the belly, a limitation of the abdominal respiratory movements, and a tenderness of the surface are among the very earliest symptoms of acute trouble within the abdomen.

As peritonitis advances, both the hyperæsthesia of the skin and the contraction of the belly wall lessen and may almost entirely pass away. As the muscles yield, the phenomena of meteorism usually appear, and any tenseness of the abdomen which remains, depends upon flatulent distension of the intestines. As soon as general septic symptoms become marked, both the contraction and the tenderness usually disappear. I have seen two cases of septic peritonitis due to trouble in the appendix, run their entire course with a flaccid belly wall, and with scarcely any tenderness. Both patients were men over 50, no morphia had been administered, and death took place from toxæmia within seven days in both instances. One man spent some hours in applying massage to his own abdomen, and the other drew frequent attention to the absence of tenderness by slapping the abdominal wall.

That pain which the patient feels to be actually situated within the abdomen has the peculiarity that it is not as a rule to be localised at first, but is commonly referred to the great abdominal nerve centres. In the early stages of strangulated hernia or of perityphlitis, for example, the patient very often refers the pain to the region above the umbilicus, and will sometimes place his hand or his finger exactly over the site of the solar or superior mesenteric plexus. I have known the pain in perityphlitis to be referred at first to the opposite or sound side. As symptoms progress the localisation of the pain becomes usually more and more precise, assuming that the trouble still remains, to a certain extent, local. A patient who has had many attacks of perityphlitis gives a very hazy account of the situation of the pain in the first outbreak, but as time advances he often puts his finger directly over the diseased appendix. I have noticed the same phenomenon in intestinal troubles due to limited adhesions. The pain may be at first "all over," or be referred to the median line a little above the umbilicus. In due course, however, it becomes more and more accurately described. (a)

In the symptoms which are associated with an actually advanced peritonitis it is quite evident that the nervous system plays a prominent part. A study of intestinal neuroses makes it easy to appreciate how important that part may be. Not only may colic and diarrhœa occur in instances in which there is no reason to suspect any actual intestinal lesion, but there are cases, more or less clearly proved to be neurotic, in which there were meteorism, fæculent vomiting, and even some signs of strangulation.

A rigor does not often mark the commencement of peritonitis. Among the hundred cases this symptom was recorded in thirteen instances. In two of these the peritonitis had started in the appendix, in one it followed laparotomy, and in ten it had its origin in the pelvis. Of the thirteen patients ten died.

(2) *Meteorism.*—The degree of meteorism met with in peritonitis varies considerably, and is influenced by conditions which are not yet fully understood. When it exists its appearance is coincident with that relaxation of the abdominal muscles to which allusion has already been made. Meteorism may be absent throughout the whole progress of the case, and examples of this are not uncommon in instances of septic intoxication attended with symptoms of a low type. It is most marked in peritonitis attended by actual intestinal obstruction, in examples of perforation, in cases in which there is thrombosis of the mesenteric vessels, and also in instances in which opium has been freely administered. It appears to present no definable relation to the amount or degree of the vomiting. In experiments in which artificial distension of the gut has been brought about, not only do all intestinal movements cease, but peristalsis cannot be induced by any of the usual irritants.

(3) *Vomiting.*—It has been many times remarked that there is no single distinctive sign of peritonitis. Could one single symptom be selected as the one more usually present in all cases of peritonitis, it would probably be vomiting. In the hundred hospital cases vomiting is noted as very slight in as many as 23 per cent. of the examples. In some of these it is described as absent. This may be to some extent explained by the strict rules of dieting which are now more rigorously insisted upon at the present day, and by the fact that a dresser or a nurse may not record the symptom unless the vomiting be copious or very distressing. By very slight vomit is implied vomiting in which the amount actually brought up is trifling. Compared with the sickness attending intestinal obstruction the vomiting in peritonitis generally may be spoken of as always slight. In a very large proportion of the cases which are carefully treated the patient will merely bring up a mouthful of fluid now and then. This is often accomplished with little effort, and many hours may elapse between the successive attacks. What is alarming and distressing in this slight degree of sickness are its persistence and the evil prognosis it suggests. The patient may be apparently improving but there remains this periodical rejection of an ounce or so of fluid, which shows that the improvement is entirely delusive.

(a) Delivered on Feb. 26th before the Medical Society of London.

(a) See some cases by Launstein. *Archiv. fur klin. Chir.*, 1892, p. 120

In some of the more insidious septic cases, and in such examples of peritonitis as occur in the aged or in the subjects of advanced visceral disease, the vomiting often amounts to little more than a slight irritability of the stomach.

In the cases of peritonitis following upon strangulated hernia the vomiting is for the most part very marked and often copious, but it bears no constant relation either to the state of the gut, the degree of peritonitis, or the height of the fever. In perforative peritonitis all symptoms are usually acute and pronounced. There is intense pain and a corresponding degree of collapse, and in the larger proportion of the cases vomiting is conspicuous. It is usually absent in examples of perforation of the stomach. In the cases connected with typhoid fever the relation between the vomiting and the action of the bowels is notable. If all action of the bowel cease, then the vomiting tends to be marked; but if the loose motions are continued, then the sickness is for the most part slight. In the most rapid forms of perforative peritonitis an actual inflammation of the serous membrane plays but little part. Death is from shock or acute general toxæmia.

In cases of peritonitis depending upon disease of the intestine, including mischief in the appendix, vomiting is not, as a rule, a pronounced symptom. In the cases of perityphlitis it is to be noted that it is least marked, as a rule, in the cases in which the bowels act with more or less regularity. In peritonitis taking its origin from the pelvic viscera or parietes, vomiting is seldom very distressing. In the acute cases the symptoms are rather those of septicæmia, and in the chronic cases the disturbance has a great disposition to remain localised. In peritonitis following upon operation or accidental wounds vomiting is rarely absent. It may not be marked, and may consist merely of an irritability of the stomach, but there it remains—a symptom which gives the greatest anxiety to the surgeon, and which no treatment appears capable of controlling. It may not be complained of by the patient, but as already said its gravity does not depend upon either its frequency or the amount ejected, but upon its deadly persistence.

(4) *Constipation.*—Cessation in the action of the bowels is a conspicuous feature in peritonitis. The morphia which is often so very freely administered in this affection probably takes some share in the production of this symptom.

In the 100 cases of peritonitis from the London Hospital the bowels are classed "loose" in twenty-eight instances. In some of these twenty-eight cases there was actual diarrhœa, in others the bowels acted with frequency and without artificial aid, while in a third series of cases a free action was maintained by enemata or by aperients.

(5) *Lung complications.*—In dealing with this feature of peritonitis, mere congestion of the lungs and a slight degree of bronchitis have been disregarded. Among the 100 cases, there were no less than seventeen in which pleurisy or pneumonia appeared after the peritonitis set in. In the examples of peritonitis of intestinal origin, there were seven cases, viz., two of right pneumonia, one of left, one of right pleurisy, one of left, and two of right pneumonia with double pleurisy. Five out of the seven cases were in instances of peritonitis associated with hernia or perforation. In the examples of peritonitis starting from the pelvic organs, or from sources outside the abdomen, there were ten cases, viz., one of double pneumonia, two of right pleurisy, five of left pleurisy, and two of double pleurisy. In six of the instances the peritonitis had commenced in the pelvis—a notable fact—and in the remaining four it was due to a wound of the abdominal wall.

(6) *Fever.*—The temperature in peritonitis is liable to fluctuations so numerous and extreme that it is difficult, if not impossible, to deduce any type of temperature which may be considered to be characteristic of the disease. Probably there is no affection attended with fever in which the temperature charts of a long series of cases exhibit fewer data for the establishment of a common standard of fever.

A careful examination and analysis of the temperatures recorded in the 100 cases from the London Hospital makes it evident that the one symptom of fever can afford very little guide in estimating the gravity of the case or in forming a dogmatic prognosis. A comparison of the temperature charts in the cases that recover with those that die leads only to a bewildering result. In some of the fatal cases the temperature has moved steadily upwards, in others it has moved steadily downwards, in the third series of cases an even line of high fever has been followed, while in a fourth set of instances the temperature has been about or below normal It is quite evident that no marked or regular relation exists between the range of temperature and the character of the peritoneal effusion.

In very general terms it may be said that perforation leads at first to a sudden drop in temperature, and that if the body heat be at the time high the onset of diarrhœa is associated with a more or less rapid diminution of fever. Moreover, it may be remarked that the chart record which carries with it the stamp of an almost inevitably fatal result is that in which the temperature is for consecutive days below normal.

The Treatment of Peritonitis.

In considering the treatment of any grave affection, it is well to recollect that certain of the so-called symptoms of a disease are not crass evidences of a disturbing evil within the body, but are rather the natural expression on the part of the organism of an attempt to rid itself of a trouble. Many symptoms are, in fact, curative acts, and are the measures of a natural treatment, and not the mere purposeless signs of an unnatural disturbance.

In peritonitis the exhaustion, the rigidity of the belly wall, the pain, the vomiting, and the not infrequent sense that the bowel needs to be emptied of flatus, would suggest the recommendation of absolute rest, of attempts to relieve pain, of starvation, and, under certain circumstances, of means to relieve the intestine. If, in contemplating a patient with peritonitis, one could regard his more conspicuous symptoms as natural attempts to afford relief, they would appear to be in the direction of securing quiet within the enclosure of the abdomen, and of effecting an evacuation of the alimentary canal.

In the account which follows of the treatment of peritonitis, this suggestion from the therapeutics of nature is not disregarded.

(1) *Rest.*—Absolute rest in the recumbent position appears to be the first obvious indication. The knees may be flexed over a pillow to lessen the tension on the abdominal walls, and to favour the patient's instinct to assume that posture. The upper part of the chest and the ever restless upper limbs should be protected by a woollen jacket, and no reasonable restraint offered to the patient's inclination to hold the hands above the head. This favourite posture, by acting upon the lower part of the thoracic wall, assists also in diminishing the tension within the abdomen. It is cruel to insist that the hands should be kept beneath the bedclothes. The state of misery in peritonitis is acute enough without being increased by purposeless and rigid formulæ. Cold hands do not cause death, but as on exposure they tend to become cold, they should be covered up. The wretchedness of restlessness has a natural relief in little movements.

(2) *Feeding.*—The old rule of eighty years ago of giving as little food as possible by the mouth cannot be improved upon. The stomach is not in a condition to receive nourishment, and what is taken usually remains unutilised, and is returned unchanged. The practice sometimes met with of laboriously plying the patient with teaspoonfuls of this meat extract or of that, recalls the legend of the Daaïdes, who spent their energies in pouring water into pitchers without bottoms.

In the matter of feeding there are two extremes to be avoided. The first is the rigid, unreasoning, and often needlessly cruel prohibition of any kind of food by the mouth, and the second is the reckless and intemperate use of ice, or iced fluids.

Thirst is often a most terrible symptom in peritonitis. It is not always quite relieved—at first, at least—by rectal injections. The patient is ready to give his life for a drop of cold water. If he takes it he is sick, but he is much relieved. This little indulgence does not introduce anew the symptoms of vomiting. It is there, but it is latent, and the drop of cold water only makes it evident. The patient will not die of vomiting, and simply because a rigid exclusion of all fluid by the mouth does not render the symptom apparent it does not render it non-existing. The man would sooner vomit than endure this thirst. Very often great relief is given by allowing a fairly copious draught of fluid, which is soon rejected, and which—as it were, by washing out the stomach—leaves the patient for a while infinitely comforted. On the other hand, the perpetual sucking of ice is as bad as the perpetual teaspoonful of useless jelly of decomposible meat juice. The filling of the stomach with iced water does undoubtedly add to the general depression of the patient, especially when vomiting has been brought into abeyance by morphia.

The right course appears to lie between these two extremes. There should be no rigid formula except this—let the patient take as little food as possible by the mouth. If there be a raging thirst, let him have a little ice—and very little suffices—or a little iced milk and soda water, or if, as is common, the inclination lies to something warm, let him take a few spoonfuls of hot water or of weak tea made hot, or of beef-tea at a like temperature. It is not the nourishment that is needed (and I imagine that the nourishment in beef-tea is merely an ancient but cherished fiction), but some fluid in the stomach.

It is better within reasonable limits to be guided by the patient's own instincts than by a blind formula founded upon a doubtful physiology.

(3) *Opium.*—Here again, the old practice appears to be the best. Give as little opium as possible. In the early stages of acute peritonitis, and especially in the perforative forms, and in those depending upon appendix troubles, morphia in the form of a hypodermic is absolutely necessary. In the worst instances, it may certainly avert death from shock. Under its influence the patient revives, and the more intense symptoms become greatly modified. Morphia should never become a feature in the routine care of peritonitis. It masks the symptoms, hinders the natural process of cure, and hampers treatment. The indication for it is actual pain, and not mere restlessness and misery. In the really septic forms, but very little morphia is called for, and often none at all. Its evil effect in the after treatment of cases of abdominal section has been amply demonstrated. In quite hopeless cases, there can be no objection to its freer employment, but in other instances the administration and the dose of the drug must be sanctioned and measured by the one symptom, pain.

(4) *Aperients.*—At the commencement of the century the use of aperients was a necessary element in the routine treatment of peritonitis. By aperient treatment may be understood the obtaining of an action of the bowels by either drugs or enemata. After a certain number of years the practice altered, and the dictum went forth that when any signs of peritonitis were present, aperients were to be absolutely forbidden.

Within the last few years the more ancient method has been revived, but it has been revived with very radical modifications. To Mr. Lawson Tait the profession is indebted for this return to an almost forgotten practice, and above all, for the employment of that practice with the new element of discrimination. Mr. Tait's measure has been frequently spoken of as "the treatment of peritonitis by aperients," and it has been assumed by some—and probably with disaster—that a purgative is necessary in every case of peritoneal inflammation. Mr. Tait's precise words on this subject are as follows :—"I have never said that the purgative treatment will cure peritonitis, for peritonitis, once it is completely established, is a practically incurable disease, and almost uniformly fatal." (*a*)

It is on this very point that the centre of the position with regard to this treatment turns. Aperients can never be adopted in the routine treatment of peritonitis. In the larger proportion of cases this measure is entirely useless, and in the great series of the septic forms it is more or less impracticable.

It is a fact that the most successful treatment of acute obstruction of a certain grade is that which provides for a thorough evacuation of the loaded gut. A blindly executed enterostomy, with an utter ignoring of the cause of the obstruction, has been attended by better results than have operations in which the agent of the obstruction has been discovered, after elaborate search, and has been satisfactorily dealt with. This treatment of acute obstruction by the evacuation of the bowel before all things, we owe to Benjamin Travers, the father of intestinal surgery. In cases of strangulation of a certain degree he insisted that the bowel should be cut into and emptied, even after the obstructing band had been removed. He considered that the operation was not complete until this had been done ; he urged that safety was only to be obtained by an evacuation of the gut, and he supported his views by numerous cases and experiments.

Another illustration of these selfsame points is afforded by perityphlitis. In a previous section of these lectures I have shown that those cases of perityphlitis, in which there is diarrhœa, or in which the bowels act naturally or under the influence of aperients, are attended with a much lower mortality than are the cases in which constipation is marked. In my own experience I am convinced of the value of the aperient treatment in the earliest stages of these cases, and of the pursuit of the same measure throughout in selected instances. In some cases, however, nothing within reason will bring about an action of the bowels. When once general peritonitis has established itself, an aperient is without avail.

(5) *Blood-letting.*—This measure of treatment may with advantage be more extensively employed. It is no longer likely to be used in the unreasoning and mechanical fashion of bygone days. In robust forms of localised peritonitis, blood-letting is attended with admirable results. In perityphlitis the application of half-a-dozen leeches often acts with magical effect. In the older accounts of the treatment of peritonitis by bleeding, no good appears to have followed in cases in which the inflammation was diffused, except, perhaps, in some examples due to injury. On theoretical grounds this is precisely what would be expected.

(6) *Operative measures* (*a*).—These are represented by incision and drainage, with or without irrigation. This treatment must be considered as it applies to peritonitis, under two entirely different aspects. In one series of cases there is vigorous well-defined inflammation, the local symptoms are marked, pus is produced, and may be considerable in amount, and the exudation is more or less clearly localised.

In the other series of cases, the peritonitis is diffused, the constitutional symptoms are more prominent than the local ones, the changes in the serous membrane—so far as evidence of inflammation is concerned—are comparatively slight, and are out of proportion to the general disturbance.

In the first series of cases surgical interference by incision and drainage ranks with the procedure of evacuating a large abscess.

In the second series the cut into the abdomen and the subsequent flushing out or drainage, are to be compared with the washing out of the stomach after an active poison has been swallowed.

The operative treatment of suppurative peritonitis, especially when the effusion is localised, has been remarkably successful. Records of the operation extend back into the eighteenth century, and all that modern surgery can lay claim to is the application of the treatment with greater boldness, with greater frequency and with infinitely less delay.

The operative treatment of general diffused non-tuberculous peritonitis has, so far, no record to boast of, and little progress to chronicle. I am doubtful if a single human life has been saved by surgical interference in a genuine case of peritoneal toxæmia. Surgical treatment has been most discouraging in acute peritonitis following upon gangrenous hernia, upon operation, and upon puerperal infection. It has met with but little better results in cases of perforation, in which the serous inflammation has been well established.

As to the actual mode of operating adapted for the different varieties of peritonitis, I would venture to draw attention to the following points. In all cases it is to be assumed that the skin over the operation area is cleansed and prepared in a suitable way, and that the surgeon adopts those measures which students, in their examination papers, are so fond of describing as "strict antiseptic precautions."

In cases of localised purulent peritonitis an incision should be made into the collection by the most direct

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(*a*) *Brit. Med. Jour.*, Nov. 12, 1892, p. 1050.

(*a*) The treatment of tuberculous peritonitis is not considered.

route. When the pus has escaped, a rubber drainage tube of suitable size and with stiff fenestrated walls should be passed to the bottom of the cavity. A dressing of some absorbent material, such as Tillmann's papers, sal alembroth or cyanide gauze is then applied. I have seen no advantage attend either the fuller evacuation of the pus by squeezing, or the immediate irrigation of the cavity, and I am confident that distinct harm may be done by scraping the wall of the enclosure, by persistent searching for a diseased appendix or other cause of the trouble, and by stuffing the exposed space with a considerable quantity of gauze.

At the end of twenty-four or thirty-six hours the irrigation of the cavity may be commenced and continued twice daily, and now and then a little iodoform emulsion may be introduced.

In some examples of perityphlitis a well encapsuled collection of pus is not exposed, but the knife enters into an ill-defined district containing a variable quantity of thin, greenish, and often offensive matter, which appears to saturate the tissues. In such circumstances I have been in the habit of using a drain composed of strips of iodoform gauze, which are carefully introduced into the lowest accessible recesses of the region.

In cases of generalised peritonitis the procedure adopted must obviously depend upon the cause and degree of the trouble. If the exudation be serous it will suffice if the fluid be evacuated, if the peritoneal cavity be gently dried in its most dependent parts by means of gauze sponges, and if the abdomen be closed without drainage.

When the exudation is sero-purulent or purulent it is in many cases desirable that the cavity be irrigated. The fluid which appears to be best suited for this purpose is a ·6 per cent. salt solution made warm. After the washing the depths of the peritoneal cavity are dried, so far as is possible, with sponges, iodoform powder is very freely dusted over the portion of the serous membrane most involved, a long, rubber, fenestrated drainage tube is introduced and the abdominal wound is closed. Any treatment directed against the cause of the peritonitis will be independent of these measures.

There are cases in which the peritonitis is more plastic in character. The intestines are found to be matted together with greyish lymph, which may be present in considerable quantity. The breaking down of these adhesions causes no little amount of bleeding, and such a step is evidently destructive of a certain desirable process of repair. Still, in order to search for the cause of the peritonitis, assuming such search to be indicated, and to set free an amount of exudation which is imprisoned between the attached coils, this freeing of adhesions must be at a certain, very limited extent carried out. There will probably be a sero-purulent exudation in the belly cavity, and the gentlest movements of the fingers among the recently attached intestines will set free more fluid, which will be probably less opaque. A clump of adherent intestines will often cover and protect a perforation, and the ubiquitous fingers will many times close such an opening with more speed and security than are provided by any system of suturing.

As the surgeon, therefore, reaches what appears to be the starting point of the peritonitis he must proceed with the utmost caution, and be not only prepared. but rather inclined to leave the actual *Fons et origo mali* undemonstrated. The main purpose of the operation is to allow a noxious exudation to escape, and, if possible, to free the peritoneum of the cause of its trouble. In the class of case now under discussion, a perforation will be very often the starting point of the peritonitis; the lapse of time and the plastic character of the inflammation afford evidence that the perforation is, for the time being closed. If the operator can rid the serous cavity of the effects of the perforation, he may often leave the breach itself to be dealt with by natural means. The wisdom of doing no more than is necessary, or as little as is obvious, is well illustrated by these cases.

Irrigation.—Mere blood is better removed from the peritoneal cavity by sponging, than by irrigation. If the operation area be well circumscribed by sponges, if the shoulders be raised so that blood will reach the more dependent tracts, and if a sponge be introduced into the pelvis at an early stage of the procedure, there is little trouble with blood clot. Coagulated blood is certainly very much more easily and certainly removed by means of gauze sponges, than by a stream of water. The same observations apply to what may be termed healthy cyst contents, to fluid from hydatids, to bile, and to matter escaping from the stomach or intestine. With careful plugging and a watchful use of sponges a wide-spread extravasation is uncommon.

If it does take place the gauze can usually reach it. Irrigation would possibly have the effect of spreading the noxious fluid—as for example intestinal matters—over a still wider area. It may be said, therefore, that if certain precautions be taken, the cleansing of the peritoneal sac may be best and most safely accomplished by dry sponging.

If there be a considerable outpouring of such a material as putrid pus, or if there be a copious escape of gut contents, as from the giving way of a distended bowel above a point of obstruction, then it may be better that the whole peritoneal cavity be irrigated. In such a case the amount of the extravasated fluid and its wide distribution would render its complete removal by sponging difficult.

This irrigation is best conducted by the following means. The fluid used is a sterile ·6 per cent. salt solution at blood heat. It is introduced at low pressure but in a wide stream. The irrigating tube is of soft rubber and may have a diameter of three-quarters of an inch. The tube itself is introduced into the belly cavity. The flow through it can be regulated by a clip. Any form of rigid nozzle is to be most strongly condemned. The solution should flow gently into the abdomen. The peritoneal cavity is to be flooded and not to be scoured out with a violent stream of water, which hisses and rushes from a vulcanite nozzle as from a miniature fire-hose.

When the belly cavity is quite full of fluid the surgeon's hand—which is already in position—is moved to and from among the intestines with great gentleness. The coils of bowel are thus rinsed. By a movement of the hand and by pressure here and there the fluid overflows from the wound and is replaced by the steady stream.

As the water which escapes becomes clear the upper end of the operation table is raised, so that the shoulders are much elevated, and then little has to be done but to wash out the most dependent parts, including especially the pelvis, and to allow the upper parts to drain. Finally, what fluid remains in the pelvis is removed with sponges, and a sponge in a holder is retained in the bottom of the pelvis during the introduction of the stitches and only withdrawn at the last moment.

Drainage.—It will be allowed by most that drainage is necessary, when either an actually noxious material is left in the peritoneal cavity, or when it is assumed that an extensive effusion will follow upon the laparotomy. Considerable differences of opinion must exist as to what constitutes, either in substance or in amount, a noxious material, and also to what extent a possible effusion is to be met by drainage.

A stout rubber drainage tube of large size and well fenestrated, passed into the midst of the area which is the most disturbed, appears in most cases to answer all reasonable purposes. It is not suited for most tuberculous cases. It must be assumed that the surgeon has no objection after the operation to frequent, and perhaps extensive, changes in the patient's position, for the purpose of assisting the process of drainage. I have myself seen no harm arise from a liberal fulfilment of this object. In certain instances, some of which I have already indicated —a gauze drain appears to be better adapted for the case than a rubber one. This drain is simply composed of a long strand of iodoform gauze about one and a half inches wide, and some five to six layers thick. It appears to have been first advocated by Bardenheuer. In a case of purulent peritonitis, Jalaguier (a) has passed these strands of gauze in all directions among the intestinal coils from the diaphragm to the pelvis with good result.

A like proceeding in like cases is advocated by Steinthal. (b)

The great objections to the iodoform drains are these. They may induce symptoms of poisoning if very extensively employed, they are most difficult to remove unless there be a free discharge, and their use is apt to be followed by ventral hernia.

(a) *Bull. et Mém. de Soc. de Chir.*, 1891, p. 800.

(b) German Surgical Congress, 1888.

Some surgeons, either to supplement or to replace drainage, allow the wound to gape, or support it merely by a few quite loose sutures. (*a*) This measure has been especially advocated in the treatment of perforative or purulent peritonitis.

In conclusion, it only remains to be said that the surgical treatment of peritonitis has not yet reached a position which is either satisfactory or secure. There has been no lack of boldness in the measures used, and little sense of discouragement at the results obtained. Surgical enterprise has been directed against effects and against damage done, rather than against causes and the beginnings of evil. The surgeon holds the same position in regard to peritonitis which was held some thirty years ago in regard to wounds and more accessible forms of inflammation. At that time he dealt only with the consequences of pathological wrong-doing, just as now he concerns himself with the prevention of troubles which he has learnt to control. Peritonitis will be more successfully treated when measures can be directed against the sowing of the wind rather than, as now, against the curbing of the whirlwind.

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Post-Graduate Lectures.

SEA VOYAGES IN CATARRHAL PHTHISIS. (*b*)

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THE term "catarrhal phthisis" is a clinical, rather than a pathological, one, and is used as the subject of this lecture because it corresponds to a fairly definite group of cases, examples of which are met with in practice every day.

There is a large number of individuals in whom an ordinary catarrh does not confine itself to the nasal and pharyngeal mucous membrane, but extends into the trachea and larger bronchi. These form one set of cases in which catarrhal phthisis occurs. A second set is furnished by those diseases, of which measles and influenza are the most important, and by far the most characteristic, which are normally accompanied by an inflammation of the bronchi that has of itself a tendency to advance towards the smaller bronchi, the bronchioles, and even the pulmonary alveoli. The third set corresponds to those cases in which tubercular disease is laid down on some acute pneumonia which has not undergone proper resolution. Three types will, therefore, be considered: the ordinary, that affecting the large bronchi; second, the broncho-pneumonic, affecting the small bronchi and alveoli; and third, the acute pneumonic, in which a whole lobe has at some previous time been affected with some non-tubercular but specific poison. Of these the second or broncho-pneumonic is by far the most common and important. (All three types were presented for examination at the end of the lecture).

At the outset, a question of great difficulty presents itself, and it is that of deciding whether the types above mentioned are primarily tubercular or primarily non-tubercular. No doubt catarrhal phthisis generally occurs in those having a hereditary tendency to the disease, but really so few persons have absolutely no tubercular family history that too much stress must not be laid on this point. My own personal opinion is that a very considerable proportion of cases of catarrhal phthisis are at the commencement non-tubercular, but that the irritative and inflammatory pulmonary conditions, for example, of measles, though they may at first be transient, especially if care be taken, may, in the absence of proper precautions, become chronic, impairing the vitality of the lung tissue and forming a preliminary stage which prepares the ground for the reception and growth of the tubercle bacilli. That this is further aided by the extension of the catarrhal process to the deeper ramifications of the bronchial tree, and particularly to the alveoli, is only what must be expected if we bear in mind the delicacy of the alveolar walls and the readiness with which their vitality may be impaired, and the lengthened period during which the catarrhal products must remain in the ultimate portions of the lungs.

Another disease similar in its action to measles is influenza, and at the present time a large number of cases of basal tuberculosis are dating their origin from the epidemics of 1890, 1891, 1892, and 1893. The broncho-pneumonia that so commonly accompanied an attack was in itself comparatively harmless, and provided the patient took proper care and did not run the risk of accentuating the lung-condition by an undue exposure during the early days and weeks after his attack, as a rule, he recovered completely. But this care was neglected in many cases, and the effect has been to impair the vitality of many lungs, and to cause the deposition and growth of tubercle bacilli.

The catarrhal products of broncho-pneumonia have a natural tendency to dry up or become cheesy, or perhaps chalky, and this very alteration is in favour of their subsequent tubercular modification. Hamilton attributed the well-known comparative immunity of the subjects of mitral disease to phthisis to the fact that the œdematous fluid that in that disease collects in the lung prevents the broncho-pneumonic exudations from becoming cheesy or chalky, and assists their expectoration. We shall later see that this fact has an important bearing upon the climatic treatment of individual cases.

Such is the class of tubercular disease that I wish to put before you to-day.

One chief consideration, is the climatic treatment, and to that I will now briefly direct your attention. Speaking generally, the climatic treatment of phthisis is of two kinds: (1) That of moist and warm air, as represented by a sea voyage. (2) That of dry, cold, and high altitudes, as, for example, The Engadine. In many cases the two can best be used in conjunction. Much of the benefit derived from a residence in the high table-land of South Africa depends upon the sea voyage which has been undertaken before proceeding to the high land. It is an advantage to a person with catarrhal phthisis to pass through tropical oceanic regions where the air is highly charged with moisture, and where consequently the catarrhal products in the lungs are softened and moistened before going to the high table-land where the increased expansion of the lungs and the improved physical powers will serve to expel these products. The second part of the treatment is rendered easier by the first. Moreover, excesssive dryness of the air, such as occurs in Davos during the winter months, when all the moisture of the air has been frozen and deposited, is of itself a disadvantage. Such air irritates the mucous membrane, and although the cool outdoor air after first emerging acts as a sedative, the drier atmosphere within the house (which of necessity must be artificially warmed, and further, deprived of moisture) often excites unnecessary coughing. Consequently, in recommending high cold climates for catarrhal phthisis this natural condition must be borne in mind, and the cough should be the leading criterion, for although limited alveolar catarrh is undoubtedly benefited by mountain air the Alps may act prejudiciously on the case in other respects.

Another important point wherein oceanic life is beneficial is that common catarrh is so rarely contracted at sea; the micro-organism of catarrh, if one exists, as

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(*a*) Mickulicz, *Deutsch. Ges. fur Chir.*, 1889, p. 303; and Krecke, *Murch. med. Woch.*, Aug., 1891.

(*b*) Abstract of lecture delivered at the Hospital for Consumption and Diseases of the Chest, Brompton.

seems highly probable, inhabits the neighbourhood of land. Many a delicate passenger has been absolutely free from catarrh though exposed to winds and wet from all quarters in mid-ocean, but becomes attacked directly the ship enters the Channel. On the other hand the high altitudes are extremely valuable on account of the large amount of sunshine that is there obtainable. It is known that the tubercle bacillus grows in inverse proportion to the amount of light, and that in bright sunshine it will not grow at all. The active rays of the sun are vastly different in power in various parts of the world, and photographers tell us that plates that must be exposed in England for more than five minutes, require no longer than one minute at an elevation of 5,000 feet. It is very probable, therefore, that the sunshine has some special and, as yet, unrecognised power in the treatment of phthisis at high altitudes. In the next place the comparative absence of putrefaction-bacteria as a result particularly of the low temperatures in high lands is of itself of extreme importance, for the most evident symptoms of tuberculosis are those of the suppurative processes that supervene in the necrotic areas produced by the growth of the tubercle bacillus. Do away with these putrefaction-bacteria and the hectic symptoms disappear, and the chances of recovery are definitely increased.

In a word then, in catarrhal phthisis the indication is a moist warm climate, such as that afforded by a course of treatment at Mont-Dore, or a sea voyage if the secretion be slight and if the sounds in the chest be sticky, to be followed a short time after by residence in a dry sunshiny atmosphere at a high altitude ; whereas if the catarrh be recent and the secretion be not inclined to become inspissated this first part of the treatment may be dispensed with, and such places as Davos, St. Moritz, or the Karoo, may immediately be sought.

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THE

SANITATION OF PLACES WHERE FOOD IS STORED AND PREPARED. (a)

(A) BAKEHOUSES.
(B) KITCHENS OF RESTAURANTS.

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Mr. Chairman, Ladies, and Gentlemen,—The subject upon which I have been invited to address you covers so much ground that it would be hopeless to attempt to deal with it exhaustively within the limits of time allotted to this paper. I therefore propose to confine my remarks more particularly to the consideration of the hygienic aspects of bakehouses. At the same time it may be broadly stated that many of the objectionable features met with in ill-regulated bakehouses are reproduced in bad kitchens.

After a prolonged consideration of this question, I have been forced to the conclusion that throughout the United Kingdom there is urgent need for inquiry and reform. Under the present system the health of the workman often suffers, and in some instances the public health is also endangered. To remedy these evils I would suggest (1) that inspection under existing statutes should be more systematic and complete ; (2) that legislation is needed to extend the powers of local authorities to deal with all aspects of the bakehouse question. Further, I am of opinion that a proper scheme of legislative action could be best initiated by a Select Committee of the House of Commons.

Too little attention has, I think, been devoted in the past to the wholesomeness of places where food is stored and prepared. Most practical sanitarians will agree with me that this neglect is likely to entail consequences more or less serious upon the food consumer, and in a still greater degree upon the food producers.

Turning to that portion of the subject with which I propose to deal more particularly, namely, the question of bakehouses, this attitude of general apathy is especially remarkable. In bread we have to deal with an article of prime necessity ; it is the staple and essential factor in all dietaries, and every citizen is directly concerned in matters affecting its cost, its purity, and its methods of production. Under such circumstances, then, it seems hardly credible that, on a moderate estimate, one half of the bread supplied to Londoners is sent out from cellar bakeries, or, in other words, that it is manufactured in underground places that violate the first principles of sanitation. This estimate, it may be at once acknowledged, is only approximate, as it is impossible to obtain anything like a comprehensive statement of facts and figures. In my own district of St. George-the-Martyr, Southwark, I find that out of 67 bakeries, 23 are situated altogether, and 9 partially, in basements ; an average which is exceeded in other metropolitan districts. In considering the source of the total output of bread, moreover, the fact must be taken into consideration that some of the above ground bakeries carry on business on a very extensive scale. On the whole, however, I think we may take it as a fairly correct assumption that about one half of the Londoner's daily bread is derived from underground bakeries.

According to the Census of 1891 there are no less than 18,029 bakers in London, and 84,158 in England and Wales. (b) These figures do not include the pastrycooks and confectioners, many of whom work underground, but whom I exclude, as they are not directly concerned in the production of bread. The bakers, however, constitute a large and important class, and when we take into consideration the wives and children dependent on their exertions, it will be evident that our present discussion directly affects the interests of a large section of the industrial community.

The lot of the journeyman baker is neither a healthy nor an enviable one. From the nature of his occupation he is placed in an environment that saps his strength and too often makes him prematurely aged. His face is thin and pale, his shoulders are rounded, and his whole look suggestive of chronic ill-health. Nor is this to be wondered at when we consider the fatiguing nature of his work, which is carried on through the night and far into the next day. He is exposed to damp and to great and sudden changes of temperature, and he habitually breathes an atmosphere which is charged with dust, with the fumes of coal, with the products of respiration, and not infrequently with actual sewage contamination. In consequence of the unhealthiness of the employment the young journeyman changes his occupation whenever he is able, and thus swells the mortality figure of some other trade. His place, however, is quickly filled up by recruits from the country, or by apprentices from Scotland and the West of England.

Dr. Ogle's tables of comparative mortality of males between 25 and 65 years of age, founded upon the death registers of 1880-1-2, offer some suggestive figures. From them we learn that in 100 different occupations bakers occupy the following relative positions : in suicide they come third, in alcoholism seventh, in liver disease eleventh, in diseases of the circulatory system eleventh, and twelfth in diseases of the nervous system. Many of these diseases may be traced to the abuse of alcohol, an evil habit which is doubtless fostered by the fatigue consequent upon the overwork, the long hours, the want of sleep, and the poisonous atmosphere to which the journeyman baker is exposed. It may be remarked that Dr. Ogle's tables do not confirm the high rate of mortality from consumption and diseases of the respiratory organs testified to by other authorities. This apparent anomaly is possibly explained by the fact that a small proportion only of the total number of bakers included in his tables are exposed to the bad environment met with in London. In short, his figures deal with the state of the trade generally, as apart from the Metropolis, and in this way they are diluted, so to speak, with the more favourable results obtained from provincial bakeries.

(a) Read at the Sessional Meeting of the Sanitary Institute, Feb. 14th, 1894.

(b) Since the Census of 1891 the bakers have added 13,126 to their number.

Among the diseases to which bakers are specially liable may be mentioned rheumatism, colds, erysipelas, and a form of eczema, due to the irritation of the flour, and known as "baker's itch." They are peculiarly liable to rupture and Malgaigne, indeed, states that their tendency to that affection is three times that of other trades. This observation is readily accounted for by the fact that the baker has to lift heavy sacks weighing 280 lbs. Another common affection of bakers is flat-foot, a deformity that produces a peculiar gait, and is also due to long standing and the habitual lifting of heavy weights.

As to the hours of work, from personal inquiries among the journeymen I find that seventy-two hours work weekly is a fair average in the better class trade, with Saturday evening and Sunday free. Nor is it easy to see how, with the present system of bread-making by hand, this time could be materially shortened. In the poorer neighbourhoods, where what is known as a "cutting" business is conducted, the baker works from eighty-four to a hundred hours weekly, and in addition frequently bakes dinners up till half-past one o'clock on Sunday.

Perhaps the best way to form an idea of the realities of a cellar bakehouse will be to draw a picture of such a place, sketching in the details from facts that have come under my own observation.

First of all we enter a baker's shop from the street and descending a trap door, climb down a steep ladder into the bakehouse. We then find ourselves in a cellar, some 20 or 30 feet in length, and 10 or 12 feet in breadth. It is in fact an ordinary basement cellar 6 or 7 feet high, and is lighted by gas-jets. Its roof is unceiled, and between the boards covering in the warped rafters are many cracks which open directly into the shop above. A portion of its floor-space is occupied by a slightly raised wooden platform on which are ranged a number of sacks of flour. Along one of its sides are placed the kneading troughs, large wooden boxes, which are fixed immovably against the damp and white-washed wall. The oven stands at one end of the bakehouse, away from the sacks of flour, and consists of a long deep chamber built of unglazed bricks. Its furnace is fed with coal, a supply of which lies in a loose heap close by. In the darkest corner of this underground bakery stands a kind of open cupboard, in which a water-closet is placed.

In the cellar thus fitted up are carried on all the operations of mixing, kneading, and baking the dough, in addition to which it often serves for storing the loaves of bread.

On descending the stairs the visitor finds himself plunged into a hot and stifling atmosphere. Pursuing his investigations he will find that the air is vitiated from many sources, for instance, there is the active contamination of the flaring gas-jets, while the furnace fills the place with sulphurous fumes, more especially when the journeyman economises fuel by closing the damper. The air is further charged with moisture and with other products derived directly from the baking of the bread. Sewer-gas may enter through the drain openings in the floor, the more so as the grating traps are often worthless. It may enter, moreover, through a defective closet soil pipe. Further pollution is caused by the ground air and damp which are sucked up into the heated cellar through the faulty flooring. But this is not all, for in low-lying districts there is the danger that in times of heavy rain-fall the sewage may force its way through the drain-pipes into the bakehouse. It is easy to see that the introduction of a flood of sewage in this way may bring the germs of typhoid and other filth diseases into direct contact with the loaves of baked bread.

Ventilation, in any real sense of the term, is absent, and indeed, under the circumstances we have pictured, is impossible. An inlet grating usually exists at the level of the street, but as a rule it is kept carefully closed by the journeyman, who is morbidly susceptible to draughts. In most cases, again, there is another small inlet at the back of the cellar, but this second ventilator is almost invariably covered up by means of a sack. It will be seen, therefore, that not only is the air systematically poisoned from within, but also that no provision is made for that constant renewal from without which is essential to health. We may safely assert that no man could habitually work in an atmosphere even approaching that which has been portrayed without sooner or later sustaining serious injury to his health.

Our description, however, has by no means exhausted the evils incident to a bad underground bakehouse. In many of these places the unhappy journeyman is actually shut up for 12 hours or more at a stretch, and during that period adds his quota to the general impurity. At times he smokes, or uses tobacco in the still more objectionable form of chewing. Now and then dogs and cats are found in the cellars. Other forms of animal life include rats, mice, black beetles, cock-roaches, ants, and spiders, the smaller insects often being present in almost incredible numbers. Then the moist and heated atmosphere is favourable to the rapid decay of vegetable matter, and this takes place in the scraps of dough and refuse flour which collect in the hollow sides of and beneath the kneading troughs. The same conditions act on the coal, and cause it to give off various injurious gases.

Bread, as everyone knows, is peculiarly liable to absorb moisture and gaseous substances. When stored in a badly arranged bakehouse, therefore, it can hardly escape deterioration. Moreover, when prepared under such conditions, it is liable to be injured at every step of its manufacture. The flour becomes damp, musty, and sour, the sponge and dough contaminated by the sweating arms of the journeyman, while on all sides it is exposed to the risk of sewage and of other noxious emanations. Lastly, the water with which the flour is mixed is often obtained from the same cistern which supplies the water closet, a system which is nothing less than an open invitation for the entrance of sewage matter into an important and universally used article of food.

In London, there are between 30 and 40 "model bakeries," that is to say, places where baking is carried on in a cleanly and scientific way amid wholesome surroundings. This number does not include the wholesale factories, of which there are several of large size. It will be sufficient here if I briefly lay down the principles which should guide the construction and management of a sanitary bakery.

First, the building itself should be specially built for the purpose, with strong walls and a plentiful supply of windows. Separate and lofty rooms should be provided for storing flour, for mixing and kneading the dough, for baking, and for storing the bread. The flour-loft should be placed at the top of the building, and all the sacks should be conveyed thither by means of a lift, so as to spare the workmen as much as possible from the laborious and dangerous work of hauling about heavy weights. The mixing and kneading room should be provided with movable iron troughs. The kneading, as well as the mixing to be conducted by means of machinery wherever possible, in order to avoid the handling of dough or flour by the workmen. Then a special provision should be made for thoroughly cleansing the empty sacks before they are returned to the miller.

These various rooms should be light, airy, and lofty, and be kept with the most scrupulous regard to cleanliness. Much will depend on the construction of the room. The walls, ceiling, and floor of each room should be of smooth and non-absorbent material, such as glazed tiles for the walls and roofs, and hard wood or tesselated pavement for the floor. The windows should reach to the ceiling and be kept permanently open at the top. Additional ventilation could be provided by means of Tobin's tubes and appliances, but in all cases it is imperative that all such apparatus should act automatically and be beyond the control of the workmen. As much daylight as possible should be admitted to every part of the building, and no part of the bakehouse must be below the ground-level. Where artificial light is wanted, it would be best obtained from electric lamps. The water used for mixing the dough must be provided from a special and separate cistern, or better still, direct from the rising main. All sanitary conveniences, including wash basins and baths, should be placed in a basement, or in some place quite apart from the main building.

The ovens themselves may be heated in various ways. Some of the most cleanly and convenient of the latter means are by gas or by tubes containing superheated steam. If coal or coke be used, it is important to insist that the furnace room must be freely ventilated and that on no account is the flue to be closed by a damper.

Let us next glance briefly at the state of legislation with regard to bakehouses.

Before 1863 no special legislation existed. In that year, however, the Bakehouse Regulation Act was passed. The measure in question was introduced at a time when public attention had been pointedly drawn to the unhealthy conditions under which baking was carried on. The duty of enforcing this first Act of 1863 was imposed on the local authorities. As a result of the report of a Royal Commission on Factories and Workshops in 1876, the Factory and Workshop Act of 1878 was passed, and at the same time the Bakehouse Act was repealed. For some unaccountable reason, and against the advice of the Commission, the regulation of bakehouses was transferred from the local authorities to the already overburdened factory inspectors, who numbered six only for the whole of London. In 1883, on the passing of the Factory and Workshop Amendment Act, followed a re-transfer of the duties from the factory inspectors to the local authorities.

The present law regarding retail bakehouses, so far as London is concerned, is incorporated in sections 26 and 27 of the Public Health (London) Act, 1891. The provisions of the Act of 1878 are contained in sections 34, 35, and 81. These sections, repeated in clause 26 of the Public Health (London) Act, apply to such bakehouses only as are situated in any place that contains, according to the last published census, a population of more than 5,000 persons. Section 34 runs as follows:—"Where a bakehouse is situate in any city, town, or place containing, according to the last published census for the time being, a population of more than 5,000 persons, all the inside walls of the rooms of such bakehouse and all the ceilings or tops of such rooms (whether such walls, ceilings, or tops be plastered or not) and all the passages and staircases of such bakehouse, shall either be painted with oil or varnish, or be lime-washed, or be partly painted or varnished and partly lime-washed; where painted with oil, or varnished, there shall be three coats of paint, or varnish, and the paint or varnish shall be renewed once at least in every seven years and shall be washed with hot water and soap once at least in every six months; where lime-washed the lime-washing shall be renewed once at least in every six months. A bakehouse in which there is any contravention of this section shall be deemed not to be kept in conformity with this Act."

Section 35 of the 1878 Act states that a place on the same level with the bakehouse and forming part of the same building shall not be used as a sleeping place unless it is constructed as follows; that is to say:—"It must be effectually separated from the bakehouse by a partition extending from the floor to the ceiling, and unless there be an external glazed window of at least nine superficial feet in area, of which at least four-and-a-half superficial feet are made to open for ventilation." There is no apparent reason why the operation of this section should have been confined to urban districts. Surely, in the interests of the sleeper or of the bread consumer—whether rustic or cockney—it is desirable that the section should be of general application. Section 81 of the 1878 Act provides that if section 34 be contravened, the occupier of the bakehouse shall be liable to a fine not exceeding £10.

The sections of the Act of 1883 applicable to bakehouses, and repeated in clause 26 of the Public Health (London) Act, are clauses 15 and 16. Section 15 relates exclusively to places which were not let or occupied as bakehouses before the 1st of June, 1883. The clause provides that it shall not be lawful to let or suffer to be occupied as a bakehouse, or to occupy as a bakehouse any such place unless the following regulations are complied with:—(1) No water closet, earth closet, privy, or ash pit shall be within, or communicate directly with the bakehouse. (2) Any cistern for supplying water to the bakehouse shall be separate and distinct from any cistern for supplying water to a water-closet. (3) No drain or pipe for carrying off fæcal or sewage matter shall have an opening within the bakehouse.

It is to be regretted that this section is not applicable to bakehouses let or occupied as such before as well as after the 1st June, 1883.

Section 16 relates to all bakehouses, whatever may be the date of their construction or first occupation. It provides that where a court of summary jurisdiction is satisfied on the prosecution of a local authority that any place used as a retail bakehouse is in such a state as to be, on sanitary grounds, unfit for use or occupation as a bakehouse, the occupier of the bakehouse shall be liable, on summary conviction, to a fine not exceeding forty shillings, and on a second or any subsequent conviction, not exceeding five pounds. The court, in addition to, or instead of, inflicting such fine have it in their power to order means to be adopted by the occupier, within a time named in the order, for the purpose of removing the ground of complaint, and may, on application, enlarge the time so named, but if after the time so originally named or enlarged by subsequent order, the order is not complied with, the occupier will be liable to a fine not exceeding one pound for every day that such non-compliance continues.

The Vestry of St. George-the-Martyr, Southwark, is, so far as I know, the first local authority to have instituted proceedings under this 16th section since the passing of the Act in 1883. The case resulted in a fine of 40s.

Section 17 of the 1883 Act, subsection 2, has been repealed by section 27 of the Public Health (London) Act, 1891. The latter clause reads as follows:—"If any child, young person, or woman, is employed in a workshop, and the medical officer of the sanitary authority becomes aware thereof, he shall forthwith give written notice thereof to the factory inspector for the district."

The only remaining special legislation affecting retail bakehouses is to be found under section 26, sub-sections 1 and 2, of the Factory and Workshop Act, 1891. This clause obliges every person within one month after opening a bakehouse to serve a written notice upon the district factory inspector, acquainting him with the fact. The clause further imposes upon the inspector the duty of forwarding the notice forthwith to the sanitary authority of the district in which the bakehouse is situate.

The chief conclusions at which I have arrived may be stated somewhat as follows:—

1. That it is advisable by means of a Select Committee of the House of Commons to inquire into the bakehouse question.

2. That in case the Committee advise fresh legislation they shall prepare a bill incorporating their recommendations with the Public Health (London) Act, 1891.

3. That it should be rendered an offence to occupy as a bakehouse any cellar or place completely below the level of the street, unless it had been so occupied before a certain fixed date.

4. That all bakehouses be compulsorily licensed, and that such license be renewable annually.

5. That the granting of licenses be vested in the London County Council.

6. That uniform metropolitan by-laws regulating the conduct of the retail bakeries be made by the County Council and confirmed by the Local Government Board.

7. That such by-laws shall cover (a) the regulation of the conduct of the business; (b) the regulation of the structure of the premises; (c) the regulation of the mode in which application is to be made for sanction to establish anew the business of a baker in the County of London.

8. That the by-laws relating to structure, and comprised under heading "b" do not apply to existing bakeries until after the lapse of a certain number of years.

9. That the question of compensation for disturbance of existing rights in bakeries be taken into consideration by the Parliamentary Committee.

10. That no dealing with the question of the regulation of bakehouses will be complete unless it investigates the relations between the millers and bakers. At present the small tradesmen are often completely under the thumb of the capitalist millers.

11. That inspection of bakehouses should be more systematic and thorough. To fulfil this condition an increase of the staff of sanitary inspectors is imperative.

12. That a more intelligent knowledge of the whole question of their bread supply is desirable on the part of the public.

13. That the sacks of flour should be reduced from 280 to 140 lbs.

To my mind, the ill-health of the baker is in the main the result of the bad surroundings in which he works. If baking be carried on in well-ventilated places, with a perfect sanitary environment, there is no reason why it should be a particularly dangerous or unhealthy trade. It is open to question how far the State should be called upon to fix the hours of labour of the journeyman baker Without entering, however, into the discussion of that difficult and complex economical problem, it may, I think, on the other hand, be emphatically asserted that there is much in the present condition of the retail bakehouses which calls for stringent legislative interference.

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Selected Prescriptions and Therapeutic Notes.

68.—Lozenges to be used in Congestion of the Pharynx and Larynx :—

℞ Chloride of ammonium, in powder, 700 gr. ;
Tragacanth, in powder, 140
Refined sugar, „ 280
Black currant paste, as much as is sufficient.

Mix the ingredients, and add the paste until the whole mass weighs 1 lb. Divide into 350 lozenges of 20 grains each, and dry in a hot-air chamber at a moderate heat. Each lozenge will contain about two grains of chloride of ammonium.—*Throat Hospital "Pharmacopœia."*

69.—Tannin as an Intestinal Antiseptic :— Tannin is one of the most efficient of all germicides for use as an intestinal antiseptic. We have for several years employed this agent as an antiseptic in intestinal catarrh, and with most excellent effects. When administered by the mouth we have usually given 3–5 grains in capsule two or three times a day ; but most useful results are also to be gained, especially in cases of pseudo-membranous catarrh of the intestines, by first washing out the bowels with a large quantity of hot water, and then injecting a solution of tannin of the strength of one drachm to a pint.—Dr. Baczkiewicz.

70.—Snuff for Acute Coryza :—

℞ Cocainæ hydrochloratis, gr. iss ;
Mentholis, gr. ijss ;
Acid. salicylatis, gr. viij ;
Acid. boracis, ʒj ;
Pulv. amyli, ʒiss.

Mix and reduce to a fine powder. Every two hours a pinch of the snuff may be taken, after blowing the nose.

71.—Ichthyol in Pruritus :—In the vaginal pruritus of pregnancy, ichthyol has been found very useful. It may be employed in the form of an ointment, made up with lanolin. In some of these cases it has given relief where carbolic acid and cocaine have failed. In the pruritus, also of diabetes, the drug has proved to be very useful, combined with fifty per cent. of glycerine.

72.—Gonorrhœa :—Ichthyol is now *de rigueur* in the treatment of this affection in Paris. The following is the formula :—

Ichthyol, ʒj ;
Water, ℥viij.

Three injections daily.

—*From our French Correspondent.*

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We understand that Mr. O'Callaghan, F.R.C.S.I., Surgeon to the Carlow County Infirmary, has resigned this surgeoncy, and is about to leave Ireland, and to take up his residence in Harley Street, London, where he will practise, chiefly the gynæcological speciality. Mr. O'Callaghan has recently benefited by the will of a patient to the extent of about £12,000.

Clinical Records.

HOSPITAL FOR EPILEPSY AND PARALYSIS, REGENT'S PARK.

Case of Progressive Muscular Atrophy, with commencing Bulbar Paralysis.

Under the care of Dr. Jas. Cagney,
Physician to the Hospital.

Patient, a man, æt. 58. The earliest symptoms had set in nearly two years ago. Treatment at the National Hospital was attended with a stay in the progress of the disease, and the patient was able to return for many months to his occupation, that of a sawyer. After a time the muscular atrophy extended slowly at first, and following more or less closely the typical distribution of the paralysis until in the recent cold weather it made very rapid advances, and the man was admitted as an in-patient at the Regent's Park Hospital at the beginning of the present month. The greater part of the upper extremities was then wasted. There was weakness but no wasting of the lower limbs, and the knee jerks were normal. Ten days later the speech became thick and there was special difficulty in pronouncing linguals. The tongue was tremulous and the lips at times slightly so. A week later the right knee jerk had almost disappeared. There was numbness and pains in the peroneal region, and diminished galvanic excitability of the peronei on both sides. Quivering of the tendons about the ankle-joints was caused by cold, and gave much annoyance when the patient sat in a draught. Deafness of sudden onset was partially cured by the removal of wax. The palate was asymmetrical but moved fairly freely ; the palatal reflex was abolished ; the tongue presented no change, and was protruded straight. Later it was protruded to the right and showed some inequality between its two sides but neither wasting nor fibrillary twitching. Laryngoscopic examination was negative. The pupils were unequal, the right being much smaller than the left, and reacting sluggishly to light and accommodation. Tremors of the lips had been observed but were not constant. The diagnosis of progressive bulbar palsy was based upon the changes in the tongue and soft palate and the change in speech. It was remarkable also that the case showed none of the spastic phenomena which characterise amyotrophic lateral sclerosis, the condition upon which bulbar palsy is said most often to supervene. On the other hand, the weakness without wasting of the lower extremities would be taken to imply degeneration of the pyramidal tracts. The deafness was probably not attributable to bulbar palsy. Points of incidental interest were the arrest of the disease for a long time and its rapid course afterwards under the influence of cold ; and its extension simultaneously to the medulla and the lower part of the cord. Dr. Cagney pointed out that amidst the general atrophy of the right arm and shoulder the upper part of the trapezius—Duchenne's *ultimum noriens*—remained. The shoulder in question was much lower than the other, a fact ascribed by the patient to his habit of carrying heavy beams of wood on it. The exemption of the upper part of the trapezius under these circumstances deserves prominence in view of the belief held by Eichhorst and others that use determines the incidence of atrophy in these cases. The patient had been the subject of incontinence and cystitis for two years before the disease showed symptoms.

Case of Hysterical Attacks simulating Partial Epilepsy.

The subject was a woman, æt. 32, married ; two children. She came to the Hospital for Epilepsy and Paralysis on October 11th, 1893. Three months previously she had had a cataleptic fit preceded by psychical and visceral auræ and attended with hemiplegia. The attack lasted five hours. When seen she presented anæsthesia and analgesia of the right side of the lip inside and out, and at the tip of the tongue, and loss of sensation of all kinds at the ends of the thumb and three fingers of the right hand. She thought these symptoms followed the fit, but Dr. Cagney regarded them as permanent stigmata. There was, besides, clavus, buccal, and conjunctival anæsthesia and irregular anæsthesia of the right side of the face. There was a second attack on November 28th ; similar auræ followed by paraplegia lasting two hours, and incessant yawning and facial contortions for twenty-four hours longer. When seen on December 6th the permanent stigmata were as before. There were signs of effusion into both temporo-maxillary joints; paresis and exquisite tenderness of the temporal muscle on the right and tenderness of the masseter and trapezius on the right; of the sterno-mastoid on the left, pain in legs and back; vertigo; a loud thudding tinnitus, and severe pain at the temples.

Dr. Cagney inferred that the attack was one of hysteria major ceasing with the epileptiform stage, and that the facial group of muscles had been alone or chiefly involved. He quoted M. Ballet (*Brain*, p. lv, 1891) who has written an instructive monograph on the subject. He said it was very necessary to recognise the nature of such attacks both to guard against error and also because the rarity of the grand attack of hysteria in England makes it desirable to take every opportunity of studying the minor manifestations of the disease.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, Feb. 23rd, 1894.

The President, Mr. J. W. Hulke, F.R.C.S., in the Chair.

CLINICAL EVENING.

Dr. Wilberforce Smith showed a case of phthisis in which a cure had followed the inhalation of carbolic acid. The patient was a man, æt. 25, who first came with signs of dulness, and moist sounds at the apex of one lung. The temperature was high and he was also suffering from *fistula in ano*. He went to the seaside where he lived under good hygienic conditions, and he used a large inhaler made from an ordinary hat box in which was suspended flannel charged with carbolic acid. He continued these inhalations for eighteen months and his present condition was apparently one of complete recovery.

Dr. Fletcher Little showed a lad, æt. 19, with an imperfectly developed sternum. The joint between the manubrium and gladiolus permitted free movement as did that between the gladiolus and the ensiform cartilage. The gladiolus itself was retracted during inspiration.

Dr. Sansom showed a case of aphasia in a girl, æt. 22. The case had commenced as one of right hemiplegia with very complete aphasia. The hemiplegia had since passed away, and she now could perform fine movements with the hands but the aphasia remained. Mitral stenosis was present and the origin of the hemiplegia was, he suggested, probably embolic.

Mr. Stanley Boyd exhibited a man, æt. 24, who had ruptured the anterior crucial ligament of one knee-joint, when playing football three years ago. There was effusion for 8 or 10 weeks, but he afterwards recovered sufficiently to walk and even run. Since then the joint had repeatedly given way, and he had recently wrenched it. After this the joint had more than once become locked in the semi-flexed position, and was reduced by manipulation or by flexion.

Mr. Croft remarked on the looseness of the joint and the power of antero-posterior movement in it which he considered to indicate that the anterior extremity of the external semilunar fibro-cartilage and the lower end of the anterior crucial ligaments, were both detached, the external semilunar cartilage being folded back into the intercondylar notch. He considered it would be justifiable to open the joint and ascertain the precise condition which could then be dealt with surgically.

Mr. W. C. Spencer recommended the application of the actual cautery to the lateral ligaments so as to shorten them.

Mr. Barker inquired if there was any grating indicating that the ligament had become detached along with a fragment of bone? In the latter case it would be easier to repair it.

Dr. R. W. Parker observed that where the crucial ligaments were destroyed there was displacement backwards of the tibia.

The President remarked that the function of the crucial ligaments was a vexed question. The anterior crucial ligament was supposed to become tense in extension, but this patient was unable to hyper-extend his joint.

Mr. Boyd, in reply, said that the tibia could only drop back if both the crucial ligaments were ruptured.

Mr. Battle showed a child, æt. 2½, who had suffered a compound fracture of the pelvis into the vagina. He had wired the broken bones together in front and passed a drainage tube through from the upper wound into the vagina. The child made a perfect recovery.

Mr. Battle also showed a girl, æt. 19, who had sustained a dislocation of the right hip on the dorsum ilii. There had been a history of lameness for eight years before this. It was repeatedly reduced but the dislocation recurred and so he made an incision over the joint which he found distended with blood-stained fluid. He easily reduced the dislocation and passed three ivory pegs through the head of the bone through into the acetabulum. The wound healed readily, the head of the bone remained in its place and there was now fairly free movement in the joint.

Mr. Battle finally showed a boy and a woman who had recovered after trephining for extraordinary hæmorrhage and whose cases would be described at the next meeting.

Dr. Arthur Davies showed a myxœdemic patient whom he had first exhibited in February 1892. Treatment by administration of thyroid gland in various forms had been continued since, but whenever it had been discontinued a relapse had occurred, the first indication of which was a sensible gain in weight.

Mr. Bland Sutton brought forward a young woman the sternal half of whose clavicle he had excised in June 1890 for myeloid sarcoma. There was at present no indication of the return of the growth and the patient was in good health. A bond of fibrous tissue had formed between the stump of the clavicle and the acromion, and the patient could perform all movements of the upper extremity perfectly.

Dr. Arthur Davies showed a youth, æt. 19, in whom he had diagnosed congenital dislocation of the sternal ends of the clavicles.

Dr. James Calvert showed a woman, æt. 27, whose respiration was entirely diaphragmatic when awake, being however, natural during sleep.

Mr. Storer Bennett exhibited a man, æt. 25, with a dentigerous cyst in the right upper maxilla. There was a swelling above the right upper central incisor on incising which pus and serum escaped. In the cavity a hard substance was felt which was found to be a tooth in the cyst with the crown inverted.

Dr. F. W. Mott read a paper on a case of

MULTIPLE NEURITIS.

W. H., æt. 34, fruit salesman, admitted under Dr. Green into Charing Cross Hospital, April 26th, for kidney disease. Patient had not had syphilis, gonorrhœa, or rheumatism. For some weeks past had suffered with chills and sweats and epistaxis. Five days before admission he had swelling of the right knee and pain in the leg, and hand of the same side. When examined it was found that he had pain, swelling, and redness in right arm and leg with patches of œdema and swelling of joints. The arm was stiff; there was albumen and blood in the urine, and there was considerable pyrexia varying between 102° and 103°·6. No cardiac or pulmonary disease detected. About a week after admission diarrhœa with hæmorrhage from bowel occurred, and it was thought that the case was possibly typhoid and not rheumatism. The diarrhœa ceasing after a week. The temperature again began to rise to 103° and more, and there was more evidence of paralysis in right limbs and some anæsthesia. I was asked to see the case, and found reaction of degeneration in the muscles of the right arm and leg, and a few days later coincident with a pyrexial exacerbation commencing reaction of degeneration was found in the left limbs. Moreover, there was marked anæsthesia and analgesia in the paralysed parts. The bladder and rectum not being affected, I diagnosed multiple infective neuritis. The pyrexia lasted two months, and there was a decided relationship between the paralysis of groups of muscles and the pyrexial exacerbations. On many occasions I examined the blood during the pyrexia, and I found a great excess of leucocytes and micrococci. Cultivations were made under strictly antiseptic precautions of a diplococcus, but Dr. Arkle and myself were unable to produce any poisonous effects by the introduction of the chemical products or the organisms themselves into rabbits. The man is alive and in good health to-day, but completely paralysed in his lower extremities. There has been some improvement since he was shown at the Society in November last. He has regained power of flexion and extension in the hip, ankle, and knee-joints, but is still too weak to stand. I am unable to assign the cause of the obvious septic infection, unless it be by a pyelitis, for he always had pus corpuscles and micro-organisms in an acid urine when I examined it. In conclusion, I have to add that I am indebted to Dr. Green for kindly placing the man under my care.

DIPHTHERITIC PARALYSIS SUDDENLY FATAL OWING TO TEA GETTING INTO THE BRONCHIAL TUBES.

Dr. **Hale White** read the account of a man who three weeks after a severe attack of diphtheria was attacked with paralysis. *On admission.*—The arms and legs are very weak and there is impaired movement of the abdominal muscles. Food regurgitates through the nose and there is unilateral paralysis of the palate. Muscular and tactile sensation is slightly impaired. When drinking some tea he suddenly began to cough, this ceased in a few seconds and the patient became very distressed in his breathing, sitting up in bed in great distress and panting for his breath exactly as if he had been suffering from asthma. There was at no time any evidence that the larynx was obstructed. The difficulty of breathing got worse, towards the end the patient became very livid and he was dead in less than ten minutes from his taking the tea. The pulse continued good till the end. At the autopsy an ounce and a half of tea was found in the bronchial tubes and this was absolutely the only cause for death. At the bedside it was recognised that probably a little air had got into the air passages but it was hoped that either the patient would be able to cough it up or that it would cease to irritate and that the paroxysm would pass off. Dr. Hale White pointed out that although there were very rare instances on record in which the impaction of solid food in cases of diphtheritic paralysis had caused death, he had not come across any case in which such a small amount had caused death by spasm of the bronchial tubes which was in all probability what happened in his patient, the result being no doubt favoured by the weakness of the abdominal and deglutatory muscles.

Dr. **Sansom** suggested that Dr. Mott's case was possibly one of influenza. He referred to a case which showed distinctly the cardiac sequelæ of influenza, although he was supposed to be the only one in the household who escaped. In another case, that of a girl, æt. 13, under his care in the London Hospital, neuritis of both legs developed after influenza, there being "dropped feet" and no response whatever to electricity. That case occurred at the beginning of the influenzal epoch, and it commenced with pain in the calves and tenderness on pinching. He mentioned another case, that of a boy who, while influenza was rife, found himself unable to get upstairs without clinging to the banisters. On examination there was distinct pyrexia and evidence of neuritis in the right leg. Later there was rapid wasting of the lower thoracic muscles and of the upper part of the right rectus abdominis, so that a local antero-polio-myelitis must have been associated with the neuritis. Many such cases had been recorded abroad, and he thought the strong analogy to beri-beri pointed also equally strongly to its being the influenzal form of neuritis.

Mr. R. W. **Parker** said that he considered it difficult to understand that diphtheritic paralysis could be a form of peripheral neuritis. In all the cases he had examined he had failed to detect any pathological changes in the nerves.

Dr. **Goodall** remarked that in most of the cases he had seen it was difficult to refer the lesion to a central origin. They were typical instances of peripheral neuritis, and Dr. Sidney Martin's work seemed to have put this matter beyond doubt. He considered Dr. Hale White's case very uncommon. He had seen symptoms of abductor paralysis develop very suddenly, causing necessity for immediate tracheotomy. In all cases where swallowing could not be properly performed recourse should be had to feeding with a nasal tube.

Dr. **Kanthack** said he had examined the cultures from Dr. Mott's case, and found that there was a diplococcus not met with in the skin. He recommended the consecutive injection of the cultures day by day into animals in order to keep up a condition of chronic infection. Martin's experiments undoubtedly proved that the neuritis was due to the toxin of diphtheria. It was not really a neuritis but a primary nerve degeneration.

Dr. **Hale White** mentioned that he had published a case in the last volume of the Clinical Society's "Transactions" which resembled the one related by Dr. Mott. The patient suffered from septicæmia, and then developed all the symptoms of peripheral neuritis. After amputation the stump healed, and the paralysis passed off.

Dr. **Percy Kidd** asked Dr. Mott if he had examined the medulla oblongata?

Mr. **Gould** mentioned a case in which solid food passed into the air passages in diphtheritic paralysis. The patient, a child, was eating bread and butter when he suddenly choked, and on tracheotomy being performed the masticated bread and butter ran out of the tracheal wound. The boy ultimately did well.

Dr. **Glover** thought that Dr. Mott dismissed too lightly the element of alcohol in his case, for the man had confessed to taking a quart of beer daily.

Dr. **Mott**, in reply, said that there was no history of influenza, and, moreover, the case very closely resembled others which had been reported before influenza had become common. He had studied carefully the notes of a case of post-influenzal neuritis, but the clinical picture was not the same. He thought that very possibly there must have been some septic source, but if so it had not been discoverable. The amount of alcohol taken was not sufficient to produce the disease.

Dr. **Hale White**, in reply, thought that his patient had possibly some deficiency of power in the larynx, but that had not produced the fatal result. No microscopical examination of the medulla was made because the symptoms seemed to be completely explained without it. He held it to be absolutely proved that the diphtheritic paralysis was a degenerative neuritis.

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ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Obstetrics.

Meeting held Friday, February 2nd.

Dr. **Macan** in the Chair.

EXHIBITS.

Polypus of Uterus.—Dr. **Lane** exhibited the case of L. K., unmarried, who stated her age to be forty years, who came to the City of Dublin Hospital on Nov. 29th, 1893. She had been attended by a gynæcologist for a year previously owing to her suffering from a profuse red discharge, accompanied by slight pains in hypochondriac and right and left iliac regions, and sometimes vomiting. This condition of affairs continued till Feb., 1890, when the discharge lasted fourteen days, and was rather heavy; and from that date the changes, as a rule, returned every five weeks and lasted from fourteen days to three weeks. In Oct., 1893, the discharge only lasted nine days, but it was very heavy and was accompanied by intense pain and vomiting. The patient felt very weakly after this. On examination in hospital, Nov., 1893, a tumour was found projecting into the vagina, but owing to the small size of the vagina and the tenderness of the lower part of the abdomen I was unable to say definitely whether it was a polypus or an inverted uterus. I was afraid to use a sound, both on account of the hæmorrhage and not knowing what the condition of the parts were, so I asked the patient to come into hospital, which she did in a few days after. When I next examined there was not so much tenderness, so I was enabled to find the uterus lying above the tumour and directed to the right side. I was also able to reach the cervix, which was greatly dilated, cupping the tumour. I then passed a sound and determined to try and remove the tumour at once. The patient was anæsthetised, and then I was able to make out all that was necessary for me to know. I caught the tumour near the pedicle with a vulsellum and assisting with my two fingers in vagina, I was able to twist off the tumour. I had not a curette with me, so I simply washed out the uterus, there being but a very slight discharge. I have seen the patient twice since she left hospital, and although the cervix has contracted very much yet it has not got back to what it should be. There had not been a change up to the time I last saw her.

Dr. Atthill said the specimen illustrated the rule that when a uterine tumour becomes vaginal the hæmorrhage, as a rule, ceases, or becomes very moderate in amount.

Double Ovarian Tumour.—Dr. W. J. Smyly exhibited a specimen of double ovarian tumour. He said the specimen was removed from an old lady of about sixty years. Her abdomen was enlarged to about the size of an eight months' pregnancy. On examination he found, on the right side, a tumour which was slightly movable, and in front there was free ascitic fluid. On making a vaginal examination he found a cystic enlargement in Douglas' pouch. The uterus could not be palpated. He diagnosed a double ovarian tumour, one above the uterus and the other in Douglas' pouch. On opening the abdomen fluid escaped and he then removed an ordinary cyst. He ligatured the pedicle with catgut and found another cyst about as big as the fœtal head in the posterior cul-de-sac. This was a proliferating one. It also contained a small amount of sebaceous matter, while the solid portion of it appeared to have a fibrous look. In fact, the patient presented a whole museum of pathological specimens of the ovary.

Tumour of the Broad Ligament.—Dr. Macan exhibited a specimen of tumour of the broad ligament. On removal it was adherent to three pieces of the omentum, but in endeavouring to separate the adhesions it burst and blood and coagulum escaped. There was difficulty in stopping the hæmorrhage, and it looked very like an extra-uterine gestation. When he removed it he could pass a probe along the tube, but Dr. Earl, to whom he submitted the specimen, was entirely against the theory of gestation. He (Dr. Macan) could only say that it was a blood cyst of the broad ligament.

VAGINAL HYSTERECTOMY.

Dr. Lombe Atthill read a paper on Vaginal Hysterectomy, specially with reference to its performance in cases of malignant disease of the uterus. After expressing his disbelief as to anything more than temporary benefit following supra-vaginal amputation of the cervix in such, he related three cases in which the disease originated in the interior of that organ, and in which the operation was performed with marked success. In one of these, four years had since elapsed, and the patient continues to enjoy perfect health. The other two were comparatively recent cases—in one about a year and in the other only nine months having elapsed since the date of the operation; they were, to all appearances, however, cures. Dr. Atthill considered these typical of the class of patients on whom hysterectomy should be performed, and that, too, at the earliest possible date. He hesitated to recommend its performance if the disease has extended downwards from the cavity to the cervix, or in cases in which the uterus, even to a limited extent, is engaged. He also considered that where the cervix is the primary seat of the disease, the operation of hysterectomy, though, perhaps, justifiable, is seldom successful in preventing its recurrence, and agreed with Dr. Williams that in such cases the cancer cells have a tendency to invade the adjacent tissues rather than to spread upwards towards the body of the uterus.

Dr. W. J. Smyly said he met the lady recently on whom Dr. Atthill performed the first operation, and she was in perfect health and spirits. He thought that one case like that would be quite sufficient to prove the value of the operation. He thought the reason why this operation had made such little progress in these countries was, that they seldom got cases to operate on in a sufficiently early stage. He thought that whenever a woman had a considerable hæmorrhagic discharge, it was the duty of the medical attendant to examine her, or send her to some one who would do so.

Dr. Horne said—At the age of fifty the uterus had virtually ceased to be an active organ, and therefore its removal did not carry the same amount of responsibility as it would before that age; but as the patient was only forty years of age, the question arose whether he was justified in performing hysterectomy unless after a microscopic examination,

Dr. Bates referred to Dr. Martin's (of Berlin) method of operating. He saw him perform the operation, and he commenced from below; and when about two-thirds of the uterus was separated from its attachments, he commenced to separate the uterus from its attachment to the bladder, and then anteverted it, and separated the small portion that remained. He also performed it for cases of procidentia.

Dr. Macan did not consider that a thickening of the broad ligaments was an absolute contra-indication, because they might have an inflammatory thickening of the broad ligaments. In cases of cancer of the cervix he also thought it much better to operate, because they would, at all events, stop the hæmorrhage and the fœtid discharge. He said Leopold looked upon two years as the limit beyond which they might look upon the patient as cured. He himself had a sad illustration in a patient who died three years after, and for that reason he could not look upon two of the patients to-night as cured until they heard a little more about them. He said Leopold removed the uterus for fibrous tumour, and if the uterus was of very considerable size it was better to err on the side of operating.

Dr. Atthill, in reply, thanked the members for their interesting observations. He had no intention of bringing anything novel or wonderful before them, but simply a few interesting cases. The operation of hysterectomy was a simple one, and no one would hesitate to remove the cancerous uterus just as they would remove a breast. He thought as long as the operation was safe they were perfectly justified in doing it, even if the cancer recurs. He entirely agreed with the President that it was best to err on the side of mercy, and relieve the patient's horrible condition by operating, even if the operation would be a useless one otherwise. Dr. Macan very properly criticised these cases as cases of cure, but what he (Dr. Atthill) meant to convey was that they tended to prove that there were cases of cure. He did not understand the advantages of the operation mentioned by Dr. Bates as done by Dr. Martin.

The Secton then adjourned.

HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, Feb. 15th.

The President, Mr. George Eastes, in the Chair.

Clinical Evening.

Case of Tubercular Iritis.—Mr. A. Quarry Silcock showed a case in a boy, æt. 12. There was a mass of vascularised exudation about the size of half a pea, at the inner end of the horizontal diameter of the right cornea, covering the anterior surface of the iris and filling up the corresponding part of the angle of the antorior chamber. Numerous punctate deposits of exudation were seen on the posterior surface of the cornea and in its deepest layers. There was slight ciliary injection and posterior synechiæ were numerous. Vision: fingers only at eighteen inches, tension normal, fundus invisible. Duration of disease, two months. Left eye normal. There were signs of phthisis in right lung.

Case of Gummatous Synovitis of the Right Knee.—Mr. D'Arcy Power showed a boy, æt. 14, who a week before admission into the hospital had pain and swelling of the right knee, and felt weak and ill. On admission there were many ulcers on the trunk, head, and limbs, these healed rapidly under full doses of hyd. c. cret. At the present time there is chronic laryngitis. The glandulæ concatenatæ are "shotty." The right knee is uniformly enlarged and the joint distended with fluid. Thickened synovial membrane can be felt in the superior cul-de-sac. The case seems to be one of true gummatous synovitis rather than perisynovitis or of gummata in the cancellous tissue of the bone. The chronic laryngitis, deep scarring of the skin, and absence of any evidence of ulceration of the articular cartilages distinguish it from tubercular arthritis.

Case of Progressive Muscular Atrophy.—Dr. Cagney showed an interesting case with commencing bulbar paralysis in a man, æt. 58. He also showed a case of hysterical attacks simulating partial epilepsy in a woman, æt. 32. These cases will be found in another column under the head of "Clinical Records."

Dr. W. R. Dakin read a paper on

MODERN METHODS OF TREATING POST-PARTUM HÆMORRHAGE.

The author was of opinion that in view of two recently established methods of dealing with post-partum hæmorrhage and its immediate results it would be profitable to formulate a new line of procedure for use in cases when this accident occurs. The two methods of treatment alluded to were (1) plugging the body of the uterus, and (2) the infusion of saline (inert) fluids into the circulation. After mentioning the last resource available in intractable cases of uterine relaxation up to within a few years ago, namely, the injection of a solution of an iron salt into the uterus, and the means for supplying the blood-vessels with a circulating fluid by the transfusion of blood when hæmorrhage had occurred to a degree likely to be fatal to the patient; all the serious dangers attending the application of each remedy, the method of performing each of the operations here recommended in suitable cases was described fully. It was shown that they were both very simple, and required with one exception (a canula) no special instruments, and could therefore be undertaken before the patient had lost as much blood as to be in danger of life. The two methods were shown to be in accordance with physiological principles. Cases were described illustrating the valuable results obtained by this means, and reference made to the experiences of others. The advantages of plugging in some cases of laceration of the body or cervix uteri was shown, and other methods of treating the acute anæmia were discussed. A summary of treatment was then suggested for severe cases of post-partum hæmorrhage, as follows: if the placenta is still unexpelled it must be removed. Expression failing, the hand (aseptic) is to be introduced as far as necessary and the placenta removed from the uterus, by peeling it off the placental rib if necessary. If hæmorrhage occurs after the placenta has been expelled order hot water to be in readiness. Several quarts will be required. The temperature should be about 118° in the douche-tin or vessel containing the water. When no thermometer can be obtained the water should be almost as hot as the hand can bear. Place the patient on her back and pass a catheter if there is time. Then, in the order given, joining on to the next as each one fails after a few seconds trial, (1) compress and knead the uterus through the abdominal walls with both hands, one hand tying along each side of the uterus with the fingers pointing to the pubes; (2) keeping up the pressure against the vertebral column with the left hand laid across the front of the uterus, pass the right hand up to the fundus, clear out clots, and compress the uterine wall between the two hands; (3) pass the internal hand into the posterior vaginal cul-de-sac, and press the fundus down on to it with the external one, so that the uterus is squeezed in an antiflexed attitude. It can be thus held with little or no bleeding until the hot water is ready; (4) inject the hot water into the uterus, passing the nozzle right up to the fundus, and ensuring a free escape for the excess. If the uterus does not contract after two or three quarts have been used, or relaxes again after contracting, (5) plug at once as described. If a patient is suffering from severe acute anæmia and collapse do transfusion. If she is moderately blanched do auto-transfusion, or slowly inject saline fluid into the bowel.

Dr. **Herman** doubted whether plugging the uterus did actually cause contraction, and remarked that it was not invariably effectual in staying the hæmorrhage. From the reports of the series of cases in which this method had been adopted it was obvious that the majority were not cases of severe post-partum hæmorrhage. He laid stress upon the fact that the main element in the treatment of post-partum hæmorrhage was prevention rather than cure.

Dr. **Milson** remarked that Dr. Dakin had not referred to the value of galvanism in controlling post-partum hæmorrhage. In his experience he had found it of great use, and he had seen it apparently save life in two instances. A Gaiffé's battery could easily be carried in a midwifery bag, being not much larger than an ordinary dissecting case. It had the advantage of being very simple in construction, could be started into action in about a minute, and the generating agent being a powder of persulphate of mercury, there would be no risk of damage to the bag.

Dr. **Boxall** proposed bandages of felted cotton known under the name of lintine as a suitable material for packing the uterine cavity. If, after being rendered aseptic, the bandages be rolled and coated with a layer of gutta percha tissue they take up but little space and in a compact form could be always available. As regards hot-water injections, it was not so generally recognised as it should be that the temperature of the water should certainly not be less than 110° F. nor more than 117° F., for if merely lukewarm involuntary muscle is relaxed, and if too hot, is paralysed by its action, and the hæmorrhage in either case thereby increased rather than diminished. He was glad to find that Dr. Dakin, in summarising the measures which should be adopted in the treatment of post-partum hæmorrhage, had not omitted to mention relief of a distended bladder by catheter, for it was a point the importance of which is apt to be overlooked. Dr. Boxall would have included in the list of means at our disposal hypodermic injection of ergotinin as a valuable adjuvant to other measures.

Dr. **Leith Napier** said that neither theoretically nor practically was the use of gauze plugging comparable with efficient manual compression of the uterus; in a limited number of cases, namely, those in which there was atony at the placental site (so-called paralysis), the introduction of a uterine tampon of gauze might prove serviceable. In discussing the advantages of intra-uterine styptics, Dr. Dakin omitted to refer specially to that excellent styptic and antiseptic, spirits of turpentine, which could usually be procured in any house; swabbing out the uterus with an aseptic sponge or cloth saturated with turpentine was the best way to apply it. In the employment of iron the same method, using a solution of 1 of liq. ferri fort. in 4 of water, was better than an injection of a weaker solution as mentioned by the author. But few cases would require much after treatment if due care in maintaining pressure over the uterus during, and for a time after the completion of, the third stage, was adopted as an invariable practice. Intra-venous transfusion could not be looked upon as a necessary part of the immediate treatment of post-partum hæmorrhage; for profound anæmia consequent on any great loss of blood it was a very valuable measure. If the patient was dying from bleeding this must be at once arrested, and then in a few cases transfusion might be advantageously employed. There was no advantage in carrying a mysteriously filled bag packed with gauze and a cumbersome transfusion apparatus when we could almost always, if not invariably, depend on the simpler, safer, and more efficient measures referred to previously by himself and other speakers in the debate. Practical midwifery owed much to that old Nestor of general practitioners Hamilton of Falkirk, whose practice in instrumental delivery and in the treatment of post-partum hæmorrhage had done more to revolutionise the art and save the lives of mothers and infants than seemed to be realised by many modern obstetricians.

Dr. **Herbert Spencer** had only once in 15,000 labours failed to check post-partum hæmorrhage from the placental site by the ordinary methods of emptying the uterus and compression and hot injections: that case he successfully treated with tampons soaked in solution of perchloride of iron. In a similar case he would now prefer to use iodoform gauze, though he thought it was with extreme rarity that it would be necessary to plug the body of the uterus. For hæmorrhage from lacerations in the cervix and vagina (which were often overlooked), he had repeatedly employed iodoform gauze or iodoform wool tampons, and considered them an excellent means of immediately stopping the hæmorrhage, and this treatment is far more practical than suturing the tear. For the collapse following post-partum hæmorrhage transfusion of normal saline fluid was very valuable. He believed he was the first to make a systematic use of this method of treatment (see *Lancet*, June 11th and 18th, 1894). He exhibited his transfusion-bottles and a wire clip which, with a piece of tubing and a cannula, enabled an irrigating apparatus to be improvised from an ordinary jug or bottle.

Dr. **Amand Routh** said that plugging the inert uterus with gauze arrested hæmorrhage most efficaciously, but not always by inducing contraction and retraction as the author implied. If it did so act, it would have to be explained why gauze excited the uterus to contract when other stimuli, such as the accoucheur's hand, had failed to do so. He had employed this method successfully on several occasions, especially after abortions, and he described a case of secondary post-partum hæmorrhage at full term, due to fright, where the uterus was distended and totally inert, and where the hæmorrhage ceased when packed with gauze, solely from pressure upon the placental site, as the uterus remained flaccid for several hours, and yet when the gauze was removed thirty-six hours afterwards, it wes found hardly blood-stained, though soaked with serum.

In reply, Dr. **Dakin** thanked the Society for receiving and discussing his paper. He thought that if a battery were handy and ready to work at once it might be worth trying, but it would be a cumbrous article to carry to every midwifery case. No doubt distending the uterus with a plug was contrary to physiology, but in his (Dr. Dakin's) experience the uterus had always contracted down quickly and compressed the gauze into a small mass, not allowing itself to be distended. As regards the admission of air into the vessels, this was a danger possible in all cases of manipulations in the recently emptied uterus at term, and could not be urged more against plugging than the injection of hot water. It was of course far better to get the uterus to contract without plugging it, by stimulation in other ways, and this had been advised in the paper. Dr. Boxall thought that water at 118° might paralyse the uterus instead of stimulating it. It was possible, but Dr. Dakin believed he had often had good results at this temperature, and if it were 118° F. in the douche-tin it would be less hot by the time it reached the uterus. Ergotin acted too slowly or not at all in very severe cases. In reply to Dr. Leith Napier, prophylaxis was not included in the scope of the paper, and the introduction of irritant drugs into the uterus had been mentioned. The speaker agreed with Dr. Spencer as to the rarity of severe post-partum hæmorrhage. The cases recorded were the only two which had occurred in the Maternity Department of St. George's in three years. Carbolic gauze was preferred because it was bulkier than other kinds when dry, and squeezed down when wet into as small a bulk as any. He was glad Dr. Spencer agreed with him as to the value of plugging being greater than that of suturing the cervix in cases where the hæmorrhage came from lacerations in that organ.

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LIVERPOOL MEDICAL SOCIETY.

Meeting held Thursday, February 15th.

The President, Mr. **Chauncy Puzey**, in the chair.

SPECIMENS AND CASES.

Dr. **Abram** showed a specimen of "Hæmorrhage into Pons Cerebri," the unusual features of the case during life being dilated pupils and subnormal temperature.

Dr. **Briggs** showed a "Uterine Polypi" which he had removed with scissors. The knob-like polypi was 4 inches in diameter, it lay in the vagina and was attached by a stalk 1¼ inches in diameter to the anterior surface of the body of the uterus. The symptoms had been (1) uterine hæmorrhage for two and a half years, and (2) a continuous watery discharge for twelve months.

Mr. **Hugh E. Jones** related a case of "Acute Suppurative Inflammation of Middle Ear, following Influenza," with some two months later extension of the disease through the vestibule to the posterior surface of the petrous bone, extra-dural abscess, caries of petrous bone, extension through petro-occipital suture, sub-occipital periosteal abscess; apparent rapid recovery after operation. Three weeks later purulent meningitis supervened. Trephining and incision of dura mater gave no relief. Death in three days.

Mr. **Banks** showed a case of "Excision of Hip for Old Unreduced Dislocation." Also "Some Cases of Excisions of Elbow and Shoulder-Joints." He insisted upon the importance of movement being commenced from the day of operation.

The **President** related the case of a young man who had recovered perfect movement of the elbow-joint after very severe injuries, including complete division of the biceps just above the tendon, paring of the divided ends, careful suturing having been followed by complete union. This patient it appeared had ten years before, when about 17 years old, sustained a rupture of the urethra, which had been left untreated, the result being that most of the urine was passed through perineal fistulæ. The opportunity was seized of treating the man for this condition as well as his wound. A curious condition of affairs was found (illustrated by diagram), and after two operations the man was sent home with a full-gauge urethra and a sound perinæum.

Dr. **Permewan** read a paper on "Some Points in Laryngeal Paralysis," referring in particular to Semon's law of the proclivity of the abductors of the cords to become paralysed before the adductors. Various explanations of this law are mentioned, and its general validity fully accepted. Attention was drawn especially to Zederbaum's experiments on the transmission of voluntary and reflex stimuli through a nerve trunk, and to the applicability of his results to the phenomena of laryngeal paralysis. Dr. Permewan also stated the great value of abductor paralysis as a means of diagosis in nervous diseases, particularly in locomotor ataxy, where paralysis of one or both cords is not unfrequently the first sign of the disease. He emphasised the fact that abductor paralysis may exist without any symptoms, and insisted on the importance of laryngoscopy in doubtful cases.

Drs. Hunt, Bark, Barr, Bradshaw, Abram, and Bickerton took part in the discussion.

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THE HUNTERIAN SOCIETY.

The Annual General Meeting held Wednesday, Feb. 14th.

The President, Mr. F. **Gordon Brown**, in the Chair.

After the Annual Report had been read and adopted, cordial votes of thanks to the retiring President Mr. F. Gordon Brown, the Vice-President, Librarian, Hon. Secs. were passed, and a ballot was then taken for the appointment of officers for the ensuing year; the scrutineers reported that the following officers had been elected:—

President—Charters James Symonds, M.S., M.D.; Vice-Presidents—John Poland, Henry J. Thorp, John S. E. Cotman, Peter Horrocks, M.D.; Treasurer—F. Charlewood Turner, M.D; Trustees—H. I. Fotherby, M.D., F. M. Corner; Librarian—Arthur T. Davies, M.D.; Orator—Patrick Manson, M.D., C.M., LL.D.; Secretaries—R. Hingston Fox, M.D., T. Horrocks Openshaw, M.S.; Council—F. Gordon Brown, James Galloway, M.D., Hope Grant, T. Mark Hovell, Francis R. Humphreys, Thomas Marshall, M.B., G. Newton Pitt, M.D., George W. Potter, M.D., F. J. Smith, M.D., R. G. Tatham, Alfred H. Tubby, M.S., John F. Woods; Auditors—S. H. Appleford, M.D., Francis R. Humphreys, R. Clement Lucas, B.S., F. J. Smith, M.D.

The meeting then adjourned to the theatre to hear

THE ANNUAL ORATION.

This being the anniversary of the birth of Hunter, Dr. Dundas Grant, as Orator of the Society, delivered an address on "Aspects of Medical Life, John Hunter and Andrew Clark." He compared the lives of the two men, and drew some interesting parallels between them—their nationality, length of life, uncertain health, work in the Royal services, untiring industry, accuracy in details, generosity, death in the midst of their work. The striking contrasts in the way of culture, courtesy, and acceptability were equally clearly brought out. The orator attributed much of Hunter's greatness to his allowing his original intelligence free play without the trammels of educational tradition, to his habit in youth of observing and studying natural objects instead of reading about them, but in a very large measure also to the teaching and influence of his highly cultured brother, William. Sir Andrew Clark owed much to having received a high-class education in surroundings, which, though not poor, were certainly far from luxury, and which fostered habits of industry, self-denial and devotion. The orator commented on the "dignity of the profession," condemning those who talked about and did nothing to maintain it, and recommended all who really valued it to study the lives and works of such men as John Hunter and Andrew Clark.

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France.

[From our own correspondent.

Paris, Feb. 24th.

Cystostomy.

At the last meeting of the Société de Chirurgie, M. Lejars communicated four cases of patients with enlarged prostate on whom he performed the operation of cystostomy in the supra-pubic region.

The first case was that of a man, æt. 77, who entered the hospital with the following symptoms: acute retention, high temperature, tongue dry, respiration laboured, delirium, impossibility to pass a catheter, the bladder greatly distended. As relief was urgent, cystostomy was immediately performed. A vertical incision was made over the bulging bladder, and two needles of silk passed on each side to fix the organ; the bladder was incised as low down as possible, giving issue to two quarts and a half of strongly-smelling urine. The lips of the vesical wound were attached to the edges of the abdominal incision by means of sutures. The relief to the patient was very great, and his general condition improved rapidly. The patient left the hospital in a few weeks, his hypogastric meatus working regularly.

The second patient succumbed to advanced renal lesions. He was a stonecutter of 67, who for the last two years suffered greatly from difficult micturition and, had more than once to apply to the hospital. His prostate was hypertrophied, and although with some care a flexible catheter passed, yet an operation was considered necessary, as the urine was loaded with pus. Cystostomy was performed, giving issue to a pint of pus, which had filled all the *bas fond*. The local condition became much improved, but not so with the general state, which grew rapidly worse, and the patient sank. At the autopsy the two kidneys were found to be considerably contracted and full of cysts. The third man operated on was 68, very emaciated, and suffering from all the symptoms of vesico-prostatic trouble. After the first incision the operator passed in his finger to find the bladder; it came on a large irregular and hard mass, which turned out to be the bladder filled with calculi. Having fixed the organ to the parietal wound in the usual manner, M. Lejars removed by a large incision six large stones, which when removed permitted a good inspection of the parts. The mucous membrane was much inflamed, thickened, and bathed in purulent matter; the middle lobe of the prostate was hypertrophied.

After a good antiseptic washing out the wound was closed except in its inferior part, and the patient made a wonderful recovery: the urine flows freely through the artificial meatus and the man has regained strength and returned to his occupation.

The fourth case was not operated on in the same manner. The man, æt. 81, was not in a position to support chloroform, so a large curved trocar was passed into the bladder, over the pubes, and two quarts and a half of urine drawn off. A catheter was then passed through the trocar and left *à demeure*, to which was attached a long tube of caoutchouc, acting as a drain. The bladder was washed antiseptically twice a day, and the present condition of the patient is very satisfactory.

The Population of France in 1892.

Official statistics on the movement of the population in 1892 have just been issued. By them I find that during that year there were 290,319 marriages, 5,772 divorces, 855,847 births, and 875,888 deaths, or 20,041 more deaths than births. The foreign population, however, furnished an increase of 7,617 births over deaths. However, the English colony presented, on the contrary, 171 deaths more than births. That can be easily explained, however, by the fact that English families as permanent residents are very rare in France, and that many come only for a season for their health and are generally of a certain age.

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Germany.

[From our own correspondent.]

Berlin, Feb. 23rd.

Lymph Cells.

At the meeting of the Society for Innere Medezin, of the 5th inst., Hr. Kossel gave an address on this subject. He said this subject has not only an interest as regards pathology, but also as regards the fact that the chemistry of the lymph cells furnishes us with a representation of the present position of the cells generally. We must, therefore, first of all learn to know the substances that play a part in these chemical processes. The chemical description must not be limited to an enumeration of the substances and a description of their properties, &c., but must also make clear the distribution of the materials and their relations to the anatomical elements. In correspondence to these points of view as regards the chemical constituents of the cells, two directions of investigation can be distinguished; the one seeks to isolate a larger series of eight cells, to take from them their peculiar constituents, and to make proof of their characteristics. The second direction has started from the anatomical considerations. The speaker has sought by the aid of the microscope and chemical reagents to determine the peculiar substances. For investigation in the first direction it is a necessary condition to isolate the largest possible number of cell elements in a state of the greatest possible purity. For this purpose chopped up lymph glands, especially thymus glands, have been used. They are subjected to pressure, and the juice is centrifugated. It can be ascertained under the microscope that the cells are well preserved. What now are the chemical constituents in these isolated cells? Amongst the large number of substances found in the tissue, there is a series found in every cell capable of development, the primary constituents of cells; albuminous bodies, lecithine, cholesterine, potass, phosphate (Hoppe-Seyler). To this series the speaker has to add nucleine. Along with these primary substances, there are a number of secondary ones not to be found in all cells capable of development: fats, glycogen, inosite, amidovalerianic acid. Amongst the substances named, nuclein takes the first place as regards quantity. In the lymph cells the whole nucleus is filled with nucleine. There are also certain combinations of nucleine substances with albumen molecules. Nucleic acid belongs to this group, a substance containing phosphorus. On examination of them, organic constituents are met with completely distinct from those of albumen. The speaker in his investigations has come to a knowledge of a series of cyclic carbon and hydrogen combinations resembling uric acid. These discoveries have led to the assumption that uric acid stands in a genetic relation to the nuclein substances, and the speaker believes, in fact, that he is in a position to prove this. Other atomic complexes are, present, however, besides those substances. The speaker found a very beautiful crystallising substance of very complicated constitution—thymine. But even with these substances the number of combinations from nucleine acid is not exhausted.

From those facts it is clear that along with albumen there are other peculiar groups of atoms quite distinct from it in a state of activity in the living cell. Nucleic acid is indispensable for the function of the cell nucleus, for it is constantly present wherever the cell is in a state capable of development. The notion according to which the albumen molecule is the carrrier of organic life is therefore incorrect. The speaker assumes an equally important *rôle* for nucleic acid. It is a remarkable characteristic of nucleic acid that it very readily combines with albumen. From nuclenic acid and albumen nuclein is formed. This, however, again attaches itself to another organic substance, nuclein is found in combination with an albuminoid body in the cell. The speaker found this albuminoid body ten years ago in the nucleated red blood corpuscles of the blood of birds and named it *histone*. This substance has been found in the cells of the thymus gland. Lilienfeld procured the combination of histone with nuclein in a pure state. Histone is by no means a simple albuminoid body. If the protamine from the spermatozoa of the salmon is combined with a solution of albumen and ammonia added, a deposit is formed which cannot be distinguished from histone. Histone can therefore be made artificially. On the other hand, however, the speaker has never succeeded in reducing histone into its constituents protamine and albumen. The reason for this is that albumen is capable of gradually uniting more firmly with the group to which it is combined, to take up the interior of the molecule and absorb it. Iron also by artificial manipulation of this kind may be firmly united to albumen, so that it cannot be extracted without breaking up the whole molecule. This freeing of the atomen complex from the albumen takes place in the cells apparently quite readily. In the young undeveloped spermatozoa of the salmon no protamine is present, only histone. In the mature spermatozoa protamine free from albumen can readily be demonstrated. The albumen attracts the acid colouring material, the nucleic acid the basic colouring material. Those combinations formed by the combination of nucleic acid with albumen have a mixed colour, i.e., a blue green. A freeing therefore of the nucleic acid may be concluded from the pure green colour of the constituents of the nucleus. The conditions under which the freeing of the nucleic acid takes place are not yet well known. The speaker has carried out a number of investigations in regard to the loosely attached nucleic acid in the tissues, and shown that the thymus cells are those organs of the body out of which nucleic acid is most readily obtainable. From the pancreas, for instance, no nucleic acid at all was obtainable. Some idea of the functions of nucleic acid will be first obtained when we have a more accurate insight into its chemical structure. For a physiological judgment, however, we have already some data. The speaker a long time ago made the observation that organic parts brought into combination with nucleic acid, became rapidly opaque and died off. He gave expression at that time to the opinion that the property of the acid might come into consideration as regards micro-organisms also. His brother has recently examined nucleic acid in regard to its bactericide properties, and shown that even in weak solution it kills micro-organisms with tolerable certainty. If a one per cent. solution of the acid is brought into contact with an equal volume of various bacteria their death can be determined. For the sake of comparison a similar solution of acetic acid was tried, and the nucleic acid showed itself by far the more powerful of the two. This bactericide action took place in an albuminous solution.

It is known that for a long time attempts have been made to obtain from cells a material that shall be responsible for their bactericide action. Nucleic acid possesses this property. We have no observation hitherto made that the cells actually use these weapons, but it may be assumed that they are not given them for ornamental purposes. Nucleic acid certainly plays a part in phagocytosis. There are also other substances in the cells with similar action, for the bactericide substances obtained by extraction from cells by earlier investigators are not at all related to nucleic acid.

From what has been said it is clear that chemical work on cells is in close contact with important problems in medicine. Hitherto indeed this work has exercised but little influence on cellular pathology. By the aid of the microscope the usual course of phenomena in pathological processes has been studied, how the cells change their form, &c., and by such anatomical observation an idea of the changes has been obtained, but a knowledge of the processes that take place is only obtainable when the question is approached from the chemical side. No one doubts that the living power that is put forth when the cell is irritated, comes from the chemical power, and the same holds good in regard to the toxines as well as for the formation of the antidotes. Problems of greater breadth have been thrown upon chemistry, but its means of aid are still meagre. These difficulties are, however, happily only external, and it is hoped they will soon be surmounted.

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Austria.

[From our own Correspondent.]

Vienna, Feb. 23rd.

Poliomyelitis Anterior Acuta.

Redlich read a long paper at the Club on the different theories propounded by eminent observors of the origin of this disease. Charcot attributed to an inflammatory affection of the ganglionic cells with a secondary interstitial change. A large number of observers considered the myelitis was located in the anterior horns of the cord. The opinions of Marie and Goldschneider are that the vascular system is the principal centre of the poliomyelitis. He showed a fresh specimen of a five months child where the changes of the anterior horns were associated with slight changes in other parts of the cord and where the vascular system had evidently been the primary cause. There were other circumscribed patches in the medulla oblongata, and in different parts of the cerebrum, where it seemed the circulation had carried the infecting materies morbi which presumably contained bacteria, and preferred as its *loco situ* the anterior horns as well as the other centres of the system, extending its influence also to some of the peripheral nerves where undoubted inflammatory phenomena occurred.

Intestinal Surgery.

This subject has now been before the *Doctoren-Collegiums* for several months. Hochenegg continued the discussion this week by recapitulating his own experience in this branch of surgery. He expressed his disfavour with the manner of irrigating the bowel by placing the patient on his knees and elbows and elevating the abdomen with bolsters. He recalled a case to mind where this caused sudden collapse, in another where a serious abscess gave way, the effusion setting up peritonitis and death. In this position you cut off two of the most important guides to avert impending danger, viz., the pulse and the appearance of the face. The irrigation for diagnostic purposes is best performed with a thick soft intestinal tube which may be passed high up without becoming entangied in any of the angular recesses. For therapeutical purposes one furnished with an olive end is best. The stomach should always be well cleansed and the neighbouring part of the bowel where fæculent vomiting is present. These precautions are necessary for after treatment, for if any fæcal matter be left in the bowel and paralysis produced by operation or pressure, the passage of the decomposing matter is arrested and auto-intoxication produced. He divides the operation into three groups—(A) Those where neighbouring morbid changes take place and press on the bowel, as ovarian tumours, fibroma, myoma, &c. Among these cases he related a removal of carcinoma from the liver, with small stones in the gall bladder which pressed on the bowel and totally occluded the passage. Four years have now passed since the operation, and no return appears imminent. Group B comprised those cases of hernia twisting and other displacements of the mesentery. He related two cases of duodenal twisting with fæculent vomiting while gangrene speedily set in. Another case was a man, æt. 46, who suffered from incarceration symptoms. The anal tube could not be entered more than 30 centimetres. In the operation a part of the bowel had becomes strangulated in the mesentery. The bowel was adjusted and retained with stitches, but the vomiting and constipation still existed. The wound being opened, the stitches were removed, and a large mass of offensive fæcal matter was passed. C comprehended cæcal tumours. These often entailed removal of a large portion of the bowel itself and bringing the ends together.

Dr. Telky next paraded his opinions, which he expressed in 1889, that less operative measures and more medicine would meet with more success in abdominal cases, and described many of these that had come under his own experience. One of them was a man, æt. 62, with intussusception, the other a woman with strangulated bowel around the pedicle of a tumour; all of whom were treated successfully with medicine. Goldhammer related 50 cases of intestinal occlusion, 15 of whom appeared in collapse before treatment commenced, but all were successfully treated without surgical operation. Another number of intestinal occlusions were intermittent, arising from chronic or late acute changes, which were certainly better treated by medicine alone. The most important drug in his armamentarium was opium given in large quantities, 0·03-0·05 of a gramme every hour or two, not exceeding 0·5 or 1 gramme per day. There seem to be different opinions about the quantity of water injected. Nothnagel tells us that a large quantity is dangerous, that it should not exceed 300 to 400 cubic centimetres, but he rather agreed with Oser in considering the quantity less than the position.

Gersuny could not understand how Tolky could altogether exclude operation any more than the surgeon excludes medical treatment. The injection of water was a surgical interference, and all important in rectal examination. Prof. Hofmokl disagreed with Oser's opinion that the fluid could not extend beyond the cæcal valve, for he could confidently point to three cases where this had been accomplished. There were symptoms in the diagnosis of these cases that were misleading.

He related two where the symptoms were perityphlitis, but was actually discovered to be duodenal ulceration.

Prof. Oser remarked that his experiments had all been tried on the dead body under severe pressure, and not one of them could be passed beyond the cæcal valve. In some of the cases where very little pressure has been applied, it has been found to pass. He believed in life under the influence of chloroform narcosis, cholera, &c., the valve is not closed, but in normal conditions it is closed. In a large number of morbid bowels the valve was not so close as to resist the upward flow of the fluid, and hence could be passed sometimes into the stomach, but as a rule it was very difficult to irrigate the small intestines.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

Cholecystotomy.—Mr. **Anderson** operated on a woman, æt. 37, who had been suffering at intervals during the previous seven months with attacks of biliary colic associated with jaundice and other symptoms of obstruction to the flow of bile into the intestine. The suffering had been so severe that an operation was recommended. On examining the right hypochondrium there was an ill-defined dulness extending some distance below the margin of the ribs, but no special point of tenderness could be distinguished in the probable site of the gall bladder. A vertical incision was made along the right semilunar line downwards from the costal cartilages for the length of three inches. On opening the peritoneum the enlarged liver came into view, its edge reaching nearly three inches below the costal border. On raising this the gall bladder was felt contracted and containing calculi. With some difficulty the distal end of the gall bladder was fixed to the parietes, and, after packing the wound with sponges, the receptacle was opened and a facetted calculus about the size of a Barcelona nut extracted. Beyond this was a constriction of the gall bladder, and the canal was strongly flexed, but on passing a bent probe a second calculus could be felt at a distance of nearly three inches: attempts were made to seize this with forceps while it was fixed by the fingers of the operator's other hand within the abdomen. As it was found impossible to lay hold of the calculus, a scoop was introduced behind the stone, but the latter could only be withdrawn by tearing through the lower wall of the gall bladder. No other calculus could be felt. The wound in the gall bladder was then sutured, the mesentery being brought up over the sutured part and fixed with a few stitches. The wound was next packed, closed at its extremities. and dressed antiseptically. Mr. Anderson remarked, before the operation, that the diagnosis of the case appeared to be clear as one of biliary calculus, but that great difficulties might present themselves in the removal of the cause of the obstruction, several stones might be present, and some might be found to encroach on the common bile duct at a considerable distance from the surface, and in an area of considerable danger for operation. Should it be necessary to remove one of these deep calculi by direct incision, the suturing of the wound would necessarily present great difficulties, partly from mechanical reasons and partly on account of the lacerability of the gall bladder and its duct. If it be found possible to remove all the calculi by the distal opening of the gall bladder, the margins of the incision would then be fixed to the skin and the wound closed; in the other case the wound must be packed and left open with a view of giving vent to any possible leakage of bile.

ST. MARY'S HOSPITAL.

Cystic Tumour of the Lower Jaw.—Mr. **Norton** operated on a woman, æt. about 57, who had had a slowly increasing tumour of the lower jaw on the left side for nearly 20 years. He explained that the tumour, which was nearly the size of an orange, and at first sight apparently hard and bony, showed in some parts a crackling tendency of a bony case, and in two distinct places fluctuation, although very tense, as of two distinct cystic cavities. He concluded that such a tumour could in no way be malignant, but on the contrary, of a benign character, and composed of multiple cysts with bony septa and a bony case, which had probably arisen from the dental follicles. Mr. Norton said that in former years he had known instances of the jaw being removed in such cases, but it must be at once evident that it was of the greatest importance to retain the contiguity of the part, and, if the tumour could be removed leaving only a thin portion of the jaw-bone on the inside or the lower margin of the jaw, there would be afterwards a sufficient development of bony tissue to allow of the natural shape of the bone being retained and of its functions being carried out. An incision was made along the line of the lower margin of the jaw across the tumour an inch from the symphysis extending to within half an inch from the angle, the facial artery being at once cut through and ligatured; an elevator was next pushed around the surface of the tumour to free it from all soft tissues, the bony case was then perforated, opening up four or five cystic cavities, separated from each other by walls of bone. The whole outer bony shell was removed with the bone forceps, and the linings of the cyst cavities torn away, and the bony septa taken away by bone clippers. There now remained only the inner surface of the jaw-bone (which was not distended, but perfectly normal in shape in the mouth), and the lower border of the jaw which had been pressed down by the growth, and was considerably hypertrophied. The operator thought it well not to close the incision at once, but to plug the rough denuded surface of the bone with iodoform gauze until healthy granulations should be developed. Mr. Norton pointed out after the operation that there was no possibility of the return of the growth, that the strength of the jaw would not be diminished, and that it would differ from a normal jaw only in the lower outline; he added that he had seen cases in which cysts of a similar kind had been opened and plugged from the interior of the mouth, leaving the distended bony case intact; such procedure, he considered, would be almost invariably followed by an unsuccessful result, as the cavities would not granulate up, and considerable deformity would still remain; but in the case just operated upon there was only a surface of bone, which he anticipated would soon granulate and unite with the soft tissues in contact with it.

The Medical Press & Circular.

"Salus populi suprema lex."

WEDNESDAY, FEBRUARY 28, 1894.

"CELLAR" BAKERIES.

From time to time public attention has been drawn to the evils attendant upon the baking of bread in underground bakehouses, but without much practical outcome in the direction of legislative reform. There can be little doubt, nevertheless, that the intermittent protests of the press and the piecemeal efforts of sanitary administrators have had their value in educating the community upon a matter in which the welfare of every citizen is so closely concerned. Bread is an article of prime necessity, and its preparation, from the flour to the finished loaf, should be such as to render its quality above suspicion. But what are the facts of the case? If we are to believe Dr. Waldo, whose paper on this subject, read before the Sanitary Institute, will be found in another column, the conditions surrounding the preparation of bread in the metropolis and other large cities are such as to demand searching inquiry and reform. He estimates that on a moderate computation, at least one half of the total output of this staple article of food proceeds from "cellar" bakeries. His description of an underground bakehouse pictures a low, damp, basement room, lighted by gas, with rough floor, dank walls, and unceiled roof. In this place the flour is kept, the dough kneaded, the bread baked, and sometimes also stored. Sewer-gas may enter through the open floor-gratings or through the defective water-closet, which not infrequently stands in a corner of the cellar. Actual sewage may gain an entrance through a defective closet soil-pipe, or in times of heavy rainfall, in the low-lying districts, is forced back through the drain-pipes and floods the basement with sewage. As to the atmosphere which prevails in these underground bakeries, the words of the learned lecturer may be quoted. "Ventilation," he says, "in any real sense of the word, is absent, and, indeed, under the circumstances, is impossible. An inlet grating usually exists at the level of the street, but as a rule is kept carefully closed by the journeyman, who is morbidly susceptible to draughts. In most cases, again, there is another small inlet at the back of the cellar, but the second ventilator is almost invariably covered up by means of a sack. It will be seen, therefore, that not only is the air systematically poisoned from within, but also that no provision is made for that constant renewal from without which is essential to health. We may safely assert that no man could habitually work in an atmosphere even approaching that which has been portrayed without sooner or later sustaining serious injury to his health." The picture thus drawn is far from being a pleasant one to the bread consumer, although we are glad to know that possible objections are chiefly based on æsthetic grounds. But apart from æsthetic unpleasantness, there is a very great and serious injury inflicted upon the worker in these unwholesome cellar-bakeries by reason of his environment. As a class, journeymen bakers are unhealthy, they are especially subject to rheumatism, rupture, lung diseases, anæmia, flat-foot, together with liver and other affections of alcoholic origin. That they should be thus afflicted is easy to understand if we take into consideration the overwork, the long hours, and the unspeakably bad sanitary conditions which are almost invariably associated with the smaller bakeries. On the whole, we cordially concur with Dr. Waldo's opinion that there is no reason why baking, carried on amidst wholesome surroundings, should be a particularly unhealthy trade. The reforms he suggests are many. He would abolish underground bakeries altogether, and would insist on the storing of flour and of bread, the mixing and kneading and the baking, being carried on in separate rooms of a building specially constructed for the purpose. The sanitary conditions he would impose as to ventilation, drainage and water supply, may be summed up in the word perfection. He proposes to substitute, wherever possible, machinery in place of hand labour. These and other reforms he suggests should be considered by a Select Committee of the House of Commons. Meanwhile, those who take an interest in the onward march of sanitary science may be referred to the text of Dr. Waldo's paper, which will be found at length in another portion of the Medical Press. We are hopeful that the days of the cellar bakehouse are numbered, and that the paper in question may be found to have dealt a death-blow to a bad old system which has too long battened on the bodies of its workmen.

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THE CONJOINT EXAMINATIONS OF THE ROYAL COLLEGE OF SURGEONS, IRELAND, AND APOTHECARIES' HALL.

We understand that the attempt of the Irish College of Physicians to induce the College of Surgeons to withdraw from its conjunction with the Apothecaries' Hall of Ireland has failed, at least for the present. The Council of the College of Surgeons decided last week, after prolonged deliberation, to postpone further consideration of the subject for six months, which under the circumstances appears to be a very wise determination. This movement by the Irish College of Physicians, acting through the General Medical Council, does not claim the sympathy of the friends of high-class medical education in Ireland or elsewhere. It does not rise above the level of a cabal got up by a licensing body for the purpose of destroying a rival, and, if it had proved successful, it would not have added to the dignity either of that College or of the General Medical Council, by the method pursued to advance the desired purpose. In the first place, a general accusation of deficiency of curriculum and examination is made by the Representative of the College of Physicians, but the charge has never been formulated nor specified, so that the Apothecaries' Hall or its Committee of Management could meet such charge, nor does it appear that during the six years of working of the conjoint examinations a word of complaint was uttered by the College of Physicians or by anyone on its behalf until the conjoint diploma fee for the "Hall" was reduced to £26 5s, while the similar fee for the College of Physicians was retained at £42, whereupon a violent onslaught by innuendo and whisper was commenced against the conjoint examinations, and a semblence of reality was given to these whisperings by a notice of motion by the Representative of the Physicians in the General Medical Council. This question of diploma fee, though the most potential element in the controversy, is not one of which the General Medical Council can take any notice whatever, and we, therefore, need not discuss it at length. It is just, however, to say that if the fee for the conjoint (Physicians') diploma is maintained at an excessive amount, the fault lies altogether with the College of Physicians itself. Time after time the College of Surgeons has pointed out that the triple diploma of Scotland can be had by the Irish student for £26 5s. (and £10 10s. returned in case of failure), while the same student cannot obtain the analogous Dublin qualification under £42 (and nothing returned in case of failure). Time after time the College of Surgeons has offered to reduce its diploma fee, to meet this discrepancy, if the College of Physicians would reduce in the same proportion, and that College has persistently refused to entertain any such proposition. The Apothecaries' Hall, on the contrary, showed itself willing to make this or any other reasonable concession to the views of the College of Surgeons, and it certainly seems unreasonable that the College of Physicians should now claim to intervene to prevent the College of Surgeons from making, with another body, the bargain which the Physicians themselves refused. However, a difference of £5 5s. in a diploma fee is not, we believe, a matter upon which the College of Surgeons would think it worth while to maintain a quarrel with its partner, and if the reinstatement of the fee at its original amount would restore harmony, we imagine it would be readily done. But there is much more than this. It is notorious that ever since the College of Surgeons entered into its conjunction with the Apothecaries' Hall the College of Physicians (we should rather say the dominant party in that College) have adopted a supercilious demeanour towards the College of Surgeons and have continuously withheld that cordial co-operation which was necessary to the harmonious and successful working of the conjunction. Complaints have, for the last six years, been loud and frequent that the terms of communications from the Physicians to the Surgeons have been, usually, scarcely civil, and that almost every suggestion from the College of Surgeons, even on matters of trifling detail, has been met by the College of Physicians with an unsympathetic *non possumus*. It is but recently that the Council of the College of Surgeons convened what it was hoped would have been a friendly conference to discuss, verbally, certain proposals which it had been found impossible to settle amicably by official correspondence. Every one of the suggestions of the Surgeons was received by the Physicians' delegates with the customary curt *non possumus*, and the conference resulted in nothing. The Fellows of the College of Physicians who insisted on its adopting this attitude towards the sister College could scarcely hope that the College of Surgeons would be willing, by cutting adrift the Apothecaries' Hall, to place its future unreservedly in the hands of a body which, for six years, had manifested a spirit of contemptuous ill-will rather than one of cordial co-operation. It will be recollected that the General Medical Council, at its last meeting, was induced by the College of Physicians to fulminate a threat that it would extinguish the Apothecaries' Hall conjunction if additional courses of lectures in mental disease, vaccination, biology, physics, and ophthalmology were not at once imposed upon its candidates. We may say, at once, that this order has been already complied with, but complied with, we believe we may say, under the unanimous protest of both the College of Surgeons, the Apothecaries' Hall, and every one concerned. We believe that it would be difficult to find amongst the Dublin teachers or hospital surgeons (outside those interested in the course to be imposed) three men who consider the imposition of these courses, especially those on mental disease and vaccination, to be anything but an incubus the imposition of which is unfair to the student and neither necessary nor expedient from an educational point of view. The Irish College of Physicians knows well that the College of Surgeons have been consistent in resisting the addition of these courses in the Physicians' own conjoint scheme, and that it gave way to the College of Physicians, as it has now given way to the General Medical Council, not because it was convinced that these courses would be of any use to the student, but because it could not help doing so. As to the alleged deficiencies in the apothecary's examinations, it must be admitted that, as reported by the Visitors, the medical side of the examination was bad; the Apothecaries' Hall has been the first to recognise that fact by making the necessary changes in the examining staff. Nothing, however, can afford clearer proof of the spirit which has animated the College of Physicians and its supporters in this controversy than the avidity with which they have fastened on this detail for the purpose of squelching the Apothecaries' Hall. We do not consider the negligence or incapacity of one or two examiners, even if proved, as a sufficient reason for condemning an entire scheme of examination or demanding that it shall be extinguished, nor are we prepared to accept the opinion of any two Visitors from the General Medical Council, however respectable, as finally conclusive that a scheme of examination is bad beyond recovery. If we regard such opinions as final we should be driven to conclude that the examinations for the medical and surgical degrees of the University of Dublin, which were declared a few years since to be "insufficient," ought to be expunged from the list of registrable qualifications, and that we should demand that the General Medical Council should now perform its duty with strict impartiality by advertising the hostile verdict which it passed upon the conjoint examinations of the College of Physicians itself with as much alacrity and with as full publicity as it has given to its condemnation of the Irish Apothecaries' Hall. We shall certainly not lend the influence of the Medical Press to sustain any scheme of curriculum or examination which is not *bonâ fide* and efficient; neither shall we stand by and see the Apothecaries' Hall, which has, we believe, tried to do its duty as a licensing body honestly and to the best of its ability, sacrificed and discredited by a collegiate faction.

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Notes on Current Topics.

The Notification of Tuberculosis.

The Cheshire County Council has just issued an order to all the sanitary authorities within its district directing the latter to add phthisis to the list of notifiable diseases under the Notification of Infectious Diseases Act. There is nothing very new in this, despite the excitement which it seems to have caused among certain of our lay contemporaries. In several States, for example, in America, the notification of phthisis has been for some time enforced by law. On the Continent, moreover, generally, the infective nature of tuberculosis has for long been recognised very much more extensively than is the case in this country. A morning contemporary is quite in error in supposing that "there is considerable room for doubt that consumption is infectious," or that "we know very little that is not purely negative about the mode of propagation of this mysterious disease." There is no mystery about tuberculosis; its mode of dissemination is quite understood, but, because the character of its infectivity differs from that of the exanthemata, the laity should not suppose that nothing is known of its infective qualities, or that modern science has been unable to divulge the means by which it is propagated. Although, perhaps, phthisis is scarcely a disease which should be included among those notifiable under the Act, nevertheless, there is much reason for the belief that, were more stringent measures of prevention adopted, especially among those whose family history points to a predisposition to the disease, a sensible reduction in its mortality would quite possibly be the result. The statement that the death rate of printers from this cause is nearly more than twice that of average members of the community is explainable on several grounds, but mainly, in all probability, by the confined nature of the occupation and the crowding of the workers.

Brain Surgery in Japan.

The benefits of modern surgical science have, through the enterprise of members of the medical profession in Japan, been brought within the reach of dwellers in that Oriental region. In proof thereof, attention may be drawn to an interesting case of brain surgery which is reported in the current number of the *Sei-i-Kwai* medical journal. A farm labourer, æt. 47, received a lacerated wound of the scalp, over the left parietal region, associated with, as was afterwards shown, a depressed fracture of the skull in this situation. The wound healed in the course of a month, leaving paralysis of the right lower limb. Dr. S. A. Miyake, the surgeon under whose care the patient came, twelve months after the injury, decided to trephine the skull over the seat of the injury. Accordingly, when chloroform had been administered, he operated as follows:—"I cut," he says, "a skin flap of oval form and raised up a thin layer of bone with the periosteum by means of a flat chisel, and then found two lines of bony fissure crossing each other. After applying a small trephine I found that the depressed portion of the parietal bone was three times as thick as usual, pressing down the cortex of the brain. As one trephining was not sufficient, on account of the extent of the indurated bone, I trephined thrice, and thus made a large clover-leaf-shaped perforation, and cut off the projecting points of bone with Luer's forceps. The bone adhered to the dura mater only at a small part near the longitudinal sinus, while at all other parts the dura mater was healthy. Blood escaped freely from the adherent part, but the flow was readily arrested by means of a cotton tampon. The skin flap was replaced, no sutures were applied, and a bandage which had been previously sterilised in the disinfecting apparatus of Schimmelbusch was put on." The wound healed in about three weeks, and by that time the recovery of power was very marked. The trephined space became almost as firm as the normal skull, which result was attributed by the author to the new formation of bony tissue pressing down the thin piece of bone which was separated with the periosteum. After two months' interval, subsequent to the operation, the report was that there was hardly any difference between the muscular power of the two limbs.

Professors of Physiology as Executioners.

The Legislature of the State of Ohio have now a bill before them which can be said to be distinctly novel. It is one for the purpose of substituting physiological experiment for capital punishment, and its first clause runs as follows:—"That all persons sentenced to death by any court having jurisdiction in the State of Ohio shall be held as subjects for experimental research; that such experiments shall be conducted in the interests of science and society, and shall be regulated by approved rules of humane treatment to avoid all unnecessary pain; that in the preparation for such experiment, where pain would be occasioned, anæsthetics shall be administered to the extent of complete insensibility to pain, and during the progress of the experiments narcotics shall be used to allay pain, and the condemned person shall not be maltreated in any way; that after the conclusion of such experiments the criminal shall be again anæsthetised and put to death while in a deep sleep; that the executioner shall be an expert physiologist duly appointed and authorised by the State, and that the executioner's staff shall consist of himself and five assistant physiologists with a like number of deputies who shall hold their office for the term of good behaviour except upon proof of incompetency. . ." The bill also contains two other clauses regulating the place of execution, and the conditions under which persons will be entitled to witness the ceremony. Who can have been responsible for this remarkable effort at legislation? Whose ingenuity was equal to framing such an extremely novel bill? To discuss the matter seriously is out of the question, not because we do not consider that a man who has been convicted of a brutal murder by a jury of his countryman has forfeited his life to the State, and is deserving of a legal violent death, but because it is certain that the proposals such as the bill contains would be warmly condemned by popular sentiment.

Does Tobacco-smoking interfere with Growth?

THE latest inquiries respecting the effects of tobacco-smoking upon physical development display to a still greater extent the perniciousness of the habit in young life. Dr. Hitchcock of the Amherst College, U.S.A., found that of the students in the year 1891, 75 per cent. increased in their measurements during the whole course, while 29 per cent. remained stationary or fell off. In separating the smokers from the non-smokers, it appeared that in the item of weight the non-smokers increased 24 per cent. more than the smokers, in height they surpassed them 37 per cent., and in the chest girth 42 per cent. Lastly, in the lung capacity there was a difference of 8·36 cubic inches (equal to about 75 per cent.) in favour of the non-smokers, which was 3 per cent. of the total lung capacity of the class. Dr. Hitchcock, guided by these statistics, would doubtless advise young people not to smoke, and with such advice we entirely agree, though we can scarcely help expressing the fact that if Dr. Hitchcock had been a smoker he would have collected statistics in another year and found the strength of evidence on the other side.

A Valuable Appliance.

A SHORT editorial comment appeared in the last issue of the MEDICAL PRESS AND CIRCULAR. It dealt with a puffing notice published in a ladies' paper in praise of an apparatus which claimed to cure a number of diseases by the generation of oxygen. Curiously enough, the current number of *Science Siftings*, one of an increasing class of modern journals which devotes its energies to the exposure of quackeries, contains an article upon this very appliance. Our contemporary has had the advantage of a personal investigation, and as his remarks emphasise our suspicions, some of the salient points of his article may be noted. The writer states that the apparatus consists of a nickelled metal cylinder about three inches in length by one inch in diameter. This cylinder is loaded with plumbago and sulphur, and carries about twelve feet of scarlet cord, at the end of which is an elastic loop capable of being used as a wristlet or anklet. The price of the appliance is five guineas, a considerable advance on the estimate of a well-known fancy goods dealer in the City of London, who says: "If this article were amusing or useful I would price it in my establishments as a shilling line." It is obvious that the apparatus as above described could not generate any known force, electrical or chemical, there being but one attachment to the cylinder. Yet the proprietors of this instrument claim that it is able to cure such diseases as diphtheria, locomotor ataxia, as well as heart disease and consumption. They publish a pamphlet describing the many virtues of the appliance, and quoting a number of favourable press notices and the usual list of testimonials from clergymen and others. The editor of the journal from which we have quoted throws down the gage at the end of his article in the following passage: "To pretend that diphtheria, cancer, or heart disease can be cured by wearing an elastic wristlet fastened by a cord to a piece of metal is surely criminal, when the pretence is made with intent to obtain money."

Guardians and Notification.

ONE of the members of the Hitchin Board of Guardians has secured a committee of inquiry into what he calls "gross overcharges" in reference to the notification of infectious disease. His contention was that a medical man received his half-crown fee for notifying the existence of an infectious disease in a house, and that he was not entitled to make a separate charge for each patient therein. In looking through the accounts he found that in many instances notification had been made of three, four, and even five cases in one house. If fifty cases occurred in a school, he asked, was the doctor to charge 2s. 6d. for each child thus attacked? We may reply that, whatever opinions may have been formed of the beneficence of the Act, the principle which, rightly or wrongly, underlies it is to give sanitary authorities the power of following up affected *individuals*. A mere general knowledge that a particular kind of fever was abroad in his district would not afford a medical officer of health very material help in stamping out an epidemic. Again, would the guardian in question wish to render other certificates collective? Would he, for instance, accept a single certificate that the children of John Smith's family had been efficiently vaccinated? or that fifteen scholars of a certain school had died of small-pox, and might be buried forthwith? He has persuaded the Hitchin Guardians, however, to memorialise the Local Government Board on the subject.

Huxley and Tyndall as Poets.

PROFESSOR HUXLEY and his late friend Professor Tyndall have won a world-wide fame as men of science; their claim to be considered as poets, however, is not by any means so well recognised as Mr.

Jonathan Hutchinson would have us believe. The latter distinguished surgeon lately impressed on an audience at Haslemere his admiration for the poetic talents of the distinguished scientists in question. No doubt both Tyndall and Huxley have displayed a vein of vivid and attractive imagination in much of their best work, but that is a very different thing from possessing the rare gift of poetry. Truth to say, the published verses of both these distinguished men are of a commonplace and inartistic order, and neither could hope to gain any portion of the bays which a complaisant Parnassus sometimes awards to very minor poets.

The Coombe Hospital Scandal.

The pathetic melodrama of the vindication of the outraged feelings of the late Master of the Hospital against the stage-villain aspersions of the *Dublin Independent* came off on Tuesday last. Dr. Hoey valued his feelings at £3,000, the *Independent* at *nil*. Eight barristers and two firms of solicitors and a host of witnesses, medical and other, were ready for the fray, when, to universal disappointment, the affair resolved itself into the usual interchange of civilities, with the Bench to see fair and the clients to pay. In due course the leading counsel for Dr. Hoey said that his client was deeply injured, and would deny on oath that he ever performed an illegal operation on the deceased matron, which was quite unnecessarily done. Leading counsel for the newspaper then, as arranged by the stage manager, said that the aspersions were in a Pickwickian sense, and, if understood otherwise, they were unreservedly withdrawn. The judge then conferred his blessing upon the lawyers and the litigants, and ordered the *Independent* to pay £40 and costs. The barristers withdrew their cheques from the folds of their briefs and the solicitors went back to their offices to compile their little accounts, and thus ends the Coombe Hospital scandal, as far as law is concerned. Let us hope that the disgraceful mismanagement and jobbery, political, religious, and personal, which brought the hospital to the verge of dissolution will be as readily and as pleasantly terminated, and that the new Master will be given a free hand to re-organise and restore the hospital to usefulness untrammelled by the enmity and bigotry of contending parties on the Board of Governors.

A Veterinary College for Ireland.

The Chief Secretary for Ireland has, in response to the representations made to him by an influential deputation, written to Dr. C. J. Nixon, who may be regarded as the promoter of the scheme, to say that the Government will be prepared to grant £15,000 towards the establishment of a Veterinary College in Dublin. The project has been talked of for a great many years, the late Dr. Lyons, M.P., having taken much interest in it, but it never assumed a practical condition until now. Considering the great importance to Ireland of maintaining its trade in horses and the supremacy of its breeds, it would be difficult to find a direction in which £15,000 could be more usefully expended than in the establishment of such a college, and we believe there exist amongst the veterinary surgeons of Dublin many men very competent to organise and carry on such an institution. We regret to observe that one or two veterinary surgeons in Dublin have allowed themselves to be "interviewed," and have expressed themselves as adverse to the scheme. This, we opine, means that they consider they were not given a sufficiently prominent position in the deputation and other preliminary negotiations, for which reason they denounce the movement as a "doctors' job." We do not exactly see what the doctors are supposed to gain by the establishment of such an institution, and we rather think that the promoters will be only too glad if the veterinarians will take the matter in hand and work up the establishment for the advancement of veterinary surgery and pathology in Ireland in their scientific aspect.

The Action for Injunction against the Medical Defence Union.

Mr. Justice Chitty gave judgment in the case for injunction against the Medical Defence Union last week, the result of which affects very closely the members of the Union. The facts of the case, which are of an unusual character, were fully reported in our last issue. Briefly, a dispute arose between two medical practitioners, Dr. Bloxham and Dr. Collie, in respect to a partnership agreement, both being members of the Union, and the injunction was brought by the former to prevent the Union from taking up the case for the latter in the impending action between the two disputants, the Union having previously refused to render assistance to Dr. Bloxham. In giving judgment Mr. Justice Chitty held that, on their proper construction, the memorandum and articles of association were wide enough to justify the action of the Union. In his view the Union possessed the power which it had exercised; the action originally taken by its Council had become that of the Union itself by force of a resolution at a general meeting. The suggestion that the conduct of the defendant Union amounted to "maintenance" was, unfortunately, made without due notice to the other side, and the judge consequently declined to give any decision in regard to it, but pointed out that if the defendant Union had committed this offence, the plaintiff had his remedy by an action at law. We were under the impression that a resolution had been passed at one of the annual meetings of the Union that no questions of disputes between medical men involving legal proceedings should be dealt with by the Council. Has this ruling been departed from in the present instance?

A Medical Libel Case.

We understand that a libel case which is likely to arouse more than passing interest in medical circles is about to come before the Court of Queen's Bench as a result of some letters written on the occasion of the recent election of a medical officer by the Woolwich Guardians. The plaintiff is Dr. Logie, who pursues Dr. Maxwell for £4,000 special damages. Both gentlemen are practitioners at Woolwich.

Anti-Vaccinationists at Weston-super-Mare.

Mr. Walter Robert Hadwen, L.R.C.P. Lond., L.S.A., 1893, Highbridge, Somerset, was, according to the Medical Directory, a student of the Bristol Medical School and of St. Bartholomew's Hospital, London, and yet, despite the presumably good influences in medical training with which he was brought into contact at these two medical schools, he no sooner obtains his qualifications than he becomes an anti-vaccinationist of the most virulent type. At a public meeting held last week at Weston-super-Mare, called for the purpose of expressing sympathy with two men who had been imprisoned for wilfully refusing to comply with the Vaccination Act, he is reported to have said: "I am delighted to find such a bold stand being made against vaccination in Weston-super-Mare. I hope you will stick to your guns, for vaccination is not only a superstition, but a cruel blot on the statute book. Vaccination is not only useless, but is calculated to produce serious consequences, and, if this is so, which I am prepared to prove, the sooner it is swept from the statute book the better." This newly-qualified, and, we suppose in his opinion, enlightened member of the profession, further informed his audience that vaccination, because being a superstition, was a relic of the past, and that doctors in their training were taught nothing about vaccination. But this was a very lame argument for Mr. Walter Robert Hadwen to have advanced in excusing himself for adopting the anti-vaccinationist propaganda. Inasmuch, however, as he only qualified last year, it may be anticipated that with a little longer acquaintance with medical practice he will have opportunities of witnessing the good effects arising from the beneficent law which he condemns, and of thus being induced to admit the absurdity of his opposition. Meanwhile, as was the case with Mr. Allinson, it would be well for the General Medical Council to take note of this new medical anti-vaccinationist.

Amalgamation Projects.

There is a current of amalgamation in the London medical world, which gives evidence of its presence from time to time. First, there was the proposal to amalgamate all the reputable medical societies of the Metropolis into one homogeneous academical whole on special and peculiar terms in that after conjunction they were still to be separate. In fact, the scheme was strongly suggestive of a marriage *avec séparation de corps et de biens*. This scheme, which, in spite of its incongruity, had much to recommend it, was a subject of interest to the late Sir Andrew Clark, and since his regretted demise it seems to have lapsed. For months past we have been worried with proposals, counter-proposals, and recriminations in respect of the amalgamation of the Medical Defence Union with its junior rival, and while the presidents of the respective societies sit looking contemplatively at each other like two china dogs, the luminous idea has occurred to our contemporary the *Medical Times* to propose that the two contending factions should seek repose and peace in the bosom of that bantling, the Association of General Practitioners. The naïve suggestion is added that the *Medical Times* might be made the official organ of the trinity with advantage to all concerned. Our contemporary will doubtless next suggest some scheme of amalgamation with the Royal Society on similar lines —and with as much prospect of success.

Rabies, Cause and Effect.

We read that rabies has been "alarmingly prevalent" in Glasgow. The "alarming prevalence" is represented by three persons having been bitten by a dog which was "secured and destroyed" and one other by a dog "supposed to be suffering from rabies;" the "post-mortem appearances were suggestive of rabies"—whatever that phrase may mean—and the sufferers were at once despatched to the Pasteur Institute in Paris, while the Glasgow magistrates at once issued a muzzling order. At the meeting of the Health Committee, Dr. Colquhoun protested against the sending of persons bitten by presumably mad dogs to Pasteur's Institute at the public expense, but his objection was overruled. If the fact that four persons snapped at by a dog "supposed" to be rabic is sufficient to get up a craze for muzzling, the sooner that process is made permanent and not perfunctionory the better. The existing system of fright and flurry is calculated to cover the law and the magistrates with ridicule.

Port Sanitary Administration.

It is well known that England stands high in the estimation of Continental nations as regards her practical sanitation. This fact has been further illustrated by the visit of two Hamburg officials, who have been despatched to this country in order to make themselves acquainted with the details of port sanitary administration, and to study the question of sewage purification. The two officials in question are Dr. Nocht, the Principal Medical Officer of Health for Hamburg, and Herr Meyer, the leading Engineer of Public Health. It is their intention to make the round of all the principal English ports. Our sanitary authorities have in late years succeeded in excluding cholera from the seaports, but this has probably been effected by rigorous attention to the drinking-water supply, a point in which Hamburg, judging from recent accounts, appears to be specially defective. The visit of these distinguished officials on such an errand is a compliment to England as a leader in practical sanitary matters.

Allinson versus the Medical Council.

In another column will be found a report specially taken in court for this journal, the points raised being of considerable importance to the profession, and the decision therein given being absolutely without appeal. While we feel that no comment of ours upon the judgment is called for, we cannot refrain from expressing our amazement at the character of the ideas respecting the merest elements of physiology which apparently are entertained by the author of the "wipe the arm" suggestion. We sincerely trust that the scientific advocates of vegetarianism (who, by the way, include some of the clearest thinkers and hardest workers in each of the several ranks of our profession) may not be supposed to be besmirched by any of the references that have been made in the course of this case. And we may fairly ask, when will the gullible and, to a large extent, the mulish public, begin to recognise the abject folly of those persons (innocent of all necessary knowledge) who profess to diagnose *non-existent* internal disorders by means of what they, in their offensively-obtruded ignorance, pretend to regard as infallible signs? Of such are the providers of the material out of which the "miraculous cures" are manufactured. One is almost driven to the opinion that the British public *deserves* to be handsomely fleeced by the electrical, humbugging, and advertising quacks, and by all sorts of practitioners "infamous in a professional respect."

Dr. Butler-Hogan, in October last, was elected Medical Officer of Health for Shoreditch by a considerable majority. Owing, however, to an informality on the part of the Vestry respecting the amount of salary, the Local Government Board annulled the election, and a new one, consequently, has to take place.

Dr. Pye-Smith will deliver this evening (Wednesday) the first Huntarian Society lecture of the current year at 8.30 p.m., at the London Institution, Finsbury Circus. The subject selected is "Rational Therapeutics," and the lecture will be open to all members of the profession.

Mr. Herbert William Page, F.R.C.S., Surgeon to, and Lecturer on Surgery, at St. Mary's Hospital, has accepted the invitation of the Council of the Harveian Society to deliver the Harveian Lectures next Session. He has chosen an important subject "Some Disorders of Nervous Functions due to Injury and Shock."

We understand that the subscriptions to the proposed memorial to the late Professor Marcus Beck have come in so well, that the Treasurer, Mr. Christopher Heath, has been able to hand over to the Committee of University College Hospital the sum of £800 to endow a bed in memory of the deceased.

The Local Government Board has sanctioned the proposal of the Merthyr Local Board to increase the salary of their medical officer from £250 to £300 per annum, such increase to date from January 3rd last.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

The Morrison Lectures on Insanity.—In Dr. Batty Tuke's fourth lecture, delivered last week, mention was first made of the fact that in persons dying insane the naked eye manifestations of disease were not so marked in the anterior lobes, the supposed site of the psychical processes connected with the higher intellectual functions, as in the Rolandic sensori-motor areas, and that therefore the transformation of stimuli into motor acts was not the only function of these areas, storage and transmission of impressions being added, interference with which caused the so-called "mental" symptoms. After various forms of cerebral degenerations were described, the lecturer proceeded to lay stress on the wonderful delicacy and complexity of the brain substance and on its comparative freedom from traumatic injuries, due to the elastic cushion provided for it by the cerebro-spinal fluid, on the normal ebb and flow of which, also, the brain health in no small degree depended.

Edinburgh Royal Infirmary—Details of Maintenance.—An interesting paper has just been issued giving short details of the medical expenditure and cost of maintenance per bed during the last 25 years. The figures with regard to both subjects are instructive as showing the change in feeding and treatment which has occurred during that period. For instance, under the heading of medical expenditure the average cost per bed for the five years ending 1878 and 1893 respectively for wines has fallen from 8s. to 2s.; for spirits, from 9s. to 8s. In 1893 itself the cost per bed for wines fell to the very low figure of 1s. Little change has occurred in the cost per bed of medicines and dressings, while incidental expenses have risen over £1, the total average cost being about £1 more now than 20 years ago. In the details of maintenance we find bread now costs per bed £1 less, meat £3 less, milk £2 15s. more, the total cost being very nearly £2 less all over. It is interesting to note the large increase in the quantity of milk consumed instead of bread and meat, although, of course, some of the decrease in the cost of the latter articles is due to their prices being lower. In another table it is shown that in 1874-78, with 444 beds occupied, the total expenses were £53 9s. 5d. each year on an average, while in 1889-93, with 654 beds, they reached £61 3s. 5d.

Fever Hospitals.—In a report of the sub-committee of the Leith Town Council anent the proposed Fever Hospital for the Burgh the erection of a brick building with four ward blocks was unanimously recommended, the whole to cost about £30,700. It has also been proposed to erect a hospital for the reception of patients suffering from infectious diseases at Paisley, and in connection with this Dr. Archibald Donald, Medical Officer of Health for the Burgh, was consulted as to the suitability of the present Infirmary buildings, a new site having been bought for that institution by its directors for a fever hospital. In Dr. Donald's reply he deprecated the purchase of the Infirmary buildings, on the ground that, as they stand, they would require much alteration even before the necessary permission to occupy them as an infectious diseases hospital could be obtained, while they would only satisfy the demand for a few years to come. With regard to the site, he recommends the erection of a hospital in a suburban district, far from surrounding houses, with sufficient space for the patients to take outdoor exercise when convalescent. The local authority on receiving this report decided not to purchase the site of the present infirmary.

Small-pox in Edinburgh and Leith.—Cases of small-pox still continue to be reported both from Edinburgh and Leith during last week for instance, five cases were discovered in Leith; and four in Edinburgh.

Sir Joseph Lister to Visit Glasgow.—The arrangements for the meeting of medical students of the Glasgow University to be addressed by Sir Joseph Lister have been completed. The address will be delivered in the Students' Union on Thursday, 8th March.

Queen Margaret College.—An interesting function in connection with this college is the Hon. Secretary, Miss Galloway's monthly "At Homes." At the last, on a recent evening, there was quite a galaxy of professors and students to witness a delightful performance of "Mrs. Willis's Will," followed by an enjoyable dance and music.

Correspondence.

THE MEDICAL DEFENCE UNION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Permit me to correct a slight error in your report of the annual general meeting of the Medical Defence Union on the 7th inst. with reference to the action of Council on the proposed amalgamation with the London and Counties Protection Society. A resolution proposed by me was carried, to use the President's term, *nem. con.* I do not recollect the exact wording, but the resolution was of the following purport: "This meeting trusts that the Council will feel enabled to resume negotiations for amalgamation with the London and Counties Protection Society."

In every such negotiation hitches are inevitable. Both Councils have, I believe, acted with the best intention, and have failed to arrive at success; but the waste of power and finances from two societies, with separate staffs, doing the same work of medical defence, are too serious to finally abandon the now lapsed effort at union without another effort.

I am, Sir, &c.,
Norman Kerr, M.D.

42 Grove Road, London, N.W.,
Feb. 22, 1894.

[Our report stated that there was no time *to discuss* the proposed amalgamation. Dr. Kerr's resolution was carried practically without discussion.—Ed.]

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Obituary.

PROFESSOR LEISHMAN, OF GLASGOW.

We regret to announce the death of Professor William Leishman, Emeritus Professor of Midwifery of the University of Glasgow. His death took place on Sunday the 18th inst., at Blairmore, Loch Long. Although Dr. Leishman's retirement from the Chair in the University was only officially announced a few months ago, he had not been in harness for a period of nearly two years, his temporary retirement being brought about by a brain affection (hemianopsia). It was thought, however, that he had the prospect of some years' leisure before him, being only in his 61st year of age. Unfortunately, at the beginning of the week previous, a change took place for the worse, and he gradually sank. The deceased was the second son of the late Dr. Leishman, of Govan, and a distinguished graduate of the Glasgow University, and while still a young man was requested to join the staff of Anderson's College, and one of the physicians to the Glasgow Royal Infirmary. After the death of Professor Pagan, the then Professor of Midwifery in the University, Dr. Leishman was appointed by the Crown to the chair in 1868. In all his public appointments his duties were discharged with thorough earnestness, and when moved to speak in public he did so in a manner that commanded attention and respect. In the Royal Infirmary his clinical classes were always crowded, his lectures being unsurpassed, and his bedside teaching was clear, concise, and thoroughly scientific. His funeral took place on Thursday the 22nd inst., the remains being interred in the family burying ground in the Govan parish churchyard. Principal Caird conducted the funeral service. Most of the University Professors were present.

◆

Literary Notes and Gossip.

The value and number of scholarships in the University of Aberdeen are to be increased by the addition of the Anderson Legacy of £5,000. This welcome amount has been bequeated by the late Miss Anderson for the founding of one or more scholarships at the discretion of the University Court.

⁂

Of the 234 medical journals published in the United States, Ohio has fourteen, New York fifty-two, against eight in London. Of 1,260 medical societies in the United States, Ohio has ninety, New York one hundred and seventy-five. In London we have only about forty, and these are considered too many.

⁂

The February number of the *English Illustrated Magazine* well maintains the excellent standard for readableness and variety of subjects which now distinguishes this periodical. There is an appreciative article on "My Impressions of Zola," by Mr. George Moore, embellished with many excellent illustrations, together with an autograph letter of the well-known novelist, and a very chatty and characteristic contribution on the "Zoo," by Mr. Phil Robinson. There are many other papers of fiction and fact. Altogether, this magazine is fast becoming one of the best sixpennyworth's of the kind now extant.

⁂

The literary tastes of Mr. John Morley have apparently undergone no diminution since his withdrawal from the active pursuits of journalistic life, for it is stated that he finds time in the midst of his official work in Dublin to peruse catalogues of old books dealing with Irish history, and to make a selection of the most attractive for purchase. He is also keenly interested in the historical associations of the Dublin public buildings, and has expressed his pleasure on being assured that the very room in which he transacts the official business of Chief Seretary was used for a similar purpose by Lord Castlereagh.

⁂

The March number of *The Humanitarian*, Mrs. Victoria Woodhull Martin's magazine, contains among other articles one on "The Progress of Pharmacy," by Dr. Lauder Brunton. It is instructive and interesting, and Dr. Brunton says some funny things about the common or garden toad, and its toxic qualities. "It is quite possible," he admits, "that some of these days we may have an enterprising firm advertising essence of toad as being of superlative virtue for the cure of dropsy." And then we should have "toad-farms" springing up all over the country as a new commercial industry.

⁂

The *Indian Medico-Chirurgical Review* for January publishes *in extenso* the Presidential Address delivered at the annual meeting of the Grant College Medical Society, by Dr. R. N. Khory, and from first to last it is an excellent *résumé* of, and commentary upon, the many events of medical interest which took place in India during the past year. Among other matters dealt with are the report of the Leprosy Commission, and the alcohol and opium questions, upon which Dr. Khory has much which is instructive to say. This *Review* has made a capital beginning in this, the second year of its existence, and we cordially wish it a successful career.

⁂

Dr. Lockhart Gillespie has been awarded the Freeland Barbour Biennial Fellowship by the Royal College of Physicians, Edinburgh, for his work on "Digestion and Dyspepsia." We may add that the author was for some time engaged in making experimental researches in the laboratory of the Royal College of Physicians of Edinburgh, the results of which were embodied in a paper read before the Medico-Chirurgical Society entitled "Some Practical Results from the Chemical Examination of the Contents of the Healthy Stomach," and which was subsequently published in the *Edinburgh Medical Journal*.

⁂

The author of "Leishman's Midwifery"—the text-book *par excellence* twenty years ago—is no more. Thousands have felt the pleasure of conning their Leishman; (textbooks are not pleasurable reading as a rule) and another thousand or more may be added to the number of pupils, who for the last quarter of a century have had the privilege of his personal instruction as Regius Professor of Midwifery in Glasgow University, where his wonderful faculty of imparting knowledge, drew large and enthusiastic classes. The deceased resigned his chair but a few months since from ill-heath, and now we are called upon to record his death which occurred last week at the age of sixty.

⁂

The January number of Mr. Hutchinson's *Archives of Surgery* (J. & A. Churchill) contains a large amount of interesting matter. They are, in print, what the editor's weekly demonstrations are clinically, a *recueil* of valuable and often rare observations, the salient features of which are rendered more prominent by lithographic and coloured plates. Mr. Hutchinson continues his comparison of the mortality from strangulated hernia treated by herniotomy and taxis respectively, and he fully maintains his well-known predilection for the latter. He has taken an immense amount of trouble to collect statistics of the result of former and present practice in this respect, but many will doubt whether the matter is one that admits of settlement on a purely numerical basis.

⁂

The literature of "doctoring" as it is commonly termed is not calculated to elevate the profession in the public estimation. Some of the touting leaflets sent us almost weekly of so-called "provident dispensaries are almost as degrading as is the practice of medicine at

Bagdad. Here, we are told, by one of our Indian exchanges, patients are constantly bargaining with the physician for a cure, and refuse to pay for advice pure and simple, or for an examination, no matter how much skill or time it may involve, until the cure is completed. Here too are benevolent societies whose secretary receives as salary a certain amount on *every prescription* he has to settle for, and then he and the doctor agree that a new prescription shall be written for every dose!

⁂

New Books and New Editions.—The following have been received for review since the publication of our last monthly list:—Text-book of Diseases of the Ear, by Prof. Politzer, of Vienna, translated by Dr. Dodd, and edited by Sir Wm. Dalby, M.B., F.R.C.S., 3rd edition. Two Great Scotsmen, the brothers Wm. and John Hunter. Index Pathologicus, by James C. Howden, M.D. Clinical Lectures on Recent Surgery, by Arthur T. Norton, F.R.C.S. Nursing in Eye Diseases, by C. S. Jeaffreson, M.D., F.R.C.S. The Year-book of Treatment for 1894. Trephining in the Ancient and Modern Aspect, by J. Fletcher Horne, M.D. Aids to Forensic Medicine and Toxicology, by Wm. Murrell, M.D., F.R.C.P. Kelly's London Medical Directory for 1894. Archives of Surgery, by Jonathan Hutchinson, LL.D., F.R.S., vol. v, No. 19. Half-yearly volume of the Liverpool Medico-Chirurgical Journal. The Physicians Appointment Diary for 1894. Atlas of Clinical Medicine, vol. ii, part 3, by Byrom Bramwell, M.D. Illustrations of Pathological Anatomy, by Professors Kast and Rumpel, English edition by Dr. Armand Ruffer, part vii. Royal London Ophthalmic Reports, vol. xiii, part iv. Sprains, their Consequences and Treatment, by C. W. Mansell-Moullin, M.D. Oxon. Manual of Practical Anatomy, vol. ii, by Hy. D. J. Cunningham, M.D. Ed.

ALLINSON *V.* THE GENERAL MEDICAL COUNCIL.

RESULT OF APPEAL.

The original action (tried before Mr. Justice Collins last June) was for a declaration that the decision of the Defendant Council directing the erasure of the name of plaintiff from the "Medical Register" was invalid and void; for an injunction to restrain the Council from erasing the plaintiff's name or allowing his name to remain erased from the "Register," and from publishing such decision; and for a *mandamus* to compel the Council to restore the plaintiff's name to the "Register." Plaintiff was a Licentiate of the Colleges of Physicians and Surgeons of Edinburgh, in practice, and registered under the 1858 Act, by sec. 29 of which the Council have the power to erase from the "Register" the name of any registered practitioner who shall, after due inquiry, be adjudged guilty of infamous conduct in a professional respect. The plaintiff (on the complaint of the Medical Defence Union) received a notice on May 14th, 1892, to appear before the General Medical Council and to answer to a charge of having been guilty of such conduct, the particulars of which being that the plaintiff had systematically sought to attract practice by a system of advertisements. Dr. Philipson was a subscribing member, a vice-president and guarantor of the Defence Union; and, as vice-president, was also an *ex-officio* member of the Executive Committee. Dr. Philipson became a member of the General Medical Council on May 3rd, 1892, on which day he resigned his membership of the Union. It appears that by the rules of the Union a resignation does not take effect for two months after its receipt. Dr. Philipson had never taken any part in the proceedings of the Executive Committee of the Union, and had had no share in making the complaint against the plaintiff. This complaint was supported before the Council by the secretary of the Union. Dr. Philipson attended the meeting of the Council on May 28th, 1892, when the plaintiff's name was directed to be erased from the "Register" on the above-mentioned ground. Mr. Justice Collins gave judgment for the Defendant Council, and against this judgment the plaintiff appealed last Friday (Feb. 23rd, 1894), before Lord Esher (the Master of the Rolls) and Lords Justices Lopes and Davey. Mr. Bernard Coleridge, Q.C., appeared for the appellant, and Mr. R. T. Reid, Q.C., for the respondent Council.

Mr. Coleridge, in the course of his argument, said that an inquiry by the General Medical Council was a judicial inquiry, and therefore all the rules applicable to a judicial inquiry applied to this inquiry. Although he admitted that Dr. Philipson had stated in his affidavit that he did not know the nature of the charge, or the name of the party charged, he contended that every person who was an active member of the Union was also an accuser, and therefore a partisan, and it was not requisite that there should be any unworthy bias at all. In reply to the Master of the Rolls, he said that the accusers in fact were those members of the Committee of the Union who had got up the case, but that those members of the Committed were the agents of Dr. Philipson, who, although he had not himself taken any active steps in the prosecution, had been, through his agents, an accuser, and he subsequently sat as a judge. He further contended that, if even an absent member of the Council had been one of the prosecuting body, that fact would have been sufficient to invalidate the action of the Council. Allinson had written a pamphlet, "How to Avoid Vaccination?" [Lord Justice Lopes: In which he had advised people to break the law.] He had advised parents not to allow more than one "mark" to be made, and to wipe the child's arm immediately after the operation. In 1888 Allinson had made a promise to the College of Physicians of Edinburgh that he would withdraw the pamphlet from circulation, and this promise he had kept, but before he had made it, some Anti-Vaccination Society had got hold of it and published it. It could not be said that simply because his opinions did not quite agree with those of other medical men he should be punished.

[The Master of the Rolls: His absurd opinion might not be of much moment, but he had put them into practice upon patients.]

Mr. Coleridge maintained that a medical man could not be said to be guilty of "infamous conduct" on account of his being opposed to the eating of flesh-meat, to vaccination, and to the use of tobacco. The conduct impugned must be "infamous" *per se*, and not merely what might be objectionable only in a member of a given profession *quâ* his strictly professional conduct.

Mr. Reid, on the other side, pointed to the fact that Allinson had, in the *Echo* newspaper, advised people to go to druggists' shops for application of strong nitric acid to moles, although he had previously expressed his disapproval of caustics, and of medicines in general, which he had referred to as "doctors' poison;" after his promise to the College of Physicians of Edinburgh he had directed persons to obtain the pamphlet from the Anti-Vaccination Society, and had professed to give advice by correspondence with the unseen amateur diagnosers of "kidney disease" without requiring the opportunity for examining the urine.

The Master of the Rolls, in giving judgment, dealt with the first point which had been raised, which was that Dr. Philipson was in such a position that he might be biassed, and that he had been an accuser as well as a judge. Referring to the decision in the case of "Leeson against the General Medical Council" (heard in that same court), he said that there the question of pecuniary interest and of bias had been considered, and, in regard to bias, where the relation of the party concerned was such that by no probability could there be any bias, no objection could be taken. It was not for that Court to inquire whether a person was or was not biassed. There must be some position between these two extremes. The person must be in such a relation to the matter that he could not *reasonably* be suspected of bias. The question, therefore, was, "Could Dr. Philipson reasonably be suspected of bias?" Considering all the facts in regard to Dr. Philipson, the Medical Defence Union and the Medical Council which had appeared in evidence in the Court below, and looking at the substance rather than to the technicality, Dr. Philipson had, so far as in him lay, resigned his membership. Under these circumstances he could not *reasonably* be suspected of bias, and this contention therefore failed. The second point raised was that there was no evidence that the plaintiff was guilty of "infamous conduct in a professional respect." As to this he (the Master of the Rolls) would adopt a definition of Lord Justice Lopes' as being applicable to this case, and it was to this effect: if a medical man in pursuit of his profession had done something with respect to it which would reasonably be regarded as infamous by his professional brethren of repute, his so doing would be evidence of infamous conduct in a professional respect. Whether what a medical man (in any particular case) may have done would be infamous if done by some one who was not a medical man was not the question to be considered, since the conduct must be "infamous in a professional respect," and the definition which he had adopted would show the circumstances in which the respondent Council would be justified in finding a medical man guilty of infamous conduct in a professional respect. Did the evidence that was before the Council, when taken as a whole, bring the plaintiff within that definition? In his opinion there was evidence upon which the Council could say that the plaintiff had tried to defame his brother practitioners, and had tried to induce suffering people to refrain from going to them and to come to him instead, and, in this way, to enable him to receive fees which otherwise would have gone to them. Therefore there was evidene upon which the Council were justified in finding the appellant guilty of infamous conduct in a professional respect. His judgment was that the decision of the Council was final, and could not be reviewed, and with this judgment the two Lords Justices concurred.

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Medical News.

International Medical Congress, Rome.

The Secretary-General of the International Medical Congress to be held in Rome on the 29th prox., has forwarded documents for identification to all who have enrolled themselves as members. Those members of the Profession in Ireland who possibly may not as yet have received them, as well as those who purpose becoming members, should apply for cards of membership, instructions, programmes, &c., for themselves and for their relatives who may desire to accompany them to Rome, to Sir William Stokes, Chairman of the Irish National Committee, 5 Merrion Square, Dublin, and, after March 5th, to Sir Philip C. Smyly, 4 Merrion Square.

The British Medical Association.

The arrangements for the Annual Meeting of the Association are now nearly complete. Bristol being the town selected, Dr. E. Long Fox, of Clifton, has been nominated President-Elect, Dr. Fyffe, Local Hon. Treasurer, and Dr. Markham Skerritt, Local Organising Secretary. The date of the Congress has been definitely fixed for Tuesday, Wednesday, Thursday, and Friday, July 31st, and August 1st, 2nd, and 3rd. The reception room will be at the Victoria Rooms, where also the addresses to the general body of members are to be delivered and the annual banquet will take place. Of the nine sections, eight will meet in the buildings of University College, in the departments allotted to the faculty of arts and sciences and to the faculty of medicine. The sections, with their respective presidents, are:—Medicine, F. T. Roberts, M.D., of London; Surgery, W. Mitchell-Banks, M.D., of Liverpool; Obstetric Medicine and Gynæcology, J. G. Swayne, M.D., of Clifton; Public Health, W. H. Corfield, M.D., of London; Psychology, G. M. Blandford, M.D., of London; Pathology, G. Sims Woodhead, M.D., of London; Ophthalmology, F. Richardson Cross, M.B., of Clifton; Laryngology and Otology, P. McBride, M.D., of Edinburgh; Dermatology, A. J. Harrison, M.B., of Clifton; Children's Diseases, W. H. Dickinson, M.D., of London. The meetings of the Public Health section are to be held in the theatre of the Museum and Library, this being the only section to which persons who are not members of the medical profession are admitted. The principal addresses delivered will be on "Medicine," by Dr. T. Grainger Stewart, of Edinburgh; "Surgery," by Dr. J. Greig Smith, of Clifton; and Sir Charles Cameron, M.D., of Dublin, will deal with a subject relating to public health.

Opening of the New Dental Hospital.

On Saturday, H.R.H. the Duke of York formally opened the new National Dental Hospital and College in Great Portland Street, London. The building, which is the gift of the Dowager Lady Howard de Walden, has cost some £10,000 to erect. It is a handsome structure, with an exterior of red brick, and comprises a large lecture hall, laboratories, special demonstration rooms, a stopping room capable of accommodating 75 patients, and other offices.

Laryngological Society of London.

At the last meeting of the Laryngological Society of London, the following gentlemen were elected honorary members of the Society, in recognition of the distinguished service they have rendered to the cause of laryngology'—Sir George Johnson, M.D., F.R.S.; Professor B. Fraenkel, Berlin; Professor von Schroetter, Vienna; Dr. Wilhelm Meyer, Copenhagen; Dr. J. Solis-Cohen, Philadelphia; Dr. G. M. Sefferts, New York; Professor Massei, Naples; Dr. E. J. Moure, Bordeaux.

Royal College of Surgeons in Ireland—Fellowship Examinations.

The following gentleman, having passed the necessary examinations, has been admitted a Fellow of the College:—

Mr. William John Russell, West Maitland, New South Wales, L.R.C.P.I., and L.R.C.S.I.

The following gentlemen have passed the Primary part of the examinations for the Fellowship of the College:—

Mr. Patrick Thomas Bolger, Christ Church, New Zealand, L.R.C.P.I., and L.R.C.S.I., and Mr. Jeremiah Dowling, Tipperary, L.R.C.P.I. and L.R.C.S.I.

Royal University of Ireland.

At a meeting of the Senate the following were appointed Medical Fellows of the University:—

Anatomy—A. E. J. Birmingham, M.D., Joseph P. Pye, M.D., J. Symington, M.D. Physiology—John J. Charles, M.D., Charles P. Coppinger, M.D. Medicine—John Isaac Lynham, M.D. Surgery—Patrick J. Hayes, M.D., M.Ch., Wm. Thornley Stoker, M.D.

The following were appointed Examiners of the University for 1894:—

In Natural Philosophy—Alex. Anderson, M.A., John England, M.A. In Mental Science—W. A. FitzHenry, M.A., LL.B. In Biology—Rev. L. M. Reynard Klein, D.Sc., A. J. M. Blaney, M.B. In Medicine—J. P. O'Carroll, M.D. In Midwifery—J. W. Byers, M.D., A. J. Smith, M.B. In Materia Medica—F. J. B. Quinlan, M.D., William Whitla, M.D. In Ophthalmology—L. Werner, M.B., J. Walton Browne. In Medical Jurisprudence—C. Y. Pearson, M.D., A. Roche, M.D. In Pathology—W. H. Barrett, M.B., E. J. M'Weeney, M.D. In Sanitary Science—Sir Charles Cameron, F.R.C.S.I.

Indian Medical Service.

The Military Secretary, India Office, sends us the following as the official list of the candidates for Her Majesty's Indian Medical Service who were successful at the Competitive Examination, held at Burlington House on the 9th to 17th February, 1894. Forty-three candidates competed for fourteen appointments. Twenty-six were reported qualified. The names are arranged in order of merit:—

	Marks.		Marks.
G. Ramsay	81[illegible]0	H. M. Moore	2442
D. W. Sutherland	2754	A. W. F. Russell	2381
W. Selby	2606	D. C. Johnston	2304
H. J. K. Bamfield	2604	C. R. Pearce	2304
W. D. Hayward	2565	J. W. Grant	2291
A. H. Moorhead	2475	W. B. Bennett	22[illegible]6
T. A. Granger	2470	W. E. Scott Moncrieff	2192

Army Medical Service.

The following is an official list of successful candidates for Commissions in the Medical Staff of Her Majesty's Army at the recent examination in London, arranged in order of merit:—

	Marks.		Marks.
Evans, P.	2849	Milner, A. E.	23[illegible]0
Silver, J. P.	2462	Sweetman, S. W.	236[illegible]
Buist, J. M.	2391	Dove, F.	2345
Vaughan Williams, H. W.	2390	Morgan, C. K.	2[illegible]82
Walker, J.	2365	Thom, G. H. C.	2178

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 34, Bombay 31, Madras 48, Paris 22, Brussels 17, Amsterdam 20, Rotterdam 26, The Hague 17, Copenhagen 22, Stockholm 17, Christiania 14, St. Petersburg 31, Moscow 29, Berlin 18, Hamburg 17, Dresden 21, Breslau 26, Munich 27, Vienna 26, Prague 29, Buda-Pesth 26, Trieste 34, Rome 25, urin 35, Venice 37, Cairo 56, Alexandria 59, New York 22, rooklyn 18, Philadelphia 25, New Orleans 27.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor

DR. HUXLEY (Maidstone).—Your letter is unavoidably held over.

DR. ILLINGWORTH.—1. Regret we have not space for grievances against contemporaries. 2. The investigations will appear in the same form as before as soon as space permits.

MR. S. WILTON.—Measured by their relative populations, Berlin is larger than Vienna by about 250,000, but the latter occupies a slightly larger area. Neither city would be taken as a model in sanitation, the death-rate from preventible diseases being in both cases higher all the year round than London, which is three times greater in extent than either.

DR. MYRTLE'S paper on "The Spread of Chronic Skin Diseases by Heat" is marked for early insertion. Proof shall be sent in due course.

REMARKABLE ESCAPE.

OUR Glasgow Correspondent writes: When the North British train from Glasgow to Helensburgh reached Charing Cross (Glasgow), on Friday night, a drunken man stepped out, and on the train restarting he fell over the buffers between the carriages, nearly all the train passing over him. The porters found him on his back uninjured and complacently smoking. When asked if he was hurt, he replied, "Not a bit, I have been in the Crimea."

MR. F. E. PIRKIS.—We are not implicit believers in the system. On the other hand, we do not see the matter in the same light as the news you send us for insertion would seem to convey.

Meetings of Societies, Lectures, &c.

WEDNESDAY, FEBRUARY 28TH.

HUNTERIAN SOCIETY.—At 8.30 p.m., Dr. Pye-Smith: Rational Therapeutics.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—At 5 p.m., Prof. Chas. Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College.

LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton.—At 4 p.m., Dr. J. Kingston Fowler: Cases of Pulmonary Tuberculosis. Royal London Ophthalmic Hospital, Moorfields.—At 8 p.m., Mr. A. S. Morton: Optic Neuritis. Hospital for Skin Diseases, Blackfriars.—At 1 p.m., Dr. Payne: Alopecia, its Varieties.

WEST LONDON HOSPITAL (Hammersmith).—At 5 p.m., Mr. Stephen Paget: Diseases of the Breast. (Post-Graduate Course.)

THURSDAY, MARCH 1ST.

HARVEIAN SOCIETY.—At 8.30 p.m., Dr. J. F. W. Silk: On the Use and Abuse of Anæsthetics.

LONDON POST-GRADUATE COURSE.—National Hospital for Paralysed, Bloomsbury.—At 2 p.m., Dr. Gowers: Clinical Cases. Central London Sick Asylum, Cleveland Street, W.—At 5.30 p.m., Mr. Jonathan Hutchinson: Cases in the Wards.

FRIDAY, MARCH 2ND.

CANCER HOSPITAL (Fulham Road, S.W.).—At 4 p.m, Dr. Snow: Non-malignant Tumours of the Breast.

LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton.—At 4 p.m., Dr. J. Kingston Fowler: Cases of Valvular Disease.

ROYAL ACADEMY OF MEDICINE IN IRELAND.—Medical Section, in College of Physicians, at 8 p.m., Dr. J. Little: The Sequel of a case of Myxœdema treated by Thyroid Juice.—Dr. M. F. Cox: On the Treatment of Bright's Disease.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—At 5 p.m., Prof. Chas. Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Miller Hospital, Greenwich).—At 8 p.m., Sir Dyce Duckworth: Some Points in the Diagnosis of Pain commonly called Gouty or Rheumatic.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital).—At 8 p.m., Special general meeting to consider certain alterations in and additions to the laws. At 8.30 p.m., Clinical Meeting:—Drs. Gardner, Dockrell, and Masters: Cases of Psoriasis treated by Thyroid Extract.—Dr. Abraham: Other cases of Skin Diseases.—Dr. Gardner and Mr. Steer: Cases of Myxœdema.—Dr. Chapman: Case of Valvular Disease of Heart in a Child; case of Progressive Muscular Atrophy; case of Senile Phthisis.—Dr. Neville Wood: Case of Hæmophilia.—Dr. Morgan Dockrell: One of the Ulerythemata.

SATURDAY, MARCH 3RD.

LONDON POST-GRADUATE COURSE.—Bethlem Hospital, at 11 a.m, Dr. Hyslop: General Paralysis of the Insane.

MONDAY, MARCH 5TH.

ODONTOLOGICAL SOCIETY.—At 8 p.m., Mr. T. E. Constant: Pental. Casual Communications will be given by Mr. E. W. Roughton and Mr. W. R. Humby.

ST. JOHN'S HOSPITAL FOR SKIN DISEASES (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Eczema.

MONDAY, MARCH 12TH.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—At 5 p.m., Prof. Chas. Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College.

Vacancies.

Carmarthen Joint Counties' Lunatic Asylum.—Medical Superintendent. Salary £500 per annum, with unfurnished house, washing, &c. Applications and testimonials to the Clerk to the Visitors by 24th March.

City of London Hospital for Diseases of the Chest, Victoria Park, E.—Resident Medical Officer. Salary £100 per annum, with board, &c. Applications and testimonials to the Secretary, 24 Finsbury Circus, E.C., by 3rd March.

County Asylum, Prestwich, Manchester.—Assistant Medical Officer (unmarried). Salary £100 per annum, increasing to £200, with apartments, board, attendance, and washing. Applications to the Superintendent.

County Asylum, Rainhill, near Liverpool.—Assistant Medical Officer (unmarried). Salary £100 per annum, with annual rise of £25 up to £200, with apartments, board, and washing. Immediate application to the Medical Superintendent.

County of Northumberland.—Medical Officer of Health. Salary £500 per annum and travelling expenses. Applications and testimonials to the Deputy Clerk of the Council by 24th March.

Croydon—The Borough Isolation Hospital for Infectious Diseases.—Resident Medical Officer. Salary £120 per annum, with board and lodging, increasing by £20 at the end of the first year. Applications and testimonials to the Medical Officer of Health, 7 Katharine St., Croydon, by March 1st.

Manchester Royal Infirmary—Monsall Fever Hospital.—Assistant Medical Officer (unmarried). Salary £100 per annum, with board and residence. Applications and testimonials to the Chairman of the Board by 3rd March.

Manchester Royal Infirmary.—Resident Medical Officer of the Convalescent Hospital at Cheadle (unmarried). Salary £150 per annum, with board and residence. Applications and testimonials to the Chairman of the Board by 3rd March.

Royal South Hants Infirmary, Southampton.—House Surgeon. Salary £100 per annum, with board and lodging. Applications and testimonials to the Secretary by March 10th.

Sir Patrick Dun's Hospital, Dublin.—Assistant Physician on the Staff in charge of Out-patients. Applications before March 8th. (See advert.)

Appointments

BANKS, WM., M.B.Lond., M.R.C.S., an Hon. Medical Officer to the New Hospital, Falmouth.

BULLMORE, W. K., M.D. St. And., M.R.C.S., an Hon. Medical Officer to the New Hospital, Falmouth.

HARRIS, A. B., M.D. St. And., M.R.C.S., Hon. Medical Officer to the New Hospital, Falmouth.

HICKEY, Dr. G., Medical Superintendent for the Borough of New Ross.

LANYON, G. E., M.B., C.M.Ed., an Hon. Medical Officer to the New Hospital, Falmouth.

MAXWELL, R., M.B., C.M.Ed., House Physician to the Northern Hospital, Liverpool.

MOORE, E. H., L.R.C.S.Ed., an Hon. Medical Officer to the New Hospital, Falmouth.

MUSSEN, A. A., M.B., B.Ch.Dub., Assistant House Surgeon to the Northern Hospital, Liverpool.

PERCEVAL, F., L.R.C.P.Lond., M.R.C.S., Medical Superintendent of the County Asylum, Whittingham, Lancs.

WALSH, M., L.R.C.P., L.R.C.S.Irel., Medical Officer to the Royal Irish Constabulary for Wexford and Kilkenny.

Marriages.

CARRELL—HADDOW.—Feb. 24th, at the Wesleyan Chapel, East Dulwich, Geo. N. P. Carrell, M.R.C.S.; L.R.C.P., of Ilford, to Sage Ward, daughter of Nathaniel Haddow, of Dulwich.

Deaths.

BOULTON.—Feb. 24th, at 6 Seymour St., London, W., the beloved wife of Percy Boulton, M.D., aged 51.

CLARKE.—Feb. 16th, at Banbury, Thomas Clarke, M.R.C.S., aged 72.

CRAIGIE.—Feb. 19th, at Bournemouth, James Craigie, M.D., of Hoylake, Cheshire.

LEISHMAN.—Feb. 18th, at Blairmore, William Leishman, M.D., Emeritus Professor of Midwifery in the University of Glasgow.

LUKE.—Feb. 19th, at his residence, Hayes, Slinfold, Sussex, Henry Luke, M.R.C.S.

GABB.—Feb. 24th, at St. Arvans, Abergavenny, Alfred Wm. Gabb, M.R.C.S., L.S.A., aged 74.

GRAHAM.—Feb. 17th, at West Kensington, Sydney D. Graham, M.R.C.S., M.R.C.P., only son of Major-General J. M. Graham.

NEWTON.—Feb. 16th, at 85 Gloucester Terrace, Hyde Park, Edward Newton, F.R.C.S., aged 78.

REYNOLDS.—Feb. 13th, at his residence, 165 Rathgar Road, Francis E. Reynolds, Deputy-Inspector-General of Hospitals, aged 74.

ROSSITER.—Feb. 17th, at his residence, Priory Place, New Ross, Thomas Rossiter, M.D., aged 83

SMITH.—Feb 15th, at Point de Galle, Ceylon, H. L. Barton Smith, M.D., M.R.C.S., of 29 Charles Street, London, W., aged 45.

WILLIS.—Feb. 14th, at Florence Court, county Fermanagh, William Willis, M.D.Edin., F.R.C.S.Eng., Physician to Her Majesty's Legation, Bangkok, Siam, aged 57.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY, MARCH 7, 1894. No. 10.

Berlin Clinical Lectures.

RECENT INVESTIGATIONS ON THE PATHOLOGICAL ANATOMY OF TABES.

By. PROF. LEYDEN, M.D.,
University of Berlin.

[SPECIALLY REPORTED BY OUR OWN CORRESPONDENT.]

PROF. LEYDEN said it was thirty years since his first works on this subject had been published, and this accidental circumstance formed one of the reasons why he again expressed himself in a comprehensive manner on the subject. He had then tabulated three forms of the grey degeneration of tabes :—

1. The grey degeneration of tabes.
2. The grey degeneration of multiple sclerosis.
3. That of secondary degeneration.

The main pathologico-anatomical works were based on the previous investigations of Cruveilhier, and others; these were the first methodical and properly arranged investigations. In his monograph on tabes of 1863 his aim was to delineate the pathological anatomy of the disease with the utmost possible accuracy, and to bring the clinical disease into unison with it, that it could be understood from the changes, and thereby gain a basis for a more certain diagnosis. The aim was in fact achieved. Previous labours of several authors did not show a methodical system. The views announced in the work, related (1) to the pathological anatomy, and (2) the pathological physiology.

As regarded the pathological anatomy the result was that the process was not properly inflammatory, but a peculiar degeneration, a process that had affected the nerve elements of the fibres implicated. This was something new, and in contradiction to the ruling view, for up to then a chronic myelitis only had been spoken of. The French school quickly took up the view of a parenchymatous process.

Of greater importance, however, was the view on the extension of the process. The peculiar degeneration of the nerve elements was continued to the region of the sensory portion of the spinal cord, and progressed upwards over the sensory portion of the cord. The simultaneous degeneration of the posterior roots was also emphasised. The principal part of the pathological physiological explanation was that the disease was one of the sensory nerves, starting in the roots that corresponded to the primary sensory tracts.

The results were received at first with great favour; but this did not last long, diverging opinions soon appeared from Cyon, Niemeyer, and Späth, but the case of the latter was one that is now recognised as being one of syringomyelia. Other works by the author then followed, but they did not succeed in obtaining general recognition. At the same time two other works were published that attracted a good deal of attention, the one was by Eisenmann on ataxia, based on Duchenne's description; but nothing could be made of it. He had collected the material with great care, but was not able to properly arrange it. Then Friedreich published a work on atrophy of the posterior columns of the cord, but his cases were mixed, so that a decided analysis could not be arrived at, either from the pathologico-anatomical side or the clinical. From this we have "Friedreich's" disease.

Then came another current from the setting up of the theory of diseases of systems, here were two works to be specially mentioned, the one by Flechsig, the other by Pierret, both running in this direction. The first view arose from embryological studies. It was found that in the embryo the spinal column was not traversed by nerve fibres with regularity, but in certain phases, according to which systems could be erected. These systems were based in part on investigations by Türck. The more accurate carrying of them out was on this basis in French investigations. Almost simultaneously appeared the work of Pierret, prepared under the auspices of Charcot; this author had attempted to determine the commencement of the pathological anatomical changes in tabes. In one case he found that it was in certain regions of the posterior columns, in immediate proximity to the radiations of the roots, that the disease commenced. This fact was adopted by Charcot, and then generally accepted. These regions were looked upon as spots of predilection in commencing tabes, and at the same time designated as the seat of co-ordination. In atrophy of them incoordination was said to take place. No proof of this had, however, been brought forward. It was further accepted that the posterior roots passed through these spots, and that anæsthesia and pain were thereby explained.

The doctrine of disease of systems had developed from the observation of Vulpian. Since then the view had more and more extended in Germany that tabes originated in certain parts of the cord, and that it was a systemic disease. Flechsig had not spoken out clearly on the anatomy of tabes; he had only said that it began in the parts lying between Burdach's and Goll's columns. Then arose the view that the posterior columns did not constitute one system, but several systems, and that tabes was a combined systemic disease, there were to be added the peripheral parts of the lateral fibres of the cerebellum, a small zone but not unfrequently implicated in tabes, and so the subject was rendered still more obscure.

And now, again, a turn in the position of affairs had taken place, which appeared to support the views advanced by the speaker thirty years ago. As regarded the newer works, which unfortunately had attracted but little notice, the first to be named was that by Emil Redlich "The Posterior Roots of the Spinal Cord and the Pathological Anatomy of Tabes." He came to the conclusion that the posterior columns had no proper fibres, but were solely composed of the fibres of the posterior roots, and that this was the reason why the anatomical process in tabes had its starting point in the posterior roots. In this way the author was distinctly opposed to the view of systemic disease. He stood upon the standpoint of Leyden, who was the first to emphasise the importance of the posterior roots for tabes. In the commencement of the present year Leyden's participation in this had been confirmed by two neurologists in Paris, Pierre

Marie and Déjérine. The first in his work on diseases of the spinal cord had given a very comprehensive and thorough chapter on tabes that contained all the pathological material, at least, the physiological and clinical. He said it was unjustifiable according to the present standpoint to attribute so much independence to the posterior columns that they could become diseased primarily; they became diseased only when cut off from the trophic centre, and these were to be sought in the spinal ganglia. There were also peripheral ganglia, to which he attributed degeneration of the peripheral nerves. After the appearance of this book, M. Déjérine gave an address on the pathological anatomy of tabes. He came to the conclusion that the degeneration of the posterior column in tabes was a secondary one, corresponding to the disease of the posterior roots. The speaker (Prof. Leyden) ascribed the first discovery of this fact to Vulpian, and thought this new revolutionary idea would at first meet with opposition but he was pleased to be able to confirm that it had already been accepted by both German and French authors, or as it appeared they had both arrived at the idea independently of each other, whereupon M. Marie had replied that it was Leyden who first pointed out the importance of the posterior roots. This view had first been given expression to in 1863, and had never been withdrawn, on the contrary, it had in 1888 been again expressed more precisely in connection with his anatomical and physiological works. From this it was concluded that the posterior columns were formed of fibres springing from the posterior roots, or were commissural fibres, and if it could not be proved that they possessed no other fibres, there were no facts to show that other fibres passed into them. Tabes, therefore, developed from the periphery for which proofs should be forthcoming.

GYNÆCOLOGICAL PROGRESS. (a)

By THOMAS SAVAGE, M.D., M.R.C.P., F.R.C.S.,
President of the British Gynæcological Society; Professor of Gynæcology in Masons College, Birmingham; Surgeon to the Birmingham Midland Hospital for Women.

During the past year the good work and advance of knowledge in the particular direction of carcinoma of the uterus, and its treatment by operation, are matters for congratulation, especially to those who have assiduously worked thereat. The effect of this is that the operation has been established on a firm basis as a justifiable one, that very great relief may be obtained by it in suitable cases, and that the early recognition of suitable cases is likely to be more frequent. But time is required to bring about all that we want even in this particular operation. We want to know more exactly the cases best suited for operation, the average addition to life which the operation gives, and especially something more of the details which are known to be most conducive to a successful result in operating. Time will, however, bring about these desiderata, aided by careful observation. No two surgeons would perform the same operation exactly in the same manner. Above and beyond some inconsequent details some operators would, in a given case, apply more, and some would apply less, of the best details: and what is wanted is that the best of all should be made use of by all. The importance of this principle will be more and more manifest when it is universally admitted, as it is beginning to be, that when death occurs after such operations as abdominal section, it is due much more frequently to causes connected with the details of the operation, and therefore personal to the operator, than to any other cause. Hence, as long as any deaths occur after operations which may be attributed to the operation, we shall be far off from finality in our art. And because the personal element possesses such an enormous influence in success or failure—for good or for ill—we must ever be striving to attain to that high ideal—no deaths at all.

Probably during the coming year ventro-fixation of the uterus for prolapsus and some kinds of retro-displacement will engage our attention, and here a few months will be sufficient to elucidate what are the best methods of performing the operation, its safety in regard to mortality due to the operation directly, and its benefits in regard to effecting relief or a permanent cure of the condition for which it was undertaken; also the contra-indications such as the presence of too extensive or firm adhesions, the presence of inflammatory products connected with the appendages, &c. I say a few months will tell us all this; for, with the improved methods of operating, the mortality ought to be very slight indeed in simple uncomplicated cases. It is to be expected that only where extensive adhesions have to be undone, as in some cases of retroflexion, the element of danger presents itself; and here we ought to be able to overcome such by careful drainage. I think that the general consensus of experience of shortening the round ligaments has been that it has been tried and found wanting.

On the Continent complete extirpation of the uterus by the vaginal method has been proposed and practised for complete prolapse: and it has seemed to me, so far, that in a few cases of complete prolapse in women who have passed the menopause, and are therefore incapable of future conception, to whom their condition makes their life a burden, this operation may be offered as an alternative. Seeing that the uterus is completely outside, and in full view, the operation is a simple one to perform, and should not be associated with more risk than ventro-fixation.

By many gynæcologists both these operations may at first be considered heroic in the extreme—perhaps too heroic—and it must be borne in mind in judging of the advisability of recommending, and the justifiability of performing them, that they are operations of expediency rather than of necessity, and are undertaken for conditions which do not threaten life. Therefore the risks and objects of each should be plainly laid before the patient, and it should be for her to elect or refuse to submit to undergo them. At the same time we often find that the discomfort is so unbearable, and the inability to enjoy the pleasures and perform the duties of life is so great, that it is justifiable to incur some amount of risk for the prospective advantages of a successful issue; and many suffering women are quite willing to incur this. In the Paris Academy of Sciences last December Dr. Lejars related two successful cases, up to which time there had probably been thirty or forty operations for this extreme condition. An objection has been raised that the operation has been followed, within a short time of its performance, by a slight prolapse of the vaginal wall. To obviate this certain operators insist on the necessity for excising a large piece of the vaginal wall, while others recommend the vagina to be fixed in position by stitching to the peritoneum above. Dr. Lejars prefers the removal of two large triangular flaps from the lateral walls of the vagina, followed by double colporrhaphy.

I have had some experience of the operation of extirpation for prolapse, and can testify to its facility and safety.

Of course the consideration of the subject of hysterectomy for myoma is not yet complete; not is it likely to be for some long time to come. It has become chronic. Myoma of the uterus is a hydra-headed monster, which needs all the resources of our art, all our judgment, and more than all our present dexterity to enable us to combat it successfully. The multitudinous and various suggestions and modifications of details for its performance are all good, more or less, and advance us by slow steps to that goal which we are all so anxious to reach With our present lights, the risks are often so enormous that I am inclined to think it is not now so frequently performed as was the case a few years ago; certainly that is my own position and experience. Many men, I believe, decline to undertake it except in those desperate cases where the patient would manifestly die without it. Assuredly, one reason for its less frequent performance is the alternative which we possess in removal of the appendages, which operation is attended with such brilliant results, when it can be satisfactorily and completely performed, and is done early enough. And yet what a surgical triumph is hysterectomy when successful! There is in the whole range of surgery nothing to excel it, few operations to equal it! Every successful operation makes the performer of it proud of his art, and feel that there is still something to live for. The pity of it is that much too frequently the patient does not take the opportunity of having the surgical aspects of her case considered until so late in the progress of her malady. There is a too deeply ingrained idea in the medical mind that fibroids of the uterus are of little importance either to health or life, and that all will come right at the menopause. Of the recent suggestions for perfecting the operation, the majority have in view the shutting off of the peritoneum from infection —below, through the uterine canal; and above, through the stump. In attempting the latter, where it is practicable, Dr. J. W. Taylor's method of passing the transfixion pins through the parietal peritoneum on each side may be tried with advantage. Though a modification in detail, I believe it is similar in principle to what was suggested by Dr. Bantock many years ago, and has been practised with success by myself and others—viz., making the suture above and the suture below the stump to include a portion of the stump on the proximal side of the clamp.

(a) Abstract of Presidential Address delivered before the British Gynæcological Society, February, 1894.

During the past year, especially in London, much attention has been given to the interesting and very important subject of inflammation and suppuration in the pelvis; and advance is being gradually made towards a more perfect knowledge of its causes and pathology. Our interest becomes more and more centred in the uterine appendages, and perhaps less so in the connective tissue of the broad ligaments; and we find that we are getting to have a much better knowledge of cases which are appropriate for operation.

But, while we look with satisfaction upon the frequent cure, by operation, of cases which otherwise would be incurable, one cannot but feel at times that ablation of a diseased organ is not the ideal scientific method of curing it; and one is constrained to ask oneself, therefore, if we shall ever be able to find an alternative method? At present, with the lights of to-day, that time seems certainly a long way off.

"*Obsta principiis.*" Doubtless, prevention of those causes which are frequently at the bottom of such cases will be the first step in their diminution; and this may be looked for speedily, when the practice of aseptic and antiseptic midwifery becomes universal: as it ought, when brought about, to cut off all those cases which arise from direct infection of the parturient canal.

There is one object which our society has very much at heart, and that is that general practitioners should be encouraged to take an active interest in its work. It is quite certain that in their busy and arduous lives they must meet, from time to time, with many interesting cases which it would be both instructive and profitable to us all to discuss in this place; and we should welcome them equally with, if not more than, many of the brilliant triumphs of modern surgery. The observations of men who have seen rare cases, and the riper experience of "all-round" men would be most valuable. Dazzled, perhaps by the more striking results obtained by surgery, there may be a fear that therapeutics and the medical aspects of gynæcology may not receive the amount of attention which they undoubtedly deserve; and here, at all events, is a fertile field in which the general practitioner may usefully direct his energies.

One great difficulty which the surgeon has to contend with is to keep in touch with his cases for any length of time after operation. He is aware, of course, of the immediate results of his operations; and perhaps in publishing these he is apt to make too much of them, valuable though they are both for comparison and emulation; but too often the ultimate results are imperfectly known to him in consequence of the removal of the patient to a distant or unknown address. Would it be possible or practicable for general practitioners to make it a rule, when they meet with these cases in their daily rounds, to tabulate them, ascertain all details as to cure or relief obtained, and then to publish them, discuss them in our society, or communicate them to the respective operators? I cannot but think that such work would be of the most valuable kind; and it would aid us in arriving at conclusions very much more quickly than otherwise, without such assistance, we should be able to do.

Special points which, among others, it would be useful to inquire into and report upon would include the state of general health of the patient; the more or less complete realisation of the object for which the operation was undertaken; the presence or absence of hernial protrusion at the site of the scar, at either its upper or lower end, when a drainage tube, had been used; with any other particulars connected with it that might be worth knowing. Only these few points are noticed here. A careful examination of the patient by a careful observer would readily aid others, if and when they were present; and fresh observations for inquiry into would soon suggest themselves to men of an inquisitive turn. General practice necessarily entails a life of more or less routine, considerable monotony and much fatigue, and I cannot but think that if some of our hardworked brethren would take up some slight additional work upon the lines that I have briefly and imperfectly referred to, it would be greatly to their own advantage as well as ours, and it would certainly add a zest and interest to that large portion of their work which is so much taken up with apparently unimportant details.

In regard to one point just referred to—ventral protrusion after abdominal section—I question if there is any operator who can say, with any approach to accuracy, what is the frequency with which it occurs, or what are the most important factors in its production; whether and how far it is brought about by the length of the incision, the thickness and fat of the abdominal wall, the use of the drainage tube, the closeness or the method of application of the sutures, &c.

For my own part I have always been inclined to a frequent use of draining, and my reason for this is that I have desired to err, if at all, on the safe side. I cannot recall any harm arising directly from its use; nor have I thought, so far, that ventral hernia, at the site of the tube, has been more frequent than in cases in which it has not been used.

We, as representing the new departure, have two principal duties before us, which we shall do well to keep in view of this society. The first duty is to make the utmost progress by observation and practice; and the second is to communicate the results of our knowledge to others. The fulfilment of these two objects this society has at heart during the coming year in advancing those *artes quæ prosunt omnibus.*

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RECENT DEVELOPMENTS IN STATE MEDICINE. (a)

By E. EDGAR FLINN, D.P.H., F.R.C.S., M.R.C.P.,

President State Medicine Section of the Royal Academy of Medicine in Ireland; Examiner in State Medicine, Royal Colleges of Physicians and Surgeons' Conjoint Board, &c.

AT the meeting of the Sanitary Congress held at Dublin in 1884, now just ten years ago, I communicated a paper on the administration of the Public Health Act in Ireland. which elicited a discussion, not without interest, in which Sir Robert Rawlinson, C.B. (the President); the much regretted Dr. Alfred Carpenter, of Croydon; Professor De Chaumont, F.R.S., of Netley; Sir Charles Cameron, and others, took part. Since that time considerable developments have taken place, and the administering of the Public Health Acts has undergone an improvement for the better. The Legislature has aided in this direction, and the passing into law of such useful measures as the Housing of the Working Classes Act, the Infectious Diseases Notification Act, the Open Spaces Act, the Contagious Diseases Act, the Factory and Workshops Act, the Margarine Act, have all had a useful and far-reaching influence.

The improvements consequent on this legislation, though slow in making itself felt, will eventually have a good effect; and though our Irish public bodies yet lack energy in moving forward on the questions immediately affecting the health of the people, there is, however, a visible improvement on the conditions that existed some years ago, and there is some inclination shown to carry out the State enactments relating to health. The cry of not burdening the overtaxed ratepayer is, however, yet heard; but the creation of an intelligent public opinion grows more and more every year, and the nationalisation of the questions of Health Economy now run side by side with the nationalisation of education; and it is probable that when the advantages accruing from Sanitary Science, taken in the broadest acceptation of the term, become better known, the prospects of Irish Public Health administration will become much brighter.

It has with truth been said that panic is the parent of sanitation, and if we look back to the history of public health legislation for the past half century or more, we must recognise the force of the remark. So recently as last year, when these countries were threatened with an outbreak of cholera, the comparatively brief sojourn of this dreaded malady amongst us was due to a maximum of increased sanitary activity.

The sanitary defences of the country were so thoroughly and rapidly organised that the complete stamping out of this dreaded malady was accomplished in a short time, and it will be admitted that this rapid "stamping out" was a distinct triumph for State Medicine, and proves what efficient Public Health administration can achieve, and, moreover, marks with emphasis the advances that have been made since the former cholera outbreak of 1866; and in this connection it may be mentioned that the International Sanitary Conference which met at Dresden last autumn, and has now resumed its sittings at Paris, is also a distinct landmark in the history of State Medicine, being the first time for many years that concerted action of this nature has been taken by the British and Continental sanitary authorities.

The Infectious Notification of Disease Act of 1889 also marks an important stage in Public Health development in our time, as the exact localisation of disease, especially of an infectious character, is the very essence, and is a direct aid, to effective sanitary administration; the very fact of the notification of an infectious disease in a crowded population, must have far-reaching and beneficial results. To ensure these results in their entirety, compulsory powers are necessary, and had the Act in the first instance carried with it compulsory clauses, the interests of local public health administration would have been much better served.

It is much to be regretted that the Housing of the Working Classes Act of 1890 has not been availed of as largely as might have been expected; to an extent this might have been anticipated, as far as Ireland was concerned, for our local bodies are not so easily moved to take action in questions that they consider may involve a large outlay. They take, as it were, a long time to develop new ideas, and much prefer to allow matters to remain as they are, or rather as they found them. Boards of Guardians are keenly jealous of their local reputation in this regard, and appear to consider it to be their first duty to economise the expenditure of public monies, even at the expense of the health of their constituents. Urban sanitary authorities err in the same direction, and are fearful of embarking on any scheme of sanitary reform that may involve them in a conflict with the ratepayers, thus, the Housing of the Working Classes Act remains to an extent inoperative, with the result that the percentage of towns that have availed of its provisions are comparatively small. It seems, however, probable that in the near future, when the benefits of the Act become better known, it will be more generally adopted.

The position taken up by boards of guardians as sanitary authorities, has been very accurately described by Sir Francis MacCabe, who has had a lengthened and varied experience of these public bodies. At the Congress held in Dublin, under the auspices of the Sanitary Institute, in 1884, after referring to these bodies as administrators of the Public Health Acts, and after bearing testimony to the readiness that they had evinced to make due provision for the protection of the public health according to their lights, he said—"There can be no doubt that very imperfect knowledge is possessed by boards of guardians on the subject of the economy of sanitation as a security against disease, suffering, and death. They have never had any precise information placed within their reach respecting the amount of preventible disease, suffering, and death, with consequent loss of wage-earning or productive power, which may be avoided by the provision of suitable drainage and pure water. They have regarded only the direct cost, without taking into account the indirect gain, which I believe would fairly more than counterbalance the much dreaded taxation."

The condition here described has, to an extent, undergone some improvement, but even yet the sanitary authority throughout the country takes a considerable time to move in any measure of health reform. For instance, the question most vital to all, of a pure water supply, is approached in a lukewarm manner, and in some instances it has taken years to convince some of the largest corporations of the necessity of procuring water from a pure source. At the present time the vast majority of towns in Ireland depend for their water supply upon wells, mostly of a shallow nature, and liable to soil pollution, although the danger is pointed out that these sources are easily contaminated and dangerous to health, the sanitary authorities evince no keen desire to improve matters. They may be advised, and, mayhap, appear convinced, that one of the very first essentials for the healthy life of any community is an abundant supply of pure water, yet, when, it comes to the question of the outlay, they are loth to proceed further, and they postpone its consideration for an indefinite term. The wholesome dread of an outbreak of infectious disease is a potent educator, and it is remarkable how intensely active our urban and rural sanitary authorities become when they realise the possibilities of their being overtaken by some epidemic of infectious disease. A chronic condition of scare would do much to urge on promptly those health reforms so much required in the country.

(a) Abstract of an Inaugural Address delivered on Feb. 9, 1894, at the opening meeting of the State Medicine Section of the Royal Academy of Medicine.

The State inspection of industries is a branch in which improvements have been much needed, though the inspection of the conditions of health in occupation is still in a rudimentary form amongst us, as evidenced by the fact that there are yet a large number of occupations absolutely free from inspection. Women's work, until very recently, was never considered as necessary to be included in the duties of an inspector, and it was only last year that women inspectors were appointed, in two instances, to aid in the administration of the Factory and Workshops' Act. There is annually a large sacrifice in human life through accidents, unwholesome trades and occupations, which might to an extent be avoided. In England, of 527,000 persons employed in coal mining, 100,000 are disabled for a longer or shorter period every year, and there are about 1,000 killed. Now, taking this one branch of industry alone, does it not seem probable that a closer system of inspection is necessary, and a more complete and thorough supervision indicated. It has been over and over again pointed out that the number of industrial inspectors is so absolutely inadequate, that they take years to get through a cycle of their duties, the consequence being that certain occupations and trades go absolutely free without inspection for very long periods.

The establishment of county councils in England has been a decided impetus to the advancement of State Medicine, and the Bill now before Parliament, known as the Parish Councils' Bill, will also to some extent affect the Public Health Administration.

The Goulstonian Lectures

ON

THE PHYSICS OF THE CIRCULATION.

Delivered before the Royal College of Physicians at the Examination Hall, Victoria Embankment, on Feb. 27th, 1894.

By PAUL M. CHAPMAN, M.D., F.R.C.P.Lond.,
Physician to the Hereford Infirmary.

ABSTRACT OF LECTURE I.

THE lecturer began by saying, it would be impossible to treat the whole subject of the "Physics of the Circulation" in three short lectures, and some explanation is due from me as to the selection of my title, for which I must ask your indulgence. The aim of these lectures is to commend as strongly as possible a more close and accurate observation of the state of the circulation in the sick than is now employed in clinical medicine. The cardiograph has practically never been used by physicians, while the sphygmograph has fallen into disuse. The indistinct and largely imaginative use of the senses of hearing and touch has led to the disuse, and in England to the distrust, of accurate instrumental measurement in medicine in favour of the employment of what we like to call our "own unaided observation." I believe that partly reluctance to take trouble and partly the sense that our own individuality, rather than great accuracy in diagnosis, is the main factor in creating what is known as a successful practice, have more to do with this feeling than we are ever likely to acknowledge to ourselves. Be this as it may, it is the conviction of others besides myself that the employment of the cardiograph alone may give us definite proof of conditions otherwise not recognisable—still more, that the combined use of the cardiograph with the sphygmograph may be the only means in certain cases of arriving at a definite diagnosis. It is especially for the latter method of observation that these lectures are intended to be some preparation, and this can only be done by entering somewhat largely into the subject of the "physics of the circulation," which will be dealt with in a kind of summary of our present knowledge. The graphic representation of the arterial pulse and its relation to the cardiographic tracing can then, and then only, be properly discussed. It will be found, in the course of these lectures, more convenient to consider the cardiographic tracing first by itself separately in connection with the intra-cardial variations of pressure, and again secondarily in connection with the pulse tracing. In discussing the mechanism of the circulation it is of the first importance to accustom the mind to regard all changes in blood flow through any particular blood-vessel or cavity as conditioned by variations of pressure. To say that during ventricular contraction the atrio-ventricular valves are closed, and that consequently the blood is forced out of the heart into the arterial system, may be correct in fact, but it is a mode of expression not so helpful to the understanding as to say that, owing to certain detailed circumstances, the intra-ventricular pressure is raised so far as to preponderate over the pressure in the aorta. I shall therefore, whenever possible, speak of blood flow in any individual as being immediately conditioned by variations of blood pressure, though, in comparing different individuals, it must never be forgotten that a stream meeting with little obstruction may, with less driving power behind it, attain the same velocity as a stream driven with much greater power if the obstruction is correspondingly great.

Before proceeding to the consideration of clinically observable conditions it will be necessary to review shortly the state of our physiological knowledge at the present date—(1) as to the state of the heart and its contents during a revolution, and the mode of production of the heart sounds, (2) the effect on the circulation of contributory influences such as respiration, at which part of these lectures some words on the venous and capillary circulation will be convenient, and lastly (3) as regards the sequence of events within the arteries, the sphygmographic tracing, simultaneous tracings, and the use of the combined method. A full historical account of our gradual advance in knowledge would not here be possible. It will not even always be possible to pause in order to give my acknowledgments to those who have furnished me with facts. I can, however, at the outset refer to Marey's initiative work in France; to the works in German of v. Frey and Krehl, and of Hoorweg, of Utrecht, and especially to the valuable articles of Hürthle, of Breslau (*a*), and to the exhaustive summary by Tigerstedt (*b*); and in England to the physiological work of Burdon Sanderson, Waller, Roy and Adami, and others, and others, and to the suggestive clinical observations of Broadbent, Ewart, and Douglas Powell. The latest contribution to the study of the mode of production of the first heart sound is furnished by Kasembek (*c*) by experimental inquiry conducted in the laboratory of Joh. Dogiel, of Kasan, who had in 1868, in conjunction with C. Ludwig, made experiments of the following nature. They took a dog, opened its chest, and one after the other tied the upper and lower venæ cavæ, the pulmonary veins, and lastly the aorta. The heart was then excised and immersed in a retort filled with defibrinated blood, and the narrowed end of the retort was closed with an elastic membrane and connected with the elastic tube of a König's stethoscope; under such circumstances the heart, when contracting normally, gave rise to a sound. Dogiel and Ludwig therefore argued that the noise by the contracting muscle plays the most essential part in the production of the first heart sound, the system of many branched bundles of muscle superposed in layers giving a tone or noise by their sudden contraction. In 1869 Guttmann and Rosenthal, repeating these experiments, considered the sound obtained to be hollow and toneless in comparison with the normal sound, and thought that for its production the contraction of the papillary muscles would be sufficient, by whose means the valves were put into vibration but not closed. Guttmann concluded that the first sound was a mixed one and was chiefly caused by the tension on the valves, and secondarily through muscle contraction. Von Bayer, in 1870, by connecting a glass tube with the ventricle through the aortic opening and suddenly letting

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(*a*) Pflüger's Archiv. für Physiologie.
(*b*) Physiologie des Kreislaufes.
(*c*) Pflüger's Archiv., Band xlvii, 1890.

a column of water into the heart, obtained a sounder, shorter, duller, and higher-pitched than the first heart sound. Since this sound strikingly differed from the normal, he concluded that the first heart sound was a muscle sound. Ostroumoff, in 1873, criticised Dogiel and Ludwig's experiments, saying that in them the heart was not wholly emptied of blood. When this was done he obtained no sound at all which could be heard through the chest wall. In a further series of experiments he excited the heart by electricity and could not thus satisfy himself of any dependence of the heart sounds on muscular contraction. The opponents of the muscle theory make chiefly two objections to the supporters of it—first, that the heart has never been so completely emptied of blood as to avoid the possibility of sudden valvular tension; and secondly, that the muscular bundles of the ventricle are not in a condition to produce a tone, since the heart contraction is not tetanic, while Helmholtz has proved that only tetanic muscular contraction produces a tone. With regard to the last objection, the bundles of muscular substance in the ventricle cross and recross each other, and are so overlaid one upon another that on sudden contraction it is quite possible that they could give rise to a sound and not merely to a rustle. Kasem-Bek's experiments seem to be fairly conclusive with regard to the first objection. They were of two kinds. First, a dog's heart was rapidly removed and, with the apex uppermost, was slightly compressed in the hand. It was then put into the retort apparatus described by Dogiel and Ludwig. Since, according to Guttmann, the valves might be made tense even in a heart emptied of blood, Kasem-Bek excised a portion of the auricular wall and thrust short gutta-percha tubes shaped like ear specula into the auriculo-ventricular openings, with the funnel-shaped expansion above and the narrow ends within the ventricles; these were either fixed in position by pins or by closing the auricles over their expanded ends. After every experiment he ascertained that no blood was in the ventricle. When the heart was now auscultated he heard, with strong and regular sontractions, a loud and well-continued tone which differed little from that heard over the apex before the experiment, except that the sound was louder in the excised heart. In his second series of experiments, with the heart *in situ*, he opened the pericardium and passed one index-finger round the aorta and pulmonary arteries, the thumb being in front at the auriculo-ventricular limit. When thumb and finger were compressed so as to prevent blood entering the heart there were heard on auscultation through the uninjured chest wall on the left side a first and second sound once; then the second sound disappeared, while the first sound persisted, though less loud than before. Krehl (*a*) comes to the same conclusion as Kasem-Bek. The consideration of the first sound as a muscle sound persisting in a measure throughout the systole originated with Turner in 1829, and the same view was held by C. J. B. Williams and the committee of the British Association in 1836. It is, I think, after the experiments I have related, as far as possible proved that the first sound is a muscle tone, to which, indeed, other sounds are superadded, especially those arising from the vibrations of the mitral and tricuspid valves, also from the vibrations of the semilunar valves, and from the vibrations of the blood column immediately above them. With regard to the second sound, it will suffice to say that it disappears when the valves are destroyed, and that it consists of two sounds united, due respectively to the closure of the semilunar valves and to the vibrations of the blood column above them. We have, of course, two first and two second heart sounds, for sounds are conveyed by both sides of the heart. These, under normal circumstances, are always heard synchronously. A reduplication of sounds, when heard, is most frequently in connection with the second sound at the base of the heart; and it is to be remembered, as has been shown by Roy and others, that the distensibility of the pulmonary arteries is greater than that of the aorta, and that the blood pressure therein is both lower and subjected to more frequent variations owing to the disturbances due to respiration. The first sound being a complicated sound chiefly due to contraction of muscles, the fibres of which are common to both ventricles, a true reduplication of it is never heard. An interesting case of apparent reduplication of both sounds will be discussed when the graphic representation of the heart's movements is under consideration. The first sound of the right heart is best heard near the right edge of the sternum, in a limit between the fourth intercostal space and the fifth rib, and the first sound of the left heart in the fifth left interspace or in the fourth intercostal space directly above. The second sound of the right heart is best heard near the edge of the sternum, in the second left intercostal space, and the second sound of the left heart at the right edge of the sternum, at the limit of the first rib and second intercostal space. Vierordt (*a*) by placing between the ear and the chest wall a column of thin indiarubber discs and estimating how many of these discs would have to be interposed before the sound vanishes, has judged the relative intensity of the heart sounds. It appears that the first sound is relatively louder on the left side, especially in childhood, and that the second sound, on the contrary, is considerably louder over the pulmonary artery, diminishing up to the age of forty. After that age the aortic second sound becomes slightly louder than the pulmonary second sound. We must assent, I think, to the summing up of Tigerstedt: "So much is certain, that our theory of the normal heart sounds, and, in dependence therewith, our explanation of heart murmurs, is still in many essential points confused, and not to be depended on for the more delicate diagnosis of organic heart lesions."

As to the production of the apex-beat we have to consider the changes of position and of form of the heart during systole.

Contrary to the generally accepted view the apex-beat is stated by Mariannini and Namias (*b*) in the 86 per cent. of women and in 62 per cent. of men to be situated in the fourth intercostal space. I think this cannot be so with English people, with whom the apex-beat is certainly more frequently felt in the fifth intercostal space. The apex tends to fall away from the chest wall when the patient is lying flat on his back. When in this position, if he rolls over on to the right side the apex-beat may disappear under the sternum. If he rolls to the left the apex comes most closely into apposition with the chest wall. On this account, and because when so lying the respiratory movements of that side of the thorax are limited, the last is the most convenient position for taking cardiographic tracings, the left arm being flexed and the palm of the hand lying under the left cheek. The apex-beat is caused by the sudden hardening of the heart in contraction against its contents, and by the apex being thrown forwards and upwards as the heart rotates on its own axis to the right, while the apex comes into a perpendicular with the basal openings. For the reasons which I have already given we can exclude the participation of extension and recoil of the aorta. The base of the heart may indeed approach the apex in systole, partly owing to these causes, but the apex is not thrust against the parietes of the chest by this means. A distinct apex-beat occurs in an excised heart emptied of blood, though the tracing, it is true, obtained from a bloodless heart is not the same as when blood is circulating through it. The tracings of the apex-beat is, by comparing it with tracings taken from the wall of the exposed heart, shown to be a tracing of ventricular muscular contraction. How far this is modified by the blood pressure within the ventricles becomes a matter of exceeding interest, the question whether the heart tracing is any guide to a knowledge of intra-ventricular states being all-important if it is to assist us in our physical examination of the sick. The general correspondence of synchronously obtained curves of ventricular contraction and of intra-ventricular blood pressure is so close as to be in favour of the view that a ventricular apex curve, or "cardiogram," is indeed, to some extent, a curve of intra-ventricular pressure.

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THE vacancy for the Downing Professorship of Medicine at Cambridge, caused by the resignation of Dr. Latham, has been filled by the election of Dr. John Buckley Bradbury, of Downing College.

(*a*) Ueber des Herzmuskelton, 1889.

(*a*) Die Messung der Intensiatt der Herztone. Tubingen, 1885.

(*b*) Archivio Italiano de Biologie, 1883, p. 148.

Selected Prescriptions and Therapeutic Notes.

73.—Useful in Painful Dyspepsia :—

℞ Bismuthi subnit, gr. x ;
Magnes carb. gr. xv ;
Liq. potassæ, ♏x ;
Acid hydrocyan, dil, ♏iij ;
Tinct. zingiberis, ♏v ;
Aq. menth. pip., ad. ℥j.

M. For one dose. To be repeated twice or thrice daily.

74.—A Cardiac Stimulant :—

℞ Tinct. strophanti, ♏xl ;
Tinct. zingiberis, ʒj ;
Syr. simplicis, ʒiss :
Aq. chloroformi, ad. ℥viij.

M. Two tablespoonfuls three times a day.

75.—An Application for Eczema :—

℞ Ol. amygdalæ dulc :
Glycerini, āā ʒiij. ;
Zinci oxidi, ʒiss.

M. Rodet.

76. A Good Nutrient Enema :—

℞ Egg, one ;
Fresh milk, 4 ounces ;
Pancreatic solution, 2 drachms ;
Bicarbonate of sodium, 20 grains ;
Boiling water, 2 ounces.

Switch the egg and milk thoroughly together, add the pancreatic solution and bicarbonate of sodium, then the boiling water, and let stand in a warm place for half an hour. A little brandy or wine may be added, if desired. The addition of a few drops of laudanum frequently assists in the retention of the enema. — *Pharmacopœia of the Edinburgh Royal Infirmary.*

77. Caustic for Nævi, Tuberculous growths, &c. :—

℞ Sodii ethyli, ʒj ;
Alcohol, ℥j.

M. Apply with care. Richardson.

78. The following will be found useful in promoting the contraction of Fistulous Tracts :—

℞ Camphoræ, ℥j ;
Salolis, ℥ss ;
Etheris, ʒj.

M.

79. For Uterine Hæmorrhage :—

℞ Extract cannabis indicæ, gr. viij ;
Ext. ergotæ, ℥j. ;
Ext. hamamelis, ℥ss ;
Tinct. cinnamoni, ℥ss.
Aq. ad. ℥iij.

M. Two tablespoonfuls every three hours.
Montgomery.

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The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows :—Calcutta 33, Bombay 35, Madras 51, Paris 19, Brussels 17, Amsterdam 21, Rotterdam 20, The Hague 17, Copenhagen 18, Stockholm 20, Christiania 23, St. Petersburg 30, Moscow 30, Berlin 20, Hamburg 15, Dresden 22, Breslau 26, Munich 24, Vienna 25, Prague 33, Buda-Pesth —, Trieste 29, Rome 23, Turin 38, Venice 33, Cairo 52, Alexandria 59, New York 22, Brooklyn 20, Philadelphia 21, New Orleans 26.

Clinical Records.

JESSOP HOSPITAL FOR WOMEN, SHEFFIELD.

Case of Uterine Polypus—Removal by Chain Ecraseur.

Under the care of John H. Martin, M.D.
Hon. Medical Officer.

Eliza C——, æt. 19, unmarried, admitted to hospital March 17th, 1890. Commenced to menstruate at the age of 16. Shortly after first menstruation she noticed a small lump between the labia. Menstruation occurred irregularly about once a month ; not much pain ; a good deal of loss ; discharge lasts from 4 to 5 days. In the interval, an offensive leucorrhœal discharge came away ; this was occasionally coloured. She had not much pain, a little in the back, and occasionally in passing water.

On examining the abdomen, a small lump about the size of a marble was found just above the pubes, rather to the left of the middle line. The lump was movable and tender to the touch. Per vaginam.—A papillomatous growth was seen projecting between the labia, purplish in colour, and soft and fringed. On passing the finger in, this was found attached to the cervix.

April 8th.—I removed the growth by means of the chain ecraseur. There was but very little hæmorrhage. The weight of the polypus was 13 ounces ; it appeared fleshy in parts, and cystic in others. The cysts, when opened, presented smooth walled linings and contained [gelatinous viscid material, probably mucin.

After the operation, the vagina was packed with pledgets of wool covered with vaseline and iodoform. These were removed next day ; very little bleeding ; the vagina was ordered to be washed out several times daily with solution of carbolic acid, one part in fifty. The patient did well, and was discharged cured on the 22nd of April.

A section of the growth, under the microscope, showed the tumour to be simple papilloma of the uterus undergoing fatty and myxomatous degeneration.

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Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, Feb. 21st.

Dr. T. S. Clouston, President, in the Chair.

ADJOURNED DISCUSSION ON INTRACRANIAL SURGERY.

After the exhibition of cases by several members of the society Dr. John Duncan continued the discussion. He spoke largely as to the physics of brain disease and injuries, and laid stress on the importance of the cerebro-spinal fluid as a factor in intra-cranial surgery. Sudden loss of the fluid, as in spina bifida, proved fatal, less sudden loss did not, and the fluid which escaped was very rapidly secreted again. If it was easy to explain the results of decreased pressure of this fluid on the brain, it was much more difficult to explain the cause and effect of increased pressure as in hydrocephalus and alcoholic œdema. If the increase was permanent it was incurable, if temporary it could be cured. Draining in such cases was requisite.

Dr. Byrom Bramwell summed up his experience of intra-cranial tumours under the following heads :—(1) The number of cases which could be successfully operated on was few ; (2) the symptoms were often very vague ; (3) these symptoms in a small number of cases were misleading, as, for instance, tumours affecting the basal ganglia, the pons, the corpus callosum, or the cerebellum. Iodide of potassium often relieved many of the symptoms, and, although operations did undoubtedly help in many cases, yet the cure remained imperfect, a scar persisted, and dementia or other form of insanity often came on. Eight per cent. of the 10,115 autopsies of which he had notes were intra-cranial tumours. Of these one had presented no symptoms during life, eighteen no local symptoms ; in thirty no operation could be attempted, in seventeen treatment produced temporary improvement, in seventy-four out of seventy-nine on whom operations were performed success could not possibly have followed ; in twenty-eight cases which he had seen as a pathologist, in only one could a successful operation have been possible. It was, therefore, comparatively rare to find a case suitable for operation except simply as a palliative measure, and to relieve such symptoms as headache and convulsions. In local depressions and injuries, and in idiopathic epilepsy, if there was a definite and localised aura operation was called for, as also of course in abscess of the brain.

Dr. Batty Tuke said that in cases of intra-cranial pressure, non-traumatic in origin, the dura bulged more than in traumatic cases, and a layer of fluid could be seen. The operations were justified by their results, and it should be remembered that slow and gradual drainage was absolutely necessary.

Dr. Clouston said that fluid between the dura and arachnoid meant an absence of or a decrease in pressure. He was doubtful if there was any increase of pressure in general paralysis of the insane, either at the beginning or the end, except as a hyperæmia.

Professor Chiene demonstrated his method of determining the various localising points with the view of operation. He believed it better to go by proportions than by fixed points and distances. Two skulls were exactly the same, but proportionally the points aimed at were very similar.

Dr. Stien gave an account of Professor Kochu's method of ascertaining the centres on the outside of the cranial vault by means of angles, and showed that it gave the same results as Prof. Chiene's.

Drs. Cathcart, Caird, Miller, and Hodsdon spoke, and Prof. Annandale summed up the whole discussion.

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LARYNGOLOGICAL SOCIETY OF LONDON.

Meeting held Feb. 14th.

Felix Semon, M.D., F.R.C.P., President, in the chair.

Tubercular Tumour of Larynx.—Dr. Clifford Beale showed a patient, æt. 22, who had been under observation for the last four years, suffering from chronic tubercular disease of both apices. The throat had at first been affected with occasional attacks of simple laryngitis. During the last year a nodular swelling had formed at the posterior part of the right arytænoid cartilage, projecting into the larynx and covering the right processus vocalis. It was smooth, rounded, and not ulcerated, and only gave rise to occasional hoarseness. The firm character of the swelling, its position, its relation to the inactive disease in the lung, and the fact that it showed no tendency to disintegration placed it in the class of conglomerate tubercular tumours of the larynx described by Stoerk and others.

Complete Paralysis of the Right Vocal Cord.—Mr. Butlin showed a patient with complete paralysis of the right vocal cord. The cord stood almost in the middle line, and its free border was incurved. The other vocal cord moved well, and came in contact with the paralysed cord, but the voice was gruff and unsteady. There were no signs of disease in the interior of the larynx, and the two cords were quite white and clean. The patient said he had become gradually hoarse in the course of June, 1893. At St. Bartholomew's Hospital a careful examination had been made, in order to discover a cause for the paralysis, but without success. There were no evident signs of central or peripheral nerve lesion, no signs of aneurism or tumour in the neck and chest, no signs of malignant disease of the larynx or œsophagus. There was a history of venereal disease many years (thirty) previously, but no clear history of syphilis. The man stated that he had lately lost a stone in weight, but that was apparently only due to a sharp attack of influenza. No physical signs of affection of the apices of the lungs were discovered. The patient was a miller, æt. 52.

The President thought it possible that the paralysis might be the forerunner of tabes. He had been struck with the frequency of early abductor paralysis in cases of commencing tabes, but agreed that in the present case no symptoms were as yet evident which could justify such a diagnosis.

Carcinoma of Right Side of Larynx.—Mr. Butlin also showed for Mr. Bowlby a man, between 40 and 50 years of age, with considerable swelling and ulceration of the right ary-epiglottic fold and right half of the larynx, which was immovable. There were enlarged, hard, fixed glands on the right side of the neck, particularly below the angle of the jaw. The larynx was broader than natural. The patient suffered much from pain, dysphagia, and occasional sharp attacks of dyspnœa. His whole symptoms dated from September, 1893, when he first began to experience pricking sensations about the right side of the larynx.

Rhinitis Fœtida, with Aural Disease and Hypertrophy of Uncinate Process and Mucous Membrane covering it, simulating so-called "Cleavage."—Dr. Wm. Hill showed this case. Miss G., æt. 45. History: The fœtid rhinitis was of five or more years' duration, and had been treated by removal of crusts, antiseptic sprays and douches, galvano-cautery, trichlor-acetic acid, iodol ointment, &c. In January, this year, an attempt was made to drain the antrum through a tooth socket. A considerable quantity of pus escaped through this opening. The antrum had been syringed until within the last week, when the operation became too painful. Rhinoscopic appearance: In the right nostril could be seen the condition corresponding to the descriptions of "cleavage" of the middle turbinated body (Woakes). The body on the outer side of the cleft in this case was clearly a pathological enlargement of the uncinate process of the ethmoid, together with the mucous membrane covering it. The cleft was choked with granulations, and it was inferred that the antrum contained granulations or polypi, or some other diseased condition of the mucous membrane. Proposed further treatment: 1. Removal of the hypertrophied area ("uncinate body"). 2. Opening of the maxillary antrum through the canine fossa. 3. Establishing an accessory opening between nose and antrum, either in middle or inferior meatus.

Obscure Pharyngeal Ulceration in a Case of Arrested Laryngeal and Pulmonary Tuberculosis.—Dr. Felix Semon showed the case of N. W., æt. 36, a gentleman who, coming of a healthy family, began to suffer with severe sore throat in August, 1892. Had never had syphilis. In November, 1892, he was found to have considerable ulceration of the epiglottis. In December, 1892, Dr. Davison of Bournemouth pronounced distinct disease of right apex. He treated the larynx with lactic acid, and ordered constitutional measures. The throat got gradually better, and in April, 1893, the laryngeal ulceration had been definitely arrested. In June, 1893, the soreness started again, and the patient consulted Dr. Semon, who found consolidation of the right apex and tubercular tumefaction and ulceration of the epiglottis. The epiglottis was treated by energetic curetting followed by applications of lactic acid (30 to 50 per cent.), and the ulceration again healed, leaving a large loss of substance about the middle of the part, covered by a peculiarly white scar. The right half of the epiglottis has ever since remained tumefied. Internally the patient was given, and had ever since taken, large doses of creosote. The condition of the right lung had remained perfectly stationary, and the general health very good. At the commencement of this year Dr. Davison observed on the posterior wall of the pharynx some small, well-defined, clean, steep ulcers, which he at first was inclined to look upon as tubercular, but which did not yield to lactic acid. The patient stated that he had once before had a similar ulceration, which gradually disappeared.

Mr. Symonds suggested that the pharyngeal ulceration should be curetted and treated with lactic acid.

The President had used lactic acid without any result, but not after curetting. The fact that the larynx had healed under lactic acid made it appear that the pharyngeal condition must be due to some other cause besides tubercle.

Œdema of Arytænoid Mucous Membrane of Uncertain Origin.—Dr. Scanes Spicer showed J. F., æt. 51, labourer. First seen January 23rd, 1894. Symptoms: Shortness of breath; feeling of choking and suffocation; paroxysmal cough; excessive secretion of frothy mucus; constant discomfort in throat day and night; voice weak, but not otherwise affected; difficulty of swallowing extreme; had lasted two years, during which there had been wasting, occasional bronchitis, and slight hæmoptysis, but no positive physical signs in the lungs. Laryngoscopic examination: Pale, glistening, semi-transparent, bladder-like swelling filling upper orifice of larynx, and obscuring glottis completely. After cocainisation this swelling somewhat subsided, and the left pyramid was seen to be œdematous and lobulated. The left ventricular band was considerably infiltrated and red, but no ulceration could be made out, and it overlapped the left vocal cord. Both vocal cords moved normally on phonation, and glottis widened at inspiration. The diagnosis appeared to lie between—1. Perichondritis with secondary thickening and œdema. 2. Malignant disease with secondary œdema. 3. Tertiary syphilis with secondary œdema. 4. Tubercular disease with secondary œdema.

Multiple Sarcoma.—Mr. W. R. H. Stewart mentioned the case of F. P., a fireman, who had been exhibited by him at the first clinical meeting of the Society in April, 1893. At the suggestion of two or three members Mr. Stewart had pushed the arsenic treatment, and within a month the patient was taking liq. arsenicalis ♏xv, t.d.s., and sometimes even larger doses. The result as far as the tumour were concerned was marvellous. The glands in the neck gradually got softer and disappeared; the edges of the ulcers seemed to melt away, and the nasopharynx became fairly free. About six weeks after commencing the arsenic his fingers and toes began to feel numb, the feet swelled, his knees began to give way, and he fell on them occasionally when walking. The arsenic was then left off until July 4th, when it was recommenced, but it could not be continued in such full doses again. The trouble in the throat had gradually become worse, until it had reached its present condition, viz., much the same as it had appeared last April.

Retraction of Alæ Nasi—Ozæna.—Mr. W. R. H. Stewart showed the case of M. H., who for the last eight years had had a bad smell from the nose, gradually getting worse. The nose became blocked and very sore. As the soreness passed away the sides of the nose fell in. On examination there was a contraction on both sides about half an inch from the opening. The patient had been under treatment for ozæna for about a fortnight with applications of lactic acid, 80 per cent. solution, and the passage of nasal bougies. Mr. Stewart had not much hope of greatly benefiting the contracted condition of the openings.

Absorbed Gumma over Right Arytænoid Cartilage—Impaired Movement of Vocal Cord.—Dr. Hale White showed this case—Ed. S., æt. 33, who had frequently been under treatment at Guy's Hospital for syphilis. In December, 1893, he lost his voice; difficulty of breathiug had slowly come on, and any slight excitement brought on choking attacks. On admission cyanosis, enlarged glands in neck, specific scars on legs, perforated nasal septum; voice very husky; cough difficult. Inspiratory stridor so bad that tracheotomy appeared imminent. Larynx did not move much. Some sucking in over lower part of chest. Any excitement increased the dyspnœa. Over the right arytænoid was a rounded, greyish, œdematous-looking swelling as large as a Barcelona nut. The right arytænoid could be seen, but the posterior part of the laryngeal aperture was blocked by the swelling; the right cord moved, but not the left. Under treatment with gr. x of pot. iod., gradually increased to gr. xxx ter die, and ½ gr. of perchloride of mercury injected into the gluteal muscles, the swelling slowly subsided, and now there was scarcely any swelling, but the left cord moved but little.

Dr. de Havilland Hall mentioned a similar case where tracheotomy was often threatened, but where the use of iodide again and again averted its necessity. Tracheotomy was finally unavoidable, and subsequently thyrotomy had to be performed. The patient died of pneumonia somewhat later, and the laryngeal disease was found to be malignant, although it had apparently healed on several occasions.

The President thought that while it was not well to wait too long for tracheotomy, it was always advisable to use iodide and mercury in the first instance if possible. Cases had occurred of rapid improvement by such means. In some cases the disease had been seated in the trachea, and a too hasty tracheotomy would only have complicated matters without giving relief.

Gummata of Epiglottis (?).—Dr. Willcocks showed a patient, R. C., æt. 27, a Covent Garden porter, who had contracted a primary sore three years ago, followed by slight sore thoat and erosions on edges of tongue. Rash on skin. Voice husky for last two and three-quarter years; affected shortly after primary sore. Present condition: Epiglottis much thickened and irregularly nodulated; somewhat fixed; no visible ulceration; feels hard; view of interior of larynx imperfect; no enlarged glands to be felt under jaw.

Mr. Stewart referred to a similar case which cleared up under the use of iodide, but with occasional severe laryngeal spasm, necessitating the use of an anæsthetic. In another case the disease simply went from bad to worse, the iodide showing no result.

Dr. Bronner advised the use of mercurial inunction.

Dr. Willcocks proposed to treat the case with iodide and mercury.

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WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Dr. Donald Hood, President, in the chair.

Case of Hæmophilia.—Dr. Neville Wood showed a male child, æt. 14 months who suffered with his first attack at the age of three days in the form of severe epistaxis; he had twice had melæna, and the subcutaneous hæmorrhages had been as large as a tangerine orange, there had also been frequent intra-muscular hæmorrhages. No certain articular hæmorrhages had been seen. The cause was probably slight traumatism in a subject predisposed to the hæmorrhagic diathesis. Of his progenitors the father only suffered from hæmorrhage.

Case of Myositis Ossificans.—Mr. S. Paget, in introducing this case, quoted others published, and drew attention to the great toe deformity previously described, and the history of rheumatic grand-parents.

Mr. Keetley thought it was secondary to some inflammatory action, and that this was a specific disease.

Dr. Clippingdale considered they were likely to be epiphyseal in origin.

Dr. Clemow advocated the empirical use of thyroid extract.

Case of Alveolar Cyst.—Mr. Bidwell said that this arose in connection with the stump of an upper bicuspid. was the size of a small walnut, and had existed seven months. Excision was advised.

Dr. Bennett had had a similar case, but the dentist who performed extraction had taken the case in hand.

Two Cases of Psoriasis successfully treated with Thyroid Extract.—Dr. Morgan Dockrell exhibited these:—The first, a child, æt. 12, was cured in four weeks; the treatment was ½ a tabloid three times daily at the first, later increased to one tabloid three times daily. The other case was almost cured, the treatment having lasted six months. There was no local treatment in either. Small doses answer best; those cases accompanied by debility react best to the drug; the drug must be continued as an article of diet afterwards.

Dr. Abraham had treated 48 cases, of which 18 had improved, but of these external applications were used in 13. He had now abandoned the drug for this disease.

Dr. Gardner quoted a case much improved by it.

Mr. Bidwell looked upon the cure of these cases as being likely to be the improvement seen in these cases in the spring.

Case of Myxœdema treated by Thyroid extracts.—Mr. Steer said the duration of treatment of this case was ten weeks, and consisted at first of half a thyroid daily, but in one week the patient had lost 6lbs. in weight, so the dose was reduced to half a lobe every other day. He is now quite well.

Dr. Gardner exhibited a series of photographs of a case of myxœdema which was treated by thyroid juice; the tablets were used, and the total treatment extended over about six months on account of the intolerance shown to the drug.

Hæmoptysis in a Case of Mitral Stenosis.—Dr. Chapman showed this patient, a postman who had suffered with rheumatic fever seven years ago. Breathing became difficult two years ago. He had well-marked mitral stenosis, together with hæmoptysis after exertion. No phthisis. He had improved under strophanthus and iron.

Case of Lupus.—Dr. Abraham showed this case, which he said was now relapsing after having been considered as cured by Koch's tuberculin three years ago. The same member also exhibited a girl who had been shown as a case of complete alopecia areata at the December meeting of the Society; the child now presented quite a good young crop of hair; she had been treated with germicide ointments Also a peculiar secondary syphilide.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD THURSDAY, FEBRUARY 15TH, 1894.

The President, Mr. RICHARD FAVELL, M.R.C.S., in the Chair.

Cases of Multilocular Cysts.—DR. MARTIN showed two multilocular cysts. The first was removed from a woman, æt. 47, three years advanced in the climacteric. Tumour first noticed, about the size of an egg, three months before admission into the hospital, January 8th, 1894. When admitted the tumour extended two and a half inches to the left of the median line, and to the same extent above the transverse umbilical line, and occupied the whole of the right iliac fossa. The patient was operated upon on the 26th of January, and made a good recovery.

The second was removed from a patient, æt. 26, eight years married, one child, seven years of age last October. Patient admitted to hospital January 19th, 1894. Fourteen months after the birth of the child she had a red discharge which persisted for some years. Two years ago the periods recurred regularly every fourteen days, and lasted for the same time. Four years ago her abdomen enlarged and remained so for a year, and then disappeared whilst under treatment. A year ago it again enlarged, and the enlargement went on gradually to her condition on admission—girth 41¼ inches. The main point of interest was the difficulty of diagnosis between ovarian cyst and encysted ascitic fluid. On making section the fluid discharged was exactly the same as that found in ovarian cysts. On removal of the tumour no cyst could be found which would contain the amount of fluid discharged (23 pints). Tapping would have been of no assistance in deciding the nature of the tumour. The opposite ovary was also removed. Patient made a good recovery.

Case of Pyæmia following Subdural Abscess of the Middle Ear.—Mr. PYE-SMITH showed the right temporal bone and the lungs from a case of pyæmia following subdural abscess and septic thrombosis of the lateral sinus consequent upon old disease of the middle ear and antrum in a boy, æt. 10. The antrum was cleared, the abscess evacuated, the sinus opened and plugged with iodoform gauze, and the internal jugular vein tied in the neck soon after the patient's admission to the hospital, but unfortunately rigors had been occurring for a week previously, and right pleurisy commenced about the time of operation and rapidly advanced and terminated in pneumo-thorax, the boy dying on the fourth day. *Post-mortem.*—There was a stinking abscess in each lung with purulent pleurisy and right pneumo-thorax. There was no meningitis.

Mr. PYE-SMITH also showed (1) a woman, æt. 34, with a tumour of ten years' growth attached to the hard palate which it entirely covered. (2) A woman, æt. 46, with a cystic growth in the left axilla of one year's duration, and an enchondroma of the little finger of the same side which had been present unaltered as long as she could remember.

Dr. KEELING showed specimens of ovarian and vaginal cysts, cauliflower cancer of cervix, and retained placenta from a case of abortion. Remarks were made on some points of interest in the cases.

Dr. HUNT gave particulars of the cure of a severe case of psoriasis treated by tabloid extract of the thyroid gland.

Dr. KITE read the notes of a case of idiopathic tetanus which recovered.

The PRESIDENT showed an ovarian tumour which had undergone acute axial rotation.

Dr. C. CLAPHAM read a paper on

INSOMNIA.

In which after dealing with the physiology of sleep and the necessity of its periodic recurrence for the maintenance of healthy brain function, he indicated the causes leading to its suspension, insisting at the same time that though the capacity for sleep might suffer great modification by disease, yet that it was never abolished completely. He then discussed the various remedies for sleeplessness, and advocated the use of the more simple ones first, recourse not being had to the more powerful until these had failed, the more gentle the means employed to induce sleep the more natural, he considered, would be the sleep induced. Dr. Clapham objected to the use of chloral or bromide of potassium in cerebral anæmia, especially when occurring in melancholics, alcohol and opium being more suitable. He recommended pot. bromide in insomnia due to overwork, and chloral hydrate in sleeplessness with sustained high blood pressure or when distinct pyrexia was present. Of the newer hypnotics he preferred chloralamide and sulphonal. In conclusion he urged that hypnotics were edged tools which should not only be carefully used, but their abuse jealously guarded against.

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France.

(FROM OUR OWN CORRESPONDENT.

PARIS, March 3rd.

TREPHINING IN GUN-SHOT INJURIES.

AT the Société de Chirurgie M. Quénu spoke on the necessity of applying the trephine at an early hour in cases of fracture of the cranium from gun-shot and not wait, as some have advised, until symptoms of meningo-encephalitis had set in; the projectile or the foreign bodies were sufficient to create infection of themselves, and consequently should be removed as soon as possible. He cited three cases in point. A child of eight years was brought to him suffering from a small wound in the frontal region caused by a fall on a stone, as was supposed. The following days the boy fell into a kind of torpor which frightened the parents, and M. Quénu was called in. On examining the patient the surgeon decided on operating, and when a piece of bone was removed by the trephine, two fragments of a small bullet were found embedded in the wound and giving rise to an abscess. It turned out that the boy had been playing with a pistol on the day of the accident. After that the wound had been cleaned out, a drain was inserted, and in eight days the patient seemed quite recovered. However, six weeks afterwards the symptoms reappeared, accompanied by epileptic seizures, and the child died.

The second case was that of a man, who after killing his mistress, lodged five revolver bullets in his head. He was brought to the hospital, where the house surgeon applied antiseptic dressing, but in spite of that the wounds gave issue to suspected liquid forty-eight hours after the accident. The trepan was applied, and M. Quénu was fortunate enough to be able to extract all the projectiles, of which two were found embedded in the temporal bone; two lay beneath the dura mater, while the fifth had perforated this membrane.

In the third case a child received a ball in the forehead from a Flobert rifle. As in the preceding cases, the instrument was applied and the wound cleaned out; the dura mater was not perforated. A week afterwards the child was able to leave the hospital.

In concluding M. Quénu said that in penetrating wounds of the cranium it is in general wise to operate at once unless the probe showed that the foreign body had penetrated to a great depth.

M. Reclus said that in his mind the surgeon should not operate unless the projectile had determined a septic condition of the wound, or when symptoms of compression are present due to a wounded vessel, or, again, when chips of bone had been carried in by the bullet.

M. Monod gave, in connection with this question, some statistics which were published by American authors. Wharton furnished an account of 316 cases of foreign bodies in the brain derived, for the most part, from fire-arms. Of this number 160 recovered; 106 times the foreign body was extracted, 72 recovered; 210 times, on the contrary, nothing was done; 88 persons recovered, 122 died. The occipital region was twice as fatal as the frontal or parietal.

Basedow's Malady.

M. Marie, in recurring to this subject at the meeting of the Société des Hôpitaux, expressed the opinion that the malady in question had not a thyroidian origin, as it was not rare to see it produced almost instantaneously under the influence of a strong emotion, and, again, that it was most frequently observed in tabes, that is to say, in one of the diseases when the nervous system is particularly affected. Would it not be consequently more rational to attribute a nervous origin (sympathetic) to Basedow's disease?

As to the treatment by the ingestion of the thyroid body, he had very little faith in it, while, on the other hand, he gave all his confidence to extraction of the gland as practised by Tillaux. Recent statistics bearing on 41 cases of myxœdema showed that thyroidectomy cured no less than 34; two died from tetanus, while the remainder did not appear to have been benefited by the operation.

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Germany.

[From our own Correspondent.]

Berlin, March 2nd.

Pernicious Anæmia in a Child.

At the meeting of the Medical Society of the 7th ult. Hr. Baginsky reported a case of pernicious anæmia in a child of 3½ years. The child was of healthy parentage. The year previous it had on one occasion lost a very large quantity of blood from the gums and lips. Shortly before admission into hospital violent epistaxis followed an attack of coughing, and was arrested with difficulty. On admission on Dec. 13th of last year, the child presented an extraordinary pitiable appearance, it was as pale as a corpse, and showed aphthous ulceration of the mouth, lips, and fingers. At this time a pneumonic affection came on with continued high temperature. The red blood corpuscles had diminished to 2,800,000. The hæmoglobin was 17 per cent. instead of 60, the specific gravity of the blood 1037 instead of 1057. The proportion of white to red corpuscles was 1 to 100 instead of 1 to 120. The child gradually sank with considerable gastric trouble, enlargement of liver and spleen, and dilatation of the heart. Autopsy: very fatty heart, with softening of the muscular structures, large fatty liver, fatty kidneys, firm spleen, atrophied intestines: no change in the marrow of the bones. Only sixteen cases of pernicious anæmia in children were on record.

Hr. Senator then related

Two Cases of Biliary Cirrhosis of Liver.

The first was that of a Russian merchant, æt. 46, who in June of last year had an attack of jaundice that did not pass away in spite of treatment, nor after a course of treatment at Carlsbad. The patient first came under the speaker's care in November last, with olive-coloured jaundice. He complained of weakness and intolerable itching. The liver was very large, reaching to the umbilicus, was perfectly smooth and painless; a small tumour in the region of the gall-bladder. No ascites, no venous dilatations, motions steadily uncoloured, urine markedly icteric, with very distinct biliary colouring reaction. Treatment without result. In the course of some weeks the tumour of the gall-bladder increased in size, became very painful, and at last could be felt of the size of an apple. Fever now appeared. There were no attacks of colic. On account of the threatening symptoms cholecystotomy was performed on Nov. 27th, and about 200 grms. of tolerably clear fluid evacuated. From the wound and from the gall-bladder the whole under surface of the liver could now be felt, and no cause for the blocking up of the bile discovered. Since then the liver had vastly diminished in size as far as the margins of the ribs. A resistance then appeared in the epigastrium that gave the impression of a tumour, but the appearance of the patient and palpation were opposed to the assumption of malignant disease. Latterly the supposed tumour had disappeared so that the speaker concluded it must be constricted liver tissue. The biliary fistula was completely shut off, and showed no communication with the hepatic duct or the cystic duct. At the same time a secretion took place, that at a glance would be declared biliary. How bile could find its way into the fistula could not be seen: the fluid was yellowish, slightly greenish, no proper biliary constituents could be found in it. It contained a good deal of albumen, but not a trace of mucine, no bilirubine, urobiline, or cholesterine could be found in it. The case was a typical one of biliary atrophic disease of the liver in consequence of absolute closure of the biliary passages.

The second case was that of a distiller who first became jaundiced in October, 1892. After temporary improvements the jaundice returned several times, but for a year it had been constant. The patient had never had any pain or itching, and his appetite was remarkable. Examination showed very considerable enlargement of the liver. The spleen was also very considerably enlarged, no disturbance of the portal vein, no venous stasis either in the stomach or bowels. The stools latterly always dark coloured, the surface of the liver perfectly smooth. The urine was icteric, contained no trace of bilirubine, but a large quantity of urobiline. Bilirubine was present in the blood. The case was a typical one of hypertrophic cirrhosis of the liver, with jaundice and enlargement of the spleen.

Hr. A. Fraenkel said that he saw a man eight weeks ago, æt. 40, with intense jaundice. The patient was apparently acutely attacked in August last with jaundice, rigors and fevers. On examination, in addition to enlargement of the liver, on its front border in the region of the gall-bladder was a tumour the size of an apple. Fever and rapid emaciation. No glandular swellings. On account of the emaciation the speaker concluded there was malignant disease. There was occasional rigors. Exploration was performed by Hr. Körbe, when a large pear-shaped gall-bladder was met with from which 150 to 200 grms. of turbid nonpurulent fluid were removed. There was no stone. Blunt ending of the gall-bladder towards the cyst duct. On drawing the gall-bladder aside, a tumour was seen in the neighbourhood of the hilus of the liver which gave the impression of a dilated bile duct. On opening it at least 100 grms. of sweet smelling pus escaped.

After complete removal of the pus, every part was palpated for detection of a stone, but in vain. After closure of the gall-bladder, a segment of the tumour mentioned was stitched into the wound, a large quantity of bile escaped from the fistula the first few days, the stools however remained clay-coloured. The fever subsided at first and it was planned to make an opening between the duct and the intestine. In the meantime, however, the patient died. On post-mortem examination, hydrops vesica sellæ with closure of the bladder towards the cystic duct. No calculus was present, but a small carcinoma at the opening of the ductus choledochus into the duodenum. The bile duct was dilated from this cause, and suppuration took place in consequence with fever. The speaker believed there was carcinoma in Hr. Senator's first case as well.

Hr. J. Israel said that in the first case the left lobe of the liver was very hard, nodular, and in his opinion the seat of malignant disease. On getting into the gall-bladder two tumours were felt on the under surface of the liver. One to the right the size of an apple, and one at the base about the size of a cherry. These could not belong to the liver, they must be tumours, and probably malignant tumour, had formed at the mouth of the bile duct, whence secondary nodules had formed on the left lobe of the liver.

Hr. Senator, in reply, said that when the opening was closed, the patient became feverish and uncomfortable. In view of the changes that had taken place he was doubtful of the malignant nature of the disease. At the time of the operation he had examined the whole under surface of the liver and had found nothing abnormal.

The German Dermatological Society.

The Fourth Congress of this Society will be held at Breslau on May 14th and the following days. The sittings will be from nine to half-past twelve in the morning and from two till half-past four in the afternoon. The chief subjects for discussion will be (1) Modern attempts at Systematisation in Dermatology, introduced by Prof. Kaposi of Vienna; and (2) The present position of our knowlege of the Dermatomycoses, introduced by Professor Pick of Prague. In addition, several addresses and demonstrations will be given. There will be an exhibition of instruments, drugs, casts, microscopical and pathological specimens, &c. The official language of the Congress will be German, but addresses or observations in any other language will be permitted.

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Austria.

[From our own Correspondent.]

Vienna, March 2nd.

Morbid Vesicle Changes.

At the "Doktoren Collegium," Prof. Englisch showed a large number of preparations of the bladder which were not without interest. The excrescences or sacs which form on the side he divided into two categories :—(a) those containing all the layers and coverings of the bladder, which he termed pockets; (b) those where a perforation of the muscular tissue existed through which the mucous membrane penetrated and formed with the subperitoneal tissues a bladder cell. Those belonging to the first category presumably arose from some weakened condition in the wall of the bladder, usually located to the anterior parts of the ureters, the site of the urachus remains, or the posterior walls. Those occurring in front of the orificium vesicale urethræ are usually congenital, and are found in early childhood. These sacs can either be unilateral or bilateral; they may either be wide or narrow at the exit from the bladder. These are seldom found above the prostate, and only when occurring in hypertrophied bladders. They are rarely found on the upper part of the bladder. The second category or bladder cells usually arise out of hypertrophied bladders. The mucous membrane is forcibly pressed into the trabeculæ, and driven through to the outer coverings and may be found anywhere on the bladder wall having no typical position, the greatest number, however, appear to be situated on the posterior and lateral walls.

The excrescence where the opening is wide is of a conical or elliptical form, when narrow of a cylindrical form. The consistence is parallel with the thickness of the bladder. In diagnosing these changes the bladder should be full, and the width compared with the length; the percussion is often to be found unsymmetrical. It is of great importance that the rectal and bimanual examination should be conducted, while instrumental illumination should not be neglected. A catheter with a slight bend, or an infantile lithotrysee serves admirably for the instrument as this will enter the mouth of the sac and remain fixed. In these conditions urination is often interfered with, resembling stone. When the water is drawn off by the catheter, a large quantity will be emitted by slight pressure after the catheter has ceased to run. In lithiasis and prostatic hypertrophy, pain will accompany micturition, but in sac formation, no pain is present. In affections of the mucous membrane, the first portion of the urine is clear, the second cloudy, that may come from the sac. In examining the second category, care should be taken that too great force be not used, or the instrument may pass easily through the bladder cell. Clinical observation is the best diagnostic guide, and particularly the sediment, which contains phosphates, mucus, and epithelia; the patient complaining of an unusual pressure in several parts of the bladder when micturating, or its being sensitive to the touch. Frequently there is inflammatory phenomena in the region of the organ, with pain on retention. Several of these cases had acute pericystitis and peritonitis, others with perforation. In many of the pouches stones may be found, and not recognised during life, owing to the orifice being too narrow. In other cases several of these may be present. In one case which he showed, the patient had suffered great agony, and no stone could be found, the cramp condition of the bladder made catheterisation inapplicable, yet on section of the body, 28 stones were found located in one of these bladder cells. In such cases it is better to examine the bladder both when full and empty.

Hepatic Atrophy.

Dr. Foges showed a preparation from a case that had come into hospital complaining of great dyspnœa, and severe pain in the epigastrium, œdema was present, with albumen in the urine, the conjunctiva icteric. Short time after admission, he died of collapse, and the post-mortem showed acute yellow and red hepatic atrophy nephritis. Small hæmorrhages infect the spleen and kidneys with thrombii. It was presumed that nephritic disease was the primary cause, and that micro-organisms were carried in all directions where a large thrombus had been formed in the portal artery, and had produced the acute hepatic atrophy.

The Operating Theatres.

UNIVERSITY COLLEGE HOSPITAL.

Ovariotomy.—In performing this operation on a woman, æt. 57, Mr. **Barker** found the tumour to be a double ovarian; the first portion had only one or two adhesions, but the second he found jammed tightly in the pelvis, and unusually adherent to the rectum and to the back of the uterus. Luckily the adhesions could be torn through with the hand, and there were no bleeding points. On the right side four ligatures were placed on the pedicle, and on the left side two ligatures. There were no adhesions to the intestines. Mr. Barker remarked that it was easy to keep the intestines back in such cases; he could not help a little fluid getting into the abdomen during the operation, but the cavity was well mopped out, which he considered of great importance, as well as to remove all clots; he thought too it was important to avoid handling the contents of the abdomen more than was absolutely necessary, on account of the shock that might be thereby set up. In closing the wound the stitches were carefully passed on each side through the sheath of the rectus, as well as through skin, muscle and peritoneum; this the operator thought very essential, as he considered such a procedure a great preventive to a subsequent hernia; but he said it was difficult to make the abdomen as strong as before the operation, and a tentency to hernia was very likely to ensue owing to the abdomen having been so much distended.

Varicose Veins.—In operating for varicose veins, Mr. **Barker** remarked that it was best to begin at the highest point where the veins were affected in the leg, as thereby any small clot which may be in a lower part of the vessel is prevented from going upwards, also because the operation is afterwards rendered easier, as the occlusion above causes the veins below to swell and so become more apparent. He considered a short incision quite sufficient, and also that it was sufficient to remove a small portion of the vein, it being, he remarked, theoretically the same to remove a short piece and practically far worse to take a long piece. In his opinion a very great point was never to perform this operation when there were any sores or varicose ulcers about the leg. It might be asked, he said, why not merely divide the vein between two ligatures without removing any portion, but it must be borne in mind that a certain proportion of the vessel is handled by the surgeon during the operation, so it is better to excise it. He remarked that he never operated on both legs on the same day—1st, because so doing made the subsequent nursing very difficult, the patient being reduced to absolute helplessness; 2nd, because in the event of anything going wrong, when the temperature rose, it would not be known from which leg to take the dressings; therefore his invariable custom was to leave about a week between the two operations.

GENERAL HOSPITAL, NOTTINGHAM.

Congenital Hernia.—Mr. R. C. **Chicken** operated on a case of congenital hernia in a child. He remarked on the necessity of curing these cases by operation instead of by the application of pads or trusses. It was true, he said, that a congenital hernia would often disappear after the prolonged application of a pad, but was the permanency of the disappearance to be relied on? He thought not, because in many cases of so-called acquired herniæ of adults he was accustomed to find the bowel in a congenital sac He pointed out that the specimens in our museums made us familiar with the fact that the obliterated sac of a congenital hernia has only become adherent at one point, which might allow of a partial descent of the bowel into the rings and canal, or if contracted at a higher point, the constricted portion might be pushed down before it into the scrotum. The one main point he considered to be achieved in curing a congenital hernia is the destruction of the sac above the internal ring. This cannot be done with certainty by any pad or application, but by using external pressure only union is most likely to take place in the inguinal canal, consequently the bowel is allowed to keep the internal ring in a chronic state of more or less dilatation. But if the sac be destroyed above the ring its own inherent power of contraction will probably suffice to ensure its diminution to normal limits. Therefore, in his opinion, the great importance of thorough destruction of the sac above the internal ring and the minor importance of suturing the rings. As a matter of practice, however, he always did put a single stitch as an additional safeguard. There was a great deal of difficulty sometimes in defining quickly and accurately the sac of a small congenital hernia: in large varieties it was plain enough. The best plan of operation, he demonstrated, was to pinch up a fold of skin and pierce it to a sufficient depth to leave a wound large enough to complete the operation, then dissect down until the shining fascia of the sac is seen. With a few touches of the point of the knife this is sufficiently freed to be picked up by the finger. The true sac is then gradually drawn over the finger tip, being cleaned meanwhile by the knife until it is completely isolated from the cord, especial care being taken always to define the vas. The sac is divided between two ligatures, the proximal end returned into the abdomen and the ring sutured. In the case of very small herniæ in young infants, where the various layers of the sac are very delicate and not easily defined, it is equally efficacious to thoroughly split them up and tease out the slender fibrils, returning them *en masse* through the rings, for by these means the cavity of the sac is obliterated by promiscuous cohesion. It is very interesting, he thought, to remark the enormous hypertrophy which is often found in the fibres of the cremaster, as though by these means natural efforts were made to control the descent of the bowel. He pointed out that in large congenital herniæ in infants the sac is greatly thickened and developed in its fibrous texture. It is important, he said, to examine carefully and note the structure and composition of the sac in infants, for the knowledge here gained is most useful in determining the best operation in adult cases, for according to the structure of the sac must the operation be fashioned, or in a bad case the special requirements may not be so satisfactorily met by a routine system being always adhered to. Mr. Chicken strongly urged the necessity of operating in all cases of congenital and infantile hernia. The result, he said, in his hands had always been a permanent obliteration. He remarked too that he had frequently to operate in cases which had been put forward by the advocates of the "truss cure" as examples of the success of their treatment, but in which the bowel had subsequently again descended. The success of the operation, when performed in later life, was, he thought, not to be compared to that on the infant, the operation in the latter being short and simple, and the wound healing quickly. Mr. Chicken dresses the wound by keeping it thickly coated over with an antiseptic varnish, so that it is not affected by the evacuations of the patient.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 7, 1894.

THE PHILOSOPHY OF PAIN.

Pain is often, somewhat flippantly, referred to as a mystery, but if so, it is a mystery with a physiological moral. Pain is not a "thing," an evil entity, it is not even an absolute standard of sensation, for what is pain at one time may be pleasure at another, and *vice versâ*. Moreover, the same or similar causes give rise in different individuals to very different degrees of pain, or may even determine sensations more akin to pleasure, this being currently considered to be the physiological antithesis of pain. Years ago Hilton, under the attractive title of "Rest and Pain," called attention to the nature, philosophical and anatomical, of pain, and discussed, in a series of lectures which will long remain one of our medical classics, the diagnostic value of disagreeable sensations. More recently the subject has been approached from another point of view by an able and eloquent writer, Dr. Cameron Gillies, who has devoted a good deal of anxious thought and labour to the elucidation of "the meaning of pain." There is much in his unassuming little *brochure* which is calculated to interest the medical philosopher, for he enables us to contemplate the phenomenon from various points of view, and his reflections are couched in English of singular lucidity and finish. He virtually renounces the task of defining what is pain, and contents himself with discussing its manifestations and significance. What is pain to one, he observes, may be pleasure to another, and even in the same person the power of pain, meaning thereby, we presume, the capacity for perceiving pain, varies greatly at different times, and under different circumstances. What may be cause of pain and suffering at one time may after awhile become tolerable, and perhaps agreeable, and, on the other hand, pleasure soon palls and merges into pain. In fact, no strict line of demarcation can be laid down between pain and pleasure, for, as sensations, they are continuous, each merging into the other, and, at or near the hypothetical boundary line, very small things determine the balance on one side or the other. The scratch of a pin puts a man into pain, the tickling of a straw into pleasure. Even music, sweet and grateful as it may be, if continued long enough—and not necessarily for very long—becomes an endurance and suffering, a fact which most of us have had brought home to us at one time or another. Pain, as Dr. Gillies points out, involves the conception of punishment, with which medical men have nothing to do, and for this reason the term suffering is preferable. Owing to the fact that disease is not altogether an exchangeable term for pain, many abnormal conditions not being associated with pain (some, even of the most fatal kind, being quite exempt from distinctly painful sensations), a troublesome distinction has arisen between pain and disease. Yet, etymologically, disease means the contrary of well-being. Speaking generally, pain means something wrong; it is Nature's indication that at some point in this beautiful organism of ours, the physical conditions compatible with health have been thrown out of gear, thus giving us warning, and affording us an opportunity of doing something to put matters right again. A sensation of pain may remain after removal of the cause, but this serves the useful purpose of ensuring the rest, and consequently the repair, of the injury done. Nature's motto seems to be *nemo me impune lacessit*, and though art may postpone, it cannot avert, the penalties, which simply accumulate. The meaning and use of pain is so far easy to understand. It is in its every manifestation our best friend, without which guide, counsellor and friend, we should perish all too prematurely. Pain, again, has been described as the prayer of a part for food. It is so of the organism as a whole, and it is so of each of its parts, even to the smallest living cell of our organism. Defective nutrition is probably at the bottom of all acute disease that is attended with pain. It may be local, sudden and apparent, or it may affect the tissues in their minute structures, in the cellular elements, but in the latter case, it is beyond the power of the senses to measure or to observe the process in its details. Pain, then, is the prayer for food, for healthy nourishing blood to repair the injury; and the whole process of inflammation is the purposeful response to that prayer. Every detail of the process of inflammation, as also the result, clearly indicates its good purpose, and it would be difficult to over-estimate the harm that has accrued to mankind from the contrary view, that inflammation is of the nature of an evil spirit, to be exorcised at the earliest possible opportunity, at whatever cost. If, says the author, we could by any means stop inflammation before it has served its beneficent purpose, we should surely kill the patient. If we interfere with it at all, except to sustain and encourage the process, we do harm. The use of drugs to smother pain is a doubtful blessing except the import of the symptoms be fully grasped and acted upon. Pain is the *vis a tergo* of our social and moral life, the hope of a rest being the *vis a fronte.* These two forces co-operate in the same direction. Relief from pain is to be purchased only at the price of local or systemic rest. Moreover, pain is a tonic, and a very valuable tonic. It stimulates the syncopal heart and recalls the fainting organism to life and to reaction. The presence of pain is a promise of healing, a guarantee even, that there will be complete restoration with intelligent care and rest. Where there is pain there is life, and the pain attending injury or disease usually varies as the vitality—the promise of life. Finally, pain is by no means an unsearchable mystery, even though in certain of its manifestations we may not at once and clearly grasp its beneficent purpose.

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UNION INFIRMARIES AND MEDICAL EDUCATION.

IT is a somewhat curious fact that the scheme of modern medical education depends almost entirely upon the voluntary charities for the material upon which its practical instruction is founded. If we compare the wards of a teaching hospital with those of the large union infirmaries that often lie literally within a stone-throw of its gates the contrast is somewhat startling. In the former we find a numerous medical staff, including honorary physicians, surgeons, and specialists, together with a host of registrars, resident house physicians and house surgeons, clinical clerks, dressers, and students. In the latter or parochial building we find a limited number of resident medical officers, acting under a superintendent, or under visiting physicians and surgeons. The knowledge, however, that such inequality exists is no new thing; the waste of educational material in the Poor-law institutions has been before the public and the profession for many years, although lately it has been more pointedly insisted upon by those interested in the matter. The final report of the Lords Committee of Inquiry upon the Metropolitan Hospitals emphasised the view that the Poor-law infirmaries would form a very useful field for medical instruction. That their conclusion is correct cannot be questioned by those conversant with the environment of those places. The idea that such institutions contained nothing of more professional interest than chronic bronchitis and senile diseases has long since been exploded. The fact is that in their wards may be found all kinds of acute as well as of chronic diseases, both medical and surgical, affording an inexhaustible mine of wealth to every branch of specialism. That being the case, one need only advance the further propositions that the existing hospitals are overcrowded by students, and that it is necessary for students to have access to abundant clinical material in order that they may acquire their special knowledge of disease. On these premises it is easy to show the desirability of an extension of the present system which would permit students to avail themselves of the opportunities afforded by the Poor-law infirmaries. Some worthy people object to turning out a lot of students, as they term it, to overrun the wards of Poor-law institutions. They appear to overlook the fact, however, that such students would be working under supervision. There is no reason, moreover, why a careful selection could not be made in the first place, so as to select students who had already proved themselves trustworthy. There can be little doubt that the introduction of the teaching element into parochial infirmaries would result in benefit to all concerned. The stimulation afforded by healthy outside criticism could hardly fail to raise the standard of medical work no less than that of nursing, also of the general management. Of late years great advances have been made in our union infirmaries, and the progressive tendency has been apparent not only as regards the buildings themselves, but also as to the numbers and skill of both medical and nursing staffs. This advanced attitude is more apparent, perhaps, in the provinces than in the metropolis. It is in part, at any rate, an expression of the latter-day leaven of democratic ideas which is fermenting in and pervading the modern mind. The people, according to the ideas of the more advanced social reformers, are entitled to a fuller share of the wealth they have created than they at present obtain. Hence, in the capital of the Midlands we see a magnificent Poor-law Infirmary, where the sick poor have the advantage of the best medical skill and of the most approved modern therapeutic agents. Indeed, were the admission to such places granted under less repellant conditions, they would form a veritable haven of refuge to the disabled poor. Such a desirable state of affairs, however, is not likely to be brought about until local Poor-law administration is thrown more into line with modern progressive views. The latter assert that guardians exist to minister to the needs of the poor, and not to drive them off by that system of organised brutality which still lingers amongst us under the comprehensive title of bumbledom. In other words, the poor should receive as a right the relief that is theirs by virtue of legislation, and not as a repulsive dole to be acquired only by facing official insult and attendant reproach. The remedy for this state of things, however, must be reasoned out by the political economist and insisted upon by the people themselves. Meanwhile, it is to be hoped that an enlightened and enlightening Local Government Board will throw no obstacles in the way of opening the doors of the Poor law infirmaries to the students of the most progressive and important of all scientific studies. It is certain that the ratepayers who defray the costs of those institutions would in that case reap the benefits of a general advancement of medical skill and knowledge, which in this way would add materially to the sum total of the national wealth.

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THE SANITARY EDUCATION OF OUR LEGISLATORS.

One of our leading lecturers on sanitation (Dr. A. Wynter Blyth) recently dealt with the subject of sanitary laws and their administration, calling attention to the fact that far too many members of rural sanitary boards are not only ignorant of the first requirements of science, but actually possess no knowledge of Parliamentary enactments. The truth of this assertion is too often exhibited, when the best-thought-out plans of health officers are thwarted through the obstinate opposition of the majority—or only a noisy minority—of the board generally prompted by cheeseparing economy, and fostered by a want of knowledge of the very Acts which they are supposed to administer. And are not our rulers, both great and small, sadly ignorant of both sanitary law and science? Is it too much to hope that at some future date the plan suggested by Dr. Wynter Blyth should be adopted?—a time when there will be a school of legislators, the first form of which will be the Parish Council, members of which could in due course aspire to a seat on the District Councils, then to the County Council, and finally to Parliamentary honours. Of course, one effect of such a scheme would be to ensure really educated and substantial men to come forward for the parish councils, sanitary boards, &c., the very authority which have to bear the brunt of putting social and sanitary laws in force. As matters stand at present, the best intellects of the country are not usually to be found among the local elected authorities. Here and there, no doubt, men of education and position do take a sufficient interest in local matters, and a sufficiently high view of their duties as leading citizens, to induce them to become members of local or sanitary boards, county councillors, &c. But these are, unfortunately, only the exceptions to the rule. Hence the low esteem in which many such authorities are held, their incapacity, and often their potential force for harm. Abroad, stepping-stones to legislative power are recognised by custom, if not by law. Except as regards the turbulent, revolutionary or noisy journalist, the Conseiller Communal, or Municipal, generally becomes a Conseiller General before trying to gain a seat in the Chamber or Senate. And by this means we find men of university education, barristers, doctors, and land proprietors taking active part in the government of the smallest towns and villages. If they have no very great knowledge of laws, and some of them but very imperfect ideas as regards hygiene, still they are able to grasp the importance of such matters, and are open to conviction by those who know. With us, electors look for business capacities, and this often means a squalid guarding of the purse, with a marked tendency to economise in such matters as sanitary work, a work which, though costly, has apparently so little to make a show of. As matters stand now, it seems quite hopeless to expect men who are probably keeping shops or looking after their trades and businesses to make any serious attempt to master a rudimentary knowledge of the large number of Acts of Parliament relating to the health administration of the country, and for the putting in force of which they are mainly responsible. Hence arises friction between conscientious executive officers and stubborn elected men in power, to the paralysing of efficient work and the no small joy of jerry-builders and other selfish money-grabbers who are eternally on the look out how best to evade the law, to the infinite inconvenience and danger of the community at large. When we mount higher in the scale of government there is not much to encourage us. Certainly the County Councils have done nothing to win the respect of citizens widely anxious as to the health of the nation. And much the same may be said of Parliament. It is true that the majority of Members who sit in the House of Commons are men who have either received a good education or who have brought themselves into prominence through superior qualities or force of character. But the majority of Members enter the political arena when advanced in life, with fixed business or property interests, and without having received any systematic training. They are, consequently, very difficult to deal with. They regard most health questions as technical matters for the consideration of doctors, but far subordinate in importance to the smallest matter having a political bearing. Hence health enactments have to be reduced to political and business considerations: vested interests play a great part in such debates, and the merest trifle may decide the fate of an all-important clause. Carefully-considered clauses are cut up, amended, added to, and altered in such a way that their original meaning is entirely lost sight of, and, indeed, the whole passage made so obscure that when the Act becomes law there is room for abundant disputations as to its meaning. How many of our sanitary Acts are disfigured with such doubtful clauses, through which many a sinner drives his four-in-hand, regardless of the warnings of trained experts who try to stop his progress. This slovenly legislation, the direct outcome of ignorance, has, too, a bad effect on the lawyers. Health officers have been taught by hard experience how magistrates and judges will oppose them and defend evil-doers, saying "What care we for the spirit of the law?—here is the letter," though the letter of the law may be in direct opposition to the intention and whole tenour of the enactment. When the laws have been properly drafted, nursed through committee, and the dislocated body safely made whole again, there will be no room for such equivocations, and those who sit on the bench will come to recognise that sanitary laws are not meant to be legal puzzles, or devices for sharpening the wits of evil-doers against the health of the State. And so the whole thing turns on the question of education. If we cannot put all legislators through a training school such as is here suggested, some means must be sought to strengthen the hands of the highly-trained executive experts against the ignorance and financial tyranny of the administrators, while we await the gradual enlightenment of our legislators, both great and small.

Notes on Current Topics.

A Curious Dispute between Medical Men.

A DISPUTE which has, we regret to state, assumed somewhat of an acrimonious form, is now in progress between the Medical Superintendent of the Kent County Asylum, Barming Heath, and two medical men residing in Bromley, with respect to a difference of opinion regarding the condition of a patient who was recently transferred from the Bromley Workhouse to the Asylum. The facts are as follows: Complaint in the first instance was made by the Superintendent to the Chairman of the Bromley Board of Guardians to the effect that the patient in question on reaching the Asylum was suffering from a fracture of the fifth rib a short distance from its costal attachment, as well as from several contusions of the skin. This statement was accompanied with an expression of opinion that the medical officer of the Union could not have exercised that necessary amount of care in examining the patient before despatching the latter to the Asylum, as no intimation had been sent respecting the injuries which had been subsequently found. These facts were at once brought under the notice of the guardians, and their medical officer was called upon to explain them. His reply was directly denying the allegation in regard to the fractured rib, while he stated that he examined the patient thoroughly two minutes before sending the latter away. At this stage the Commissioners in Lunacy were made acquainted with the correspondence which was in progress, and after this repudiation of the Union officer, called upon the Superintendent to give his account of the case. His version was that his two assistants and himself each verified the fracture, and agreed as to its presence, and that there was no possibility of a doubt in regard to the injury. Meanwhile permission had been obtained by the guardians for the Union medical officer and another local medical man to examine the patient in the Asylum. The examination was made in the presence of two of the medical officers of the institution: the patient was palpated and auscultated over a flannel bandage and two layers of adhesive plaster, which had been applied for the treatment of the alleged fracture, and in the end the Union officer and his friend reported to the Board of Guardians that in their opinion no fracture had ever occurred. This brought the retort from the Superintendent that their examination in the manner above stated was an absurdity, and that their attempt to dispute the diagnosis was a piece of impertinence. The guardians at this juncture invited two more local medical men to examine the case and report. But under the circumstances we think it would have been much more expedient to have asked two hospital surgeons in London to give a decision on the dispute.

The Chelsea Hospital for Women.

WHAT is described by the local papers as "The Scandal at the Chelsea Hospital for Women"—a somewhat severe description—is attracting further public interest owing to the fact that dissatisfied former patients, or their friends, are now beginning to communicate their grievances to the Medical Officer of Health by whom the charges against the institution have been formulated. Two persons have written to say that their wives have died consequent upon operations performed in the hospital. In the first letter the writer stated that his wife underwent three operations without his consent, while in the second, the writer asserted that his consent had not been obtained to an operation which was performed on his wife in June, 1893, and that she died on August 5th following. The certificate of death in the latter instance was endocarditis and septicæmia, six days. Of course, any statement of this kind emanating from patients should be accepted with a great deal of reserve, until the facts have been fully inquired into. Practically speaking, the crucial point in both these cases is, not whether or not the consent of the husband was obtained to the operations, but whether or not the procedures were justifiable and performed with that requisite skill and carefulness which would be calculated to lead to a favourable result, provided that there was nothing in the circumstances of the cases to militate against that desirable attainment. The application of the Vestry to the Home Secretary requesting him to direct the holding of an official inquiry into the past management of the hospital has been refused, Mr. Asquith having intimated that it was not in his power to accede to the request. The Vestry have now further decided to forward copies of the "additional report" of the Medical Officer of Health, comprising the "revelations" above referred to, to the Home Office, to the Local Government Board, the General Medical Council, the Royal College of Surgeons, and the Royal College of Physicians. The Vestry seem inordinately bent upon enlarging the scope of their communication with public bodies. Probably on the next occasion the list will be swelled by the following: the London County Council, the London School Board, the Anti-vivisection Society, and the Society for the Prevention of Cruelty to Animals!

Amateur Doctoring.

SOME curious facts were brought to light in the course of an inquest held last week at Westminster upon the body of a women, æt. 54, who died without medical attendance. The husband, a knee-cap manufacturer, described himself as the maker of a rheumatic oil "used by all the members of the Royal Family." He stated that his wife had been ill for the last twelve months, and had been under the care of several doctors. About five months ago, however, he came to the conclusion that she was deriving no benefit from medical attention, and he decided to take the treatment of the case into his own hands. The medical evidence showed that the deceased died from bronchitis following a complication of diseases. In all probability life would have been prolonged had she been under proper medical treatment. The husband appeared surprised at this verdict, which he told the coroner he regarded as most unjust. It is really time something were done to put a stop to this dangerous practice of amateur doctoring. Here we have an ignorant man, whose connection with medical matters appears to have been confined to the making of knee-caps and the vending of a quack application, presuming to treat a woman suffering from grave internal disease. By the way, can the man's statement be true that members of the Royal Family use his rheumatic oil? Probably not; but one recalls the fact that a few years ago the Duke of Argyll posed as the grateful patient of another vendor of rheumatic applications, and that the judgment of the great ones of the earth is not always sound on the matter of patent medicines. The papers of last week report another inquest where a child was allowed to die without proper medical treatment. In that case deceased suffered from measles, which the parents did not think a serious enough malady to require the attendance of a doctor or for notification.

The Sale of Carbolic Acid.

The question of the sale of carbolic acid again came before the House of Commons last week, and Sir Walter Foster intimated that the imposition of restrictions on the sale of the drug was a matter for the Privy Council. The Local Government Board, we understand, is in communication with the Privy Council on the subject, and the matter is being still considered by the latter department. The Registrar-General has stated that since December 30th last and the 10th ult. out of twenty-eight deaths in London from accidental poisoning only one was attributed to carbolic acid, while out of ninety-eight cases of suicide seven were due to the latter drug. Apropos of this subject mention may be made of the servant girl who last week attempted to poison the household where she lived by pouring carbolic acid into the cistern from which the drinking water was drawn for the house. On analysis the amount of carbolic acid was found to be one in 40,000—admittedly not a strong dose, but still sufficient to cause inconvenience if taken in any quantity. The girl has been committed for trial.

Plastic Surgery in Paris.

A circumstantial story is going the rounds of the public newspapers, which announce a surgical operation under the sensational heading:—"Flesh taken from one man's arm to make ears for another." It is said that a Belgian was shut up in a prison cell with another inmate who was in a state bordering upon delirium tremens. The Belgian was furiously attacked by his companion, who eventually bit off both his ears. The victim was taken to the Bicêtre Hospital, where he was interviewed later on by the penitent drunkard who had so savagely attacked him. Dr. Landry, who was standing near the bed, asked the latter, "Should you like to give him back his ears?" "Certainly," replied the penitent. "Then," said the doctor, "let me cut out a couple of small slips of flesh from your arm, and the thing is done." To this the man readily assented, and M. Landry is reported to have thereupon performed a plastic operation with complete success. This story is a good one, and is within the compass of modern surgery, although to the outside world it must savour somewhat of the Baron Munchausen style of anecdote.

Dublin Hygiene.

In a letter to the Dublin papers Dr. Roche, Professor of Hygiene, has urged that the excessive death-rate of Dublin, and the questions of main drainage, subsoil drainage, and the various other panaceas for the remedying of the existing state of things shall be investigated by a Royal Commission. The suggestion, though not encouraged by some of the Dublin papers, seems to be the only one of a practical character which can satisfy the citizens or reconcile them to the expenditure of the enormous sums of money required. The disputants are at present the Public Health Department of the Corporation on the one side and the amateur sanitarians on the other. Be it said with respect, the citizens have not complete confidence in the statements, opinions, or arguments of either party. Where, then, when the expenditure of nearly a million of the citizens' money is involved, is wisdom to be found? Only, we apprehend, in the judgment of a totally disinterested and unpledged Commission such as Dr. Roche advocates. It will cost, no doubt, some hundreds of pounds, but that matters very little to those who speak with so much complacency of the expenditure of hundreds of thousands. The Commission will no doubt recommend terrifically drastic procedures, as all such Commissions do, but at least the citizens will have some trustworthy information to guide them before they embark upon the appalling outlay which is now declared to be necessary.

Sentimentalism and the Proposed Institute.

The proposed foundation at Chelsea of the Institute for scientific research has given rise to a chorus of condemnation on the part of the sentimentalists. One reverend gentleman has written to the public papers pointing out the danger that flies will carry off deadly bacilli from the new laboratory and scatter them broadcast through the neighbourhood. Several ladies write to protest against the erection of this "new torture chamber." They anticipate the repetition at their very doors "of all the horrors of the Pasteurian system and any other form of so-called 'scientific' research which suggests itself to the imagination of a handful of 'men' who regard the sentiment of pity as one unworthy their consideration." Of course, to be consistently logical, all these good sentimentalists, who are so eager to denounce the inhuman brutality of vivisectionists, must decline to avail themselves of any advantages that have resulted from that practice. In this way they would cut themselves off at once and entirely from the whole range of modern surgery, whose foundations were laid by Pasteur. Scientific medicine, moreover, owes a great deal to vivisection, but the sentimentalists appear to think nothing of such trifles when compared with the comfort of a few dogs and guinea-pigs.

The Indian Medical Congress.

AT a meeting of the Council of the Calcutta Medical Society, on January 24th last, it was decided that an Indian Medical Congress should be held in Calcutta at the beginning of January, 1895. It was also decided that in each province local secretaries, native as well as European, should be asked to co-operate with the Calcutta secretaries, and it was further decided that the sections into which the Congress should be divided should be—(1) Medicine, including pathology; (2) Surgery; (3) Obstetrics and Diseases of Women and Children; (4) Public Health; (5) Medico-legal Medicine and allied subjects. Medical men practising in every part of the world, but especially those in India and the East, will be welcomed by the promoters of the Congress.

Soap and Water.

SOME interesting facts about soap were lately given at the London Institute by Professor Vivian Lewes in the course of a discourse on the "Chemistry of Cleaning." The lecturer stated his opinion that there was nothing better than good bar soap, provided a proper price be paid for it. The British manufacturer, being the most accommodating individual that ever stepped, would provide it almost at any price, but it was pretty plain he would not do so at the expense of his own pocket. A similar principle, by the way, is capable of a widespread application in these days of advertising. The learned professor stated that by the addition of certain chemicals soap can be made hard enough to sell, although it retains 50 per cent. of water. In fact, one man of science had declared that the aim of the average soap maker was to render water sufficiently stiff to be able to stamp it into tablets. In speaking of the wasteful action of hard water on soap, Professor Lewes mentioned that at Glasgow the new Loch Katrine water supply had saved the city several thousands a year in soap. To this statement he added the amusing remark—"and mind you, Glasgow is not a place where they waste soap."

Alleged Bribe of a Sanitary Inspector.

A MEDICAL Officer of Health, however zealous and and efficient, is very much in the hands of his inspectors. If his staff be untrustworthy, then all his inquiries, his prosecutions, and his attempted reforms will be fruitless. From this point of view, then, it is gratifying to hear of the prosecution of a Lambeth Road builder for attempting to bribe a Battersea sanitary inspector. The latter alleges that the defendant was served by him with notices to carry out certain alterations, and on one occasion asked for his address, which he gave at the vestry office. Shortly afterwards a letter arrived there addressed to him and enclosing 5s. The defendant was committed for trial. This case points to the existence of that proper spirit among the administrative staff without which London and other large cities can never hope to attain to anything like a sound sanitary government.

A Simple Mixture.

THE following announcement occurred in a recent leading article in the *Bradford Observer*: "A very interesting case of professional trades-unionism was decided in the Court of Appeal last week. A medical man named Allinson moved against the *Medical Defence Union, which had struck his name off the list*, and *claimed to have it put on again.* To be struck off the Medical Union's list is very much like being on the blacklegs' list. It means that the dismissed medico has in some way transgressed the code of the profession." The italics are ours. Our contemporary has made a funny mistake, but the confusion of names here displayed only proves again how curious are the notions which even persons who should know better are prone to disseminate in respect to matters affecting the medical profession.

The Pimlico Mystery.

WHAT is known as the "Pimlico mystery" has now been resolved into the prosecution of a so-called "medical assistant," a man aged 54, for the alleged performance of an operation for the induction of abortion upon a young girl, for whose death in consequence a midwife is now undergoing a sentence of three years' imprisonment. The new development of the case has been due to the revelations of the convicted midwife, whose evidence has materially justified the prosecution of the defendant.

THE medical staff of the Melbourne Hospital recently passed the following resolution:—"That it is desirable that an honorary anæsthetist be appointed, who shall administer anæsthetics on appointed occasions, and shall give systematic instructions in their methods of administration, and that rules be drawn up for the guidance of such officer." We trust, in the interests of the hospital, that the committee of management will accede to this request.

THE new Canon of Westminster, Wilberforce by name, is not unknown to medical men. He rejoices in being an anti-vivisectionist, anti-vaccinationist, anti-alcoholist, anti-tobacco smoker, and probably some other "antis," and one feels inclined to ask him, as Lord Esher asked Mr. Allinson, "if he has any other fancies"!

THE Council of the British Institute of Preventive Medicine, of which Sir Joseph Lister is chairman, and Sir Henry Roscoe, M.P., treasurer, have appointed Mr. Alfred Waterhouse, R.A., architect to the institute, the building of which is to be begun at once.

THE death is recorded of Dr. Robert Savile, of Nafferton, near Hull, at the age of 60.

A woman named Goomley has been arrested near Beragh (Tyrone) for the alleged poisoning of her husband. She is supposed to have administered a dose of laudanum to him in order to keep him quiet while he was under the influence of drink.

The adjourned inquest upon Dr. Cranstoun Charles was resumed on the 25th ult., and the evidence showed that death had occurred fromm orphia, two-thirds of a grain of which were found in the stomach. Signs of acute bronchitis were also present.

The Torbay Hospital is about to open an ophthalmic department in connection with the institution, and the appointment of honorary ophthalmic surgeon will be made next month. Hitherto most of the ophthalmic cases have been sent from the Hospital for treatment to Exeter.

Dr. Hughlings Jackson, F.R.S., having retired from the active list of physicians to the London Hospital, has been unanimously elected consulting physician to that institution. In consequence of this retirement a vacancy will occur on the list of physicians, which it is proposed to fill at a special meeting to-day.

The death is announced, at New Ross, co. Wexford, of one of the fathers of the profession in Ireland. Dr. Rossiter took his M.D. at the University of Edinburgh as far back as 1834, and practised for more than fifty consecutive years in the town in which he died.

It has been officially announced that no case of cholera has occurred in St. Petersburg since the 16th ult. The disease has also almost disappeared from Constantinople.

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Scotland.

[FROM OUR OWN CORRESPONDENTS.]

The Morrison Lectures on Insanity.—Dr. Batty Tuke delivered the fifth and last lecture of this series on Wednesday of last week. In speaking of the treatment of insanity due to over-exertion of the brain, he said that it was useless to approach the subject through the portal of psychology. So-called psychologists really knew no more about the matter than the physicians who undertook ordinary practice. The ordinary physician had to deal every day with perversion of the mental faculties; he had to treat hysterics, alcoholists, opium-eaters, so-called neurasthenics, the consumptive, the febrile, the pregnant, and endless other types in which morbid modification of psychological functions were manifested. Did a man know anything more about the workings of the component parts of the mental constitution and their attributes because he had practised more amongst the insane than the sane? He deprecated the indiscriminate use of travel, amusement, and opiates. The highest attainable rest was of the greatest use. In conclusion, Dr. Tuke said that if incipient cases of insanity could be treated properly in ordinary hospitals, many cures now impossible might result, and the patients relieved from the stigma of having been in an asylum. Wards should be set apart in each of our general hospitals for this purpose.

University of Edinburgh.—Among the honorary degrees offered to gentlemen at the spring graduation we find the names of Sir Dietrick Brandis, Ph.D., K.C.I.E., &c.; Mr. W. H. Gaskell, M.D. (Camb.), F.R.S., Lecturer on Physiology, University of Cambridge; Professor William James, University of Harvard; Mr. James Alexander Russell, M.A., M.B., B.Sc., Lord Provost of Edinburgh; Mr. George Wilson, M.A., M.D. (Edin.), Medical Officer of Health, Mid-Warwick, who have been offered the degree of LL.D.

The Microphone in Medicine.—At the *conversazione* held in the Faculty Hall, Glasgow, on Friday, the 23rd ult., Dr. Macintyre exhibited a number of new electrical instruments as well as some interesting micro-phonographic records. With the perfection to which the instrument has now been brought, the phonograph is not unlikely soon to take its place as an instrument of instruction in medical teaching. Dr. Macintyre was able to demonstrate a number of cough sounds; varieties of hoarseness due to different pathological conditions; and he has been able by special recording arrangements to register the heart sounds. Doubtless stethoscopic sounds offer the greatest difficulty of all, but by properly arranged conducting apparatus fairly good records have been obtained of different sounds heard within the chest. Dr. Macintyre also exhibited a number of microphones, some of the ordinary varieties, and others adapted specially for medical purposes. The principal one of interest was an instrument enabling a number of students to listen to the sounds of the body at the same time, and also to transmit these sounds to a distance. Dr. Macintyre showed how these might be utilised so that students in a class-room of a medical school could hear the chest sounds of a patient in an hospital at a distance. The slight disadvantages of the apparatus at present are that the instrument is extremely sensitive, so other sounds may sometimes be heard at the same time, and a little alteration in the quality of the sound as heard through the ordinary stethoscope. The apparatus consisted of a microphone specially adapted for application to the human body, induction coil to transmit sounds to a distance, small battery and telephone receivers, of which the Ader has been found to be the best. By such means it will doubtless be possible to fit up our schools so that large numbers of students may be trained at the same time to appreciate the sounds heard within the body, even though the patient may be at a considerable distance, and with improvements in the recording apparatus of the phonograph to take permanent records of the same.

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THE LAW REGARDING OATHS.

Complaints are frequenely made to us by correspondents of the difficulties thrown in their way in Courts of Law, especially in Coroners' Courts, County Courts, and before Commissioners of Oaths, on declining to kiss the grimy book in taking the oath. Strange as it may seem, the Presiding Officer is often not cognisant of the existence of the Act, or is under the impression that it is a declaration and not an oath to which the Act applies. The medical witness is then asked if he has a copy of the Act or an abstract with him, or anything to show the Court in support of his contention that he is privileged to affirm, or desires to swear with uplifted hand after the Scotch manner. Medical men do not usually carry Acts of Parliament about with them, and rather than be browbeaten in this matter they take an aerial kiss at the book and pocket their conscience. A suggestion has been made by a correspondent, whose opinion we highly value, that we should print the Act referred to for the benefit of our readers, and we have much pleasure in acceding thereto. We may add, to save mutilating the journal in which this appears, that we have printed a large number of copies of this Act on thin paper, so that it may be folded and carried in the pocket-book, and have instructed our publishers to forward same free of charge to any of our readers on receipt of a halfpenny stamp to cover postage.

CHAPTER 46.

An Act to Amend the Law as to Oaths.

A.D. 1888.

[24th December, 1888.]

Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

When affirmation may be made instead of oath.

1. Every person upon objecting to being sworn, and stating, as the ground of such objection, either that he has no religious belief, or that the taking of an oath is contrary to his religious belief, shall be permitted to make his solemn affirmation instead of taking an oath in all places and for all purposes where an oath is or shall be required by law, which affirmation shall be of the same force and effect as if he had taken the oath; and if any person making such affirmation shall wilfully, falsely, and corruptly affirm any matter or thing which, if deposed on oath, would have amounted to wilful and corrupt perjury, he shall be liable to prosecution, indictment, sentence, and punishment in all respects as if he had committed wilful and corrupt perjury.

Form of Affirmation.

2. Every such affirmation shall be as follows:

"I, A.B., do solemnly, sincerely, and truly declare and affirm," and then proceed with the words of the oath prescribed by law, omitting any words of imprecation or calling to witness.

Validity of oath not affected by absence of religious belief.

3. Where an oath has been duly administered and taken, the fact that the person to whom the same was administered had, at the time of taking such oath, no religious belief, shall not for any purpose affect the validity of such oath.

Form of affirmation in writing.

4. Every affirmation in writing shall commence "I, ________, of ________, do solemnly and sincerely affirm," and the form in lieu of jurat shall be "Affirmed at ________ this ________ day of ________, 18___. Before me."

Swearing with uplifted hand.

5. If any person to whom an oath is administered desires to swear with uplifted hand, in the form and manner in which an oath is usually administered in Scotland, he shall be permitted so to do, and the oath shall be administered to him in such form and manner without further question.

Repeal.

6. The Acts mentioned in the schedule to this Act are hereby repealed to the extent in the third column of the schedule mentioned.

Short title.

7. This Act may be cited as the Oaths Act, 1888.

SCHEDULE.

Session and Chapter.	Title.	Extent of Repeal.
17 & 18 Vict. c. 125.	The Common Law Procedure Act, 1854.	Section twenty.
19 & 20 Vict. c. 102.	The Common Law Procedure Amendment Act (Ireland), 1856.	Sections twenty-three and twenty-four.
24 & 25 Vict. c. 66.	An Act to give relief to persons who may refuse or be unwilling, from alleged conscientious motives, to be sworn in criminal proceedings.	The entire Act.
28 & 29 Vict. c. 9.	The Affirmation (Scotland) Act, 1865.	The entire Act.
30 & 31 Vict. c. 35.	An Act to remove some defects in the administration of the Criminal Law.	Section eight.
31 & 32 Vict. c. 39.	The Jurors Affirmation (Scotland) Act, 1868.	The entire Act.
31 & 32 Vict. c. 75.	The Juries Act (Ireland), 1868.	Section three.
32 & 33 Vict. c. 68.	The Evidence Further Amendment Act, 1869.	Section four.
33 & 34 Vict. c. 49.	The Evidence Amendment Act, 1870.	The entire Act.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

ALLEGED DISCOVERY OF AN ANTIDOTE TO MORPHINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In answer to your editorial request (*Medical Press*, Feb. 21), I beg to bring to your notice the following facts as regards the alleged discovery of permanganate of potash as an antidote to morphia. I brought out a series of articles in the *Chemist and Druggist* of 1877, *vide* page 55, dealing with the quantitative estimation of various substances by means of an acid solution of permanganate of potash. My method was distinct from any other method in several respects. In the first place it was a *weak* decimal solution, whereby, contrary to what might be found in Gmelin's Chemistry of that date, "that permanganate of potash had no reaction on morphia," I was enabled to establish what I have always considered the most elegant quantitative test for the estimation of morphia, or mixtures of morphine when mixed with narcotine. Again, I found dilution determined differences, so that I introduced a short manipulative process of regular delivery, &c., and disregarded the teachings of equivalents in their exactitude.

For the convenience of those who might use my method I finally brought out a carefully made 1 per cent. permanganate of potash solution more than ten years ago, and on the label, of which I send you a copy, are these words: "As an *antidote* to opium, morphia, and laudanum, the *diluted* solution may be administered in doses of a wineglassful." The subsequent change of the strength of the official solution of permanganate of potash rendered my solution unnecessary, and as my method has become one of great importance since 1890 for the estimation of food-stuffs, and is especially well known amongst millers for the estimation of albuminoids in flour, I have earnestly endeavoured to compel pharmacists to supply a *standardised* solution of permanganate of potash according to the requirements of the Pharmacopœia, and hope that medical men will remember that we have a very valuable ally in such an official solution, which ought to be distinguished from all coloured disinfectants. The breaking up of morphia by permanganate of potash seems a very insignificant factor in my system of rapid estimation of food-stuffs. As regards the claims made recently for permanganate of potash as an antidote to strychnia and cyanides, I remember those substances with atropine did not sensibly affect my test, whereas veratrine and aconitine did; solutions of the latter have for some months been carefully prepared by Messrs. Hopkins and Williams awaiting my investigation. As regards the irrigation of the whole alimentary canal with permanganate solution, as a general antidote in some cases of poisoning by natural and artificial alkaloids, I have antipyrine and similar salts in view, which you will find mentioned in my work, or again for cholera, dysentery, &c., I have long foreseen that from a forensic point of view we want the whole history of the oxidation products of alkaloids amongst our immediate desiderata. My work must remain amongst the ephemeral literature at present; meanwhile, Dr. William Moore has apparently given the first demonstration of permanganate of potash as an antidote to morphia, to which we must add our verification in due season.

I am, Sir, yours, &c.,
J. Barker Smith, L.R.C.P.Lond.

Feb. 21, 1894.

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BUSYBODIES AGAIN

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—There does not happen to be a body comparable to that of the General Medical Council, in the Church of England, whose duties would include dealing with clerical quacks who turn their churches—or proprietary chapels—into lecture halls every Sunday for the purpose of attracting congregations and swelling the collections. If this were the case, there is no doubt that one of this community in the neighbourhood of St. Marylebone would soon find himself adjudged guilty of "infamous conduct in a professional respect," and have his name removed from the roll of the English clergy. But of his lecture-hall antics in the pulpit nothing more need be said here. Nor need anything be said of the manner in which he sees fit to "puff" his books or leaflets among his congregation. My reason, however, for calling attention to this "Rev. Mr. Puff," as he was described once by a Sunday paper, is to point to his latest effort to obtain a gratuitous advertisement. He sent last week a communication to the metropolitan press, which appeared in two only of the morning papers, in which he attempted to lecture the public on the dangers of establishing the British Institute of Preventive Medicine in Chelsea. I forbear to traverse his so-called arguments, for they are nonsense from beginning to end; they, moreover so clearly display his utter want of knowledge of the subject discussed that the wonder is that the editors of the journals in question were ever deluded into publishing them.

I am, Sir, yours, &c.,
Anti-Humbug.

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THE CONJOINT EXAMINATION OF THE ROYAL COLLEGE OF SURGEONS, IRELAND, AND APOTHECARIES' HALL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—An article under the above heading appears in your last issue, and as it contains several inaccuracies, I am confident that you will permit me, personally alluded to in it, and also conversant with every detail, to point these out and to state the actual facts of the case.

In the first instance I can declare positively that neither the College of Physicians as a body, nor the Fellows individually, had anything to do with the motion recently made in the Council of the College of Surgeons to reconsider the conjunction of the latter body with the Apothecaries. We doubtless consider that conjunction derogatory, but the movement you speak of was quite unexpected by us.

The facts of the whole matter are these: Prior to May last I, in common with the other Fellows of the College of Physicians, paid no attention to the mode in which candidates were admitted to the examinations conducted by the Conjoint Board of the College of Surgeons and Apothecaries; but a few days before the meeting in May last of the General Medical Council a copy of the new regulations as to education and examination under the five years' scheme, drawn up by these two bodies, was placed in my hands, from which it appeared that no less than five of the subjects of education required by the General Medical Council from all candidates were omitted therefrom.

As these omissions had escaped the notice of the Education Committee of the General Medical Council, I in my place in the Council called attention to this oversight, with the result that the Committee reported to the Council that the curriculum of the College of Surgeons, Ireland, and the Apothecaries "was not in accordance with the requirements of the Council." It must be borne in mind that these "requirements" apply to all Universities and Licensing Bodies in the Kingdom.

In the autumn of that year (1893) I was a member of the Conference which you alluded to as convened to endeavour to settle matters amicably between the Colleges. Four subjects were to be discussed:—

1. Where was the office of the Committee of Management of the Colleges of Physicians and Surgeons to be located?
2. Certain questions relative to the school of the College of Surgeons.
3. The defective curriculum of the College of Surgeons and Apothecaries.
4. The question of the reduction of £5 5s. made by the College of Surgeons for their diploma in favour of candidates in their scheme with the Apothecaries.

Of these the first was easily settled; the second was withdrawn without discussion by the Representative of the College of Surgeons; the fourth was not discussed at all, the Representative of the College of Physicians not pressing the matter. The third alone was fully discussed. It was moved by myself, "That the requirements of the General Medical Council should be complied with," and though I pointed out that it was not a question between the Colleges, but between the College of Surgeons and Apothecaries on the one hand, and the General Medical Council on the other, and that they certainly would be enforced, the delegates of the College of Surgeons, nevertheless, unanimously voted against the resolution, and the motion fell to the ground, These facts hardly admit of your statement "that every suggestion of the Surgeons was received by the Physicians with the customary *non possumus*" being considered accurate.

The date of the meeting of the General Medical Council was approaching (November, 1893), but the discussion which had taken place at the May meeting, and letters which had appeared in the medical journals had attracted attention, and complaints from students and statements from recently qualified practitioners were made to me, which led me to the conclusion that a regular system was being carried on by means of which the diploma of the College of Surgeons and the license of the Apothecaries' Company was granted to candidates who evaded a complete examination in important subjects of education, and in some cases without any examination whatever in physiology. The investigation of the cases mentioned to me was tedious and difficult, and I was unable to formulate the results of my investigation in time to lay it formally before the Council in November, but I moved a resolution to the effect "that the irregularities I complained of be referred to the Education Committee for investigation and report." Sir Philip Smyly, the Representative of the College of Surgeons, intervened and asked that the matter be postponed. To this, in deference to his wish, I at once acceded, and Sir Wm. Turner having suggested that it would be better to proceed by memorial. I on my return to Dublin moved in the College of Physicians that this course be adopted. A memorial has, therefore, been drawn up by the College, has been before the Executive Committee of the General Medical Council, and copies of it have been ordered to be forwarded to the College of Surgeons and Apothecaries' Hall. As the question is *sub judice*, and as it will be discussed fully at the next meeting of the General Medical Council, I shall say no more on the subject. But the foregoing facts show conclusively that your statement that "the general accusation made by the Representative of the College of Physicians of curriculum and examination" "has never been formulated or specified" is quite incorrect.

No doubt the same document which announced that the diploma of the College of Surgeons and Apothecaries' Licence could be obtained on a defective curriculum also intimated that the College of Surgeons would charge £5 5s. less for its diploma to candidates under its conjunction with the Apothecaries than it did to those under their conjunction with the College of Physicians, but though the College of Physicians deemed this a most improper step for the College of Surgeons to take, no notice of it has been taken by the College of Physicians beyond a letter addressed to the College of Surgeons, expressing their surprise at the step. Nor have I, in the General Medical Council or elsewhere, ever spoken of the matter, and I emphatically deny that the reduction of fee by the College of Surgeon was the cause of my action. I have been influenced solely by a desire to see that the standard of medical education in Ireland be maintained, so that it shall not be possible for any one to allege that medical education in Ireland is inferior to that required in either England or Scotland for the obtaining of medical qualifications.

I must also point out that you are quite mistaken in stating that "the General Medical Council was induced by the College of Physicians to fulminate a threat that it would extinguish the Apothecaries' Hall conjunction" if it did not conform to the "Requirements" of the Council in regard of medical education. I was absolutely ignorant of the nature of the report of the Education Committee till it was presented in print to the Council and the resolution of the Council to which you refer was passed on the last day of the meeting of the Council, when I had already returned to Dublin, and I was not even aware that the subject had been taken up till I received a copy of the minutes two days subsequently. Had I the power to influence the Council, which I certainly have not, it was impossible for me to have done so on this occasion.

I am Sir, yours, &c.,
Lombe Atthill, M.D.
Representative of the Royal College of Physicians, Ireland on the General Medical Council.

March 1st, 1894.

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THE FLAP-SPLITTING OPERATION (COLLIS'S).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR

Sir,—I am persuaded it is not generally known by the profession that the plan of flap splitting (in order to obtain a larger surface for an Irish union, and of late years associated with the name of Mr. Lawson Tait) was originally designed and carried out by a surgeon, Mr. Maurice Collis, of the Meath Hospital, Dublin. In the *Dublin Quarterly Journal* for May, 1861, he published a full description of this plan of operation as applied for the cure of vesico-vaginal fistula (and it is evidently an adaptation of this plan to perinæorraphy that Mr. Tait is usually credited with). In the preface to Vol. ii, July to December of *Braithwaite's Retrospect*, 1861, the following occurs (alluding to Collis's operation):—"Why should not the same principle be carried out in numerous other operations of a similar kind, such as cleft palate, hare-lip, and *ruptured perinæum?*" Though late in the day I wish to claim the honour of originating the "flap-splitting operation" for an Irishman, the late Mr. Maurice Collis, and am inclined to think it will be news to a large number of both English and American surgeons.

I am, Sir, yours, &c.,
Alexander Duke.

Cheltenham, March 3rd.

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THE MECHANICAL TREATMENT OF PHTHISIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—An article with this title was recently (Jan. 24th) published in the Medical Press and Circular, and I find it suggestive of some remarks. Mr. Noble Smith, F.R.C.S.Edin. (the author), whilst describing the utility of a certain appliance of his own for relieving a weak chest of the weight of the arms, and so assisting to improve the vital capacity of the lungs at their apices, makes no allusion to another sort of adjuvant of probable value which might be resorted to for the same purpose, viz., a pair of crutches, of full length, to be used for frequent exercise. Placing the feet together, the body might be swung forward at every step, and the walking kept up for a considerable time. The effects would be to take the weight of the arms off the chest, to raise and open the shoulders, and to straighten the spine by the force of the swing.

In this connection, another matter occurs to me—the advantage that might be got by cycle-riding exercise if cycles were adapted (as perhaps they might be) to this special purpose. I think bicycles, as they are, are hideous things. A man riding on a point, a line, like a pyramid upside down, its base in the air, and presenting to view an attitude embracing perhaps all the bad points in figure possible at one and the same time. There are the cycle stoop, the rounded shoulder, the arms fixed down on the chest, depressing and flattening it, so that the hands may be devoted to the cross-bar in front for steering. Bad enough all this for the healthy chest; could anything be worse for the weak one? And yet all this might be easily changed, and the cycle become wholesome, conducing to a good figure, and affording an excellent means of exercising and developing ill-formed chests.

What must be done is to place the steering-bar *behind* the rider instead of *before* him. By this change all the evils would be turned into advantages: the rider's hands must then do the steering behind his back, like the steersman of a row-boat. His chest would be opened, his shoulders thrown back, and he must perforce sit upright like a man on horseback instead of grovelling forward like a rag-picker at work in the gutter.

Thus, cycling might be cured of some great and unwholesome faults, and instead of being a danger to the sound, might actually be made a valuable exercise for the weak and ill-formed. But this arrangement might not be applicable to the *bi*cycle because the rider could hardly mount or dismount without his hands on the steerage. It could, however, be applied to the *tri*cycle machine, which stands of itself, a much better-looking affair, a pyramid standing on its base. By this change in the steering place, I think tricycle exercise might become a valuable means of improving and restoring narrow chests, and indirectly of increasing the vital capacity of the lungs, whilst the healthy rider would cut a much better figure and avoid the injury which the present style seems calculated to produce.

I am, Sir, yours, &c.,

J. E. HUXLEY.

Maidstone, Feb., 1894.

MEDICAL SOCIETY OF LONDON.

THE first business on Monday evening last (March 5th) was that incidental to the annual meeting. The official nominations of officers for the ensuing year were approved, and this business having been disposed of,

Dr. Lewis Jones read a paper on "The Electrical Treatment of Infantile Paralysis," which we hope to publish in full in our next issue.

In the discussion that followed, most of the speakers agreed on the benefit to be derived from persistence in the electrical treatment, and Dr. Cagney suggested that many cases of supposed poliomyelitis were really instances of peripheral neuritis in children.

Dr. W. Wallace Ord and Mr. H. F. Waterhouse contributed notes of the case of "Cure of Tubercular Meningitis by Drainage" in a girl, æt. 5, who entered hospital with all the characteristic symptoms of tubercular meningitis. She had double optic neuritis, the peculiar cry and well marked *tâche cérébrale*. Symptoms of intra-cranial pressure having made their appearance, they trephined through the cerebellar fossa of the occipital bone, letting out a small quantity of fluid. They closed the wound, leaving in a drainage tube, and the child recovered and was shown at the meeting.

Mr. Walsham advocated making the opening through the lamina of one of the cervical vertebræ, and referred to a case in which he had operated thus, the child dying soon after, whereupon it was made manifest that the case was not one of tubercular meningitis at all.

Dr. Pasteur mentioned that at Middlesex they were in the habit of relieving intra-cranial pressure by an opening in the lumbar region, but the results had not been satisfactory, possibly because the services of the surgeons are not usually requisitioned until the patient has become comatose.

Mr. Battle appealed to the physicians not to wait until coma had been established, a condition which precluded all hope of success.

Mr. Bidwell observed that he had found calcified tubercles in children who had died without symptoms of tubercular meningitis, though there was a history of a previous attack. He pointed out that the so-called tubercular meningitis was often middle-ear disease.

Mr. Waterhouse discussed the choice of the site of operation, and expressed the hope that this line of treatment would be further extended in the immediate future.

Dr. Ord pointed out that the orifice of communication of the sub-arachnoid space with the spinal canal was often blocked by inflammation in such cases. That was one very good reason for operating through the occipital bone.

IRISH STUDENTS IN EMEUTE.

THE students in attendance in the School of the Royal College of Surgeons in Ireland have organised themselves in revolt against an order of the Committee of Management for the Conjoint Examinations with the College of Physicians, which declares that the Examiners shall have authority to send back a rejected candidate not only to re-examination in the same subject, but to further courses of study thereon, which means, of course, great delay—possibly the losing of a year—and probably the payment of an additional fee. We understand that the students have formed a permanent Association and have held meetings and prepared a memorial which is on its way for presentation to the Council of the College of Surgeons. This is the right way of doing business. Students who provide the sinews of war for both Professors and Colleges possess an unquestionable moral right to make representations to the powers that be upon matters which affect them, and we are quite sure that, so long as those representations are made calmly and logically, both the Colleges and the Professors will be not only willing, but glad to hear and consider them. The students' organisation ought, for its own sake, to sternly suppress any demonstration of unruliness or insubordination which would at once put their propositions outside the pale of favourable consideration by the authorities.

There seems to be a mistake about this particular rule. It was originally adopted as a recommendation by the General Medical Council, and was simply put in the Regulations by the Committee of Management, as in duty bound. It was not, however, enforced, we believe, in more than two instances since the opening of the Conjoint Examinations in 1887. Quite recently the Visitors from the General Medical Council have hinted a censure upon the Conjoint Committee with the Apothecaries' Hall because they did not remit rejected candidates to study, and, inquiries being then made, the Physicians' Committee has thought it necessary to resurrect the regulation and give notice of it, though we have no reason to suppose that it is intended to enforce it any more than it has ever been enforced.

So far as we understand the feeling of the students, we must sympathise with them. We think that the answering of a candidate should be phenomenally bad to justify his being put back for a year and subjected to a fine. Moreover, it seems reasonable to say that the function of an Examiner is to stand in the portal and to refuse to allow anyone to pass who does not show a standard knowledge of his work, but we do not see that it is any part of his business to interfere as to the method by which that knowledge shall be acquired. Furthermore, it seems to be an unsound principle to put into the hands of Examiners, who are for the most part teachers of the subject in which they examine, the power to send back candidates, possibly to their own classes, and to the payment of an additional fee. In our opinion the original regulation of the General Medical Council was wrong, and we see no special reason for its resuscitation.

Special Articles.

WOMEN AND ATHLETICS.

[BY A LADY.]

IN every community there are to be found large numbers of people who raise their voices warningly against all forms of violent athletics for women. Doctors of the old school, medical students who rejoice in the dangerous possession of "a little" knowledge, men and women who were brought up in the days when croquet was considered the limit of what was possible or advisable for the softer sex, declare that rowing, riding long distances on a bicycle or tricycle, and above all, the exercises of the gymnasium, are "most dangerous," and sure to result in ultimate injury. Woman was not intended to jump, climb, run, or exert herself in any violent way; and even though no harm may be actually apparent, it is certainly going on, and will come out sooner or later.

It is strange that these medical theorists cannot apply the knowledge of human anatomy that it is presumed they possess a little more accurately. If women were intended to live a life that comprehended no active exercise, for what reason has Providence furnished them with muscles evidently intended for violent exertion The feminine muscular system is, I am sorry to say, but quarter-developed in nineteen cases out of twenty: that, however, is the fault of the many blunders in dress or hygiene committed by our social system, [not the fault of the original plan, which—as witness the often-quoted sculptures of Greece—is, indeed, a grand one. When we realise the exquisite combination of beauty and strength which is possible for the female form, and compare it with the development possessed by the average society girl, it is impossible not to feel regret. Where, in the modern figure, is the splendid supple curve of back and side that comes from the proper training of the great muscles attached to the spine—where the sweeping rounded *deltoid* that gives such grace to the arm—where the firm elastic waist and springy carriage that are due to abdominal muscles unatrophied and unconfined in steel? You may find them in our gymnasia at the end of a term; or, occasionally, in the person of some accomplished oarswoman or swimmer; but in the large number of cases, the weak backs and waists, lean straight arms, and unshapely necks possessed by women would really lead the casual observer to conclude that athletic exercises were totally impossible to such organisations.

Now, the outcry of "danger" that has in so many cases arisen, with regard to gymnastics, cycling, and the like, is entirely due, in the first place, to such weakly-developed women and girls as the above attempting to start from the same ground as the other sex; and, in the second place, to the injudicious efforts made by a few essentially delicate and feeble women, handicapped by some organic weakness, to keep up with their stronger companions. In such practices, there *is* danger. I have seen a delicate girl whose ambition far exceeded her physical powers, undertake a long trying cycle ride with companions who hardly knew what fatigue was, and as a result, find her health permanently damaged: and I have heard her case cited as an argument why a much stronger girl, in perfect physical condition, should not undertake similar excursions, although she obtained unmistakable benefit from them—such being an example of the wide-spread results of a single piece of folly. I have watched girls in the gymnasium at the beginning of a term, practising after the class was over until exhausted nature actually compelled a stop, and then retiring to the dressing-room to lie down for some time before being able to dress. I have seen novices at golf take up the game with fury, play round after round of a three mile course without stopping, and then wonder why next day brought lassitude and pains in all the limbs. It is such careless acts as these that bring discredit on healthy exercise for women, and give the alarmists ground to go upon when they declare that the gentlest exertions alone are appropriate to the softer sex.

The subject is much too large to consider in its entirety within the limits of a single article; but one form of sport may perhaps serve as an example for the rest. Take the gymnasium. Any reader who has ever gone through a course of gymnastic training will agree with the sentiment expressed by the instructor of the City of Dublin Gymnasium—"Gymnastics are the hardest work in the world"—and yet, when comparing the different experiences of four ladies' gymnasium classes, I can recall no one instance of any injury or strain. I have seen a slightly twisted ankle or wrist, or a bruise, once or twice; but such mishaps as these are amongst the accepted risks of any active exercise. Of course, all the members of a class do not take up the work with enthusiasm; but even those who do—who take a pride in performing difficult feats with ease and grace—invariably find their health, strength, *and looks*—the last an important point in feminine estimation—considerably improved.

The secret of health and safety in all such exercises for women is that which is the motto of every well-conducted gymnasium, and should also be the motto of every feminine beginner in tennis, cricket, rowing, cycling, or swimming—*festina lente*—no hurry. The muscles of the average girl beginner are weak and soft. If she attempts to do her best in any one thing at the outset, she *may* harm herself. A muscle out of condition is very easily strained or torn; a muscle, on the contrary, that has been properly developed by suitable exercise, will stand the utmost stress that the will of its owner can put upon it, with positive benefit. "Don't attempt it after you are tired," is the warning of the teacher, at the outset. "Go on trying till you cannot do it again, and then *try a little longer*," are the directions given to the pupil who has attained some degree of proficiency.

I am not writing from a medical standpoint; it is possible, I have no doubt, to prove out of books—conclusively, to all appearance—that woman was not made to indulge in athletics. It is possible, however, to prove almost anything—on paper. It used to be conclusively proved that fresh air and cooling drinks were most harmful to the fever patient; that chloroform would raise death-rates enormously all round, and that vaccination would ultimately result in transferring some of the characteristics of the cow to the human race. Practice disproved these "irrefragable" conclusions, and it is doing just the same by the old cry of "danger" in reference to feminine athletics. Is it likely, when the subject is impartially considered, that the Providence which designed the marvellous human frame, and gave to both sexes a perfect muscular system, adapted for every movement, would so order things that the legitimate use and development of this system should, for one half of the human race, be fraught with danger? Nature does nothing uselessly, and her laws are inexorable. For the neglect of any one of her gifts she inflicts penalty, as surely as night follows day. Women are only now awakening to the fact that they have been so neglecting one of the greatest of her gifts; let them look round and learn from the health of the savage what the penalties in their own case have been; and from the beauty of the ancient Greek, what the loss. If they learn this lesson and thoroughly, the twentieth century will see a race of women whose grace, beauty, and health will not only transform their own sex, but also, through their duties as mothers, regenerate the world.—Graphis.

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Literature.

MURRELL'S FORENSIC MEDICINE AND TOXICOLOGY.

The "Aids to Forensic Medicine and Toxicology," by W. Murrell, M.D., F.R.C.P. (Baillière, Tindall and Cox, 1894) fills a lapsus in the valuable series of student's guides. Legal medicine is not a subject in respect of which examining boards are, as a rule, severe, but candidates are expected to have mastered the general principles, and these are succinctly set forth in the volume before us in such a way that they can be committed to memory with a minimum of trouble and in a minimum of time. The author has not contented himself with a plain, unvarnished synopsis of the facts—these, or many of them, are detailed in a sprightly, almost sarcastic, style which borders on levity. Doubtless students will welcome this departure from the traditional dry-as-dustness associated with medical jurisprudence, and to be interested in one's work is half the battle. That the little book will prove a success no one who has conned its pages will for a moment doubt, since those for whose sake it was written cannot fail to appreciate its ante-examination merits.

BRODIE'S DISSECTIONS.

"Dissections Illustrated," described as "A Graphic Handbook for Students of Human Anatomy," by Mr.

G. Gordon Brodie, of the Middlesex Hospital Medical School, (London: Whitaker & Co.), is a work in four parts, which is intended to take the place of Ellis's well-known plates, which, though of indisputable excellence, are too large to be portable, and too expensive for individual students. In order to obviate these drawbacks, the plates (drawn and lithographed by Percy Highley), instead of being life-size, are reduced by a third, thus making a convenient and portable volume. It is unnecessary to insist on the extreme value, from an educational point of view, of pictures and diagrams of anatomical parts, though we should be sorry ever to see them usurp the domain of practical dissection. An inspection of Parts I and II shows the plates to be most carefully drawn, and their excellence and artistic finish leave nothing to be desired. The work is published by Whitaker and Co., and the cost is about ten shillings for each part.

ATLAS OF CLINICAL MEDICINE.

We have received Part III, Vol. II, of Dr. Byrom Bramwell's "Atlas of Clinical Medicine" (T. and A. Constable, Edinburgh) which is largely devoted to the clinical feature and pictorial appearances of exophthalmic goitre and acromegaly. The photogravure and outline illustrations give a very clear idea of the deformities associated with these two diseases and in both, the context constitutes a complete and in many respects admirable monograph. Two plates and a corresponding amount of letterpress are devoted to the outbreak of "general exfoliative epidemic dermatitis" described and named by Dr. Savill, late Superintendent of the Paddington Infirmary, with the appearance of which many of our readers must by this time be familiar. The part concludes with a case (illustrated) of unilaterial hypertrophy of the face, as remarkable, not to say unique, in its way as it is deforming. We hope we may infer from the continued issue that this magnificent work has received due support at the hands of the medical profession.

A NEW ENCYCLOPŒDIA OF MEDICINE.

Max Merlin, of Vienna, is issuing in sections a "Bibliothek der gesammten Medicinischen Wissenschaft für Praktische Aertze und Specialaerzte." We have received sections to end of the first volume, and so far it promises to be a complete encyclopædia, giving a comprehensive and exhaustive description of every disease and drug at present known to the profession by the best German authors, each article being arranged alphabetically for easy reference. It is under the editorship of Prof. Drasche, of Vienna, whose literary ability and taste can be traced in its pages. The entire work is divided into two parts. The first comprehending internal medicine, children's diseases, midwifery, and gynæcology; the second, pharmacology, toxicology, and chemistry. The whole work is expected to reach eight or ten volumes, each containing 15 or 20 parts. The first volume is now finished, and when the entire work is complete we doubt not it will fulfil the promise made in the initial section of being the most perfect encyclopædia of medical science in the German language.

THE CHILDREN'S WARD.

The "Tales of the Children's Ward," by Honnor Morten and H. F. Getten (Sampson Low, Marston & Co.), comprise a baker's dozen of unpretentious little sketches illustrating various phases of the existence of a hospital nurse, and introducing sundry characters from among the "small fry" of the East End. They are well written, in a simple pleasing strain, and advantage is taken of the opportunity to direct attention, though in no hostile spirit, to details of hospital administration which admit of improvement. The hospital nurse, of course, is represented as an almost ideal creature, and great as are her merits the authoresses have certainly decked her with an unnecessary amount of literary finery. The tales are well calculated to excite the enthusiasm of unoccupied young ladies who become precociously *blasé* and sigh for sights more stirring than the drawing room or "at home" afternoons, or the Park on Sundays. Even the amiabilities and the troubles of nursing life assume a halo of romance in the hands of the writers, while the more painful incidents of the hospital ward are rendered curiously exciting and even morbidly attractive.

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Novelties.

A NEW ANTIPYRETIC—"MALAKINE."

We have received from Messrs. Woolley, Sons, and Co., of Manchester, a sample of the new antipyretic and analgesic known as "Malakine." This is a light, canary-yellow, crystalline powder, insoluble in water, and consequently devoid of taste. Malakine is closely related to phenacetin, in fact, it results from the combination of phenetedin with salicyl-aldehyde. In doses of 15 grains and upwards it exerts a marked effect in lowering the febrile temperature, and this too without giving rise to any disquieting symptoms in respect of respiration and circulation. Its analgesic and antithermic effects in acute rheumatism are said to be strictly analogous to those of the salicylates, over which it is claimed to possess the unquestionable advantage of not upsetting the stomach. Its administration, moreover, is not followed by excessive perspiration or noises in the ears. We would specially recommend its use in febrile conditions associated with tuberculosis; it constitutes, moreover, an addition to the therapeutical arsenal in migraine, neuralgia, &c. Owing to its being insoluble in water, malakine is best given in the form of *cachets*, beginning with doses not exceeding 15 grains.

KINGZETT'S IMPROVED SULPHUR FUMIGATING CANDLES.

This convenient contrivance, which has for object to facilitate the fumigation of infected habitations, &c., consists of a mass of sulphur contained in a moulded tin receptacle with appropriate arrangements for lighting and maintaining perfect combustion. This is obtained by inserting Brussels net as a wick, which has been chemically treated, and which not only takes fire very readily, but secures an adequate supply of atmospheric oxygen for the incandescent mass. These "candles" are, we understand, largely used by many of the local sanitary authorities for the fumigation of infected rooms and dwellings, infectious diseases hospitals, &c.; they may be also very usefully employed for the extermination of insect pests. In addition they are eminently suitable for use in various trades, as, for example, by brewers for the fumigation of their vats and tuns in order to free them from troublesome secondary ferments, while again for example they can be most usefully employed for the purification of slaughterhouses and butchers' storerooms. The risk of fire is reduced to a minimum, and we can conceive of no more convenient or efficacious means of securing perfect disinfection than these candles afford.

NEW "TABLOIDS."

We have received a fresh batch of tabloids from Messrs. Burroughs, Wellcome and Co., several of which appear to merit special mention. Among the number we may refer to:—

Dermatol Tabloids.—Dermatol, as many of our readers are probably aware, is a basic gallate of bismuth. It was first introduced as an inodorous, non-toxic and efficient substitute for iodoform, but it has been found very useful by internal application in the treatment of gastric catarrh and ulceration, and also in cases of intestinal catarrh. Given in the form of tabloids, which promptly disintegrate, it exercises a soothing and antiseptic effect on the disorganised mucous membrane.

Alumnol Tabloids.—Alumnol, we are told, is a sulphonic acid salt of aluminium. It is readily soluble in water, and possesses very penetrating and astringent properties which adapt it for use in gonorrhœa and in various cutaneous diseases.

Iodopyrin Tabloids.—Iodopyrin consists of antipyrin in which one atom of hydrogen is replaced by iodine. In the stomach iodopyrin splits up into iodine and antipyrin and this decomposition gives the key to its therapeutical effects.

Benzosol Tabloids.—Benzosol is a benzoate of guaiacol. It is both odourless and tasteless, and is reputed to exert a specific influence as against tubercular disease, akin to that well-recognised attributes of creasote and guaiacol. It checks the exhausting night sweats, disinfects the sputum, and improves the general health of the sufferer.

Hypnol Tabloids.—Hypnol is a compound of chloral hydrate and antipyrin, and it possesses, as its chemical constitution would lead one to infer, valuable hypnotic properties. It is especially useful when the insomnia is due to pain of neuralgic (periodic) character, and especially in the class of cases in which the pain or migraine supervenes when the patient retires to rest, also in insomnia associated with a raised temperature as in tuberculosis, &c.

Agathin Tabloids.—Agathin appears to be a valuable addition to the list of anti-neuralgic remedies—in other words, it belongs to the series of analgesics, It is reported to be free from toxic properties and not to give rise to any disagreeable after effects.

Ipecacuanha Tabloids.—We must also mention the tabloids of powdered ipecacuanha from which the emetic principle has been abstracted in order to allow of the administration of large doses of the drug in dysentery and tropical diarrhœa without the disagreeable nausea which necessarily follows the exhibition of the crude drug. Each tabloid contains five grains of the compressed powder.

The Lanoline Soap series has been added to by the introduction of a "Lanoline Pine-Tar Soap," which, to the now well-recognised properties of lanoline, adds the mildly stimulating and antiseptic properties of wood-tar. It is elegant enough for a toilet soap, and active enough for medicinal purposes.

We have also received from Messrs. Burroughs and Wellcome a sample of their "Oil of Eucalyptus." It is stated to be obtained by distillation from the leaves only of the *Eucalyptus Pleosa*. The preparation is highly charged with eucalyptol, and is altogether one of the best of the kind which has come under our notice.

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Medical News.

London and Counties Medical Protection Society.

A meeting of the Council of this Society was held on the 27th February, under the presidency of Dr. G. A. Heron, F.R.C.P. It was decided to remove the Registered Offices after 31st inst. to 12 New Court, Lincoln's Inn, London. Messrs. Le Brasseur and Oakley, of the same address, were appointed solicitors to the Society. A standing "Legal Committee," consisting of ten members, was appointed, to whom matters of a legal or defensive character will be submitted. A committee was also formed for the object of watching Parliamentary proceedings interesting to medical men. A vote approving the prosecution of the Indian oculists was unanimously passed. The question of changing the commencement of the Society's year from May 1st to January 1st was discussed, and a resolution was passed directing the Legal Committee to revise and consider the existing articles of association and report thereon to the meeting of Council in April next. The list of candidates for membership was approved, and all were elected.

Dr. Theodore Thomson has been appointed by the Local Government Board to conduct the inquiry into the proposed erection of an Infectious Diseases Hospital for Richmond on Hounslow Heath.

The International Medical Congress at Rome.

The Hon. Secretary for England, Mr. G. H. Makins, asks us to announce that the South Eastern and the London, Chatham, and Dover Railway Companies have agreed to issue tickets to guests accompanying members at the same rates as to members themselves. The Secretary-General (Prof. Maragliano) has forwarded documents for identification on the journey to all enrolled members; those who have by mistake not yet received the above documents should apply for passes, instructions, &c., to the Secretary to the English Committee, Mr. G. H. Makins, 47 Charles St., Berkeley Sq., London, W. The Secretary to the English Committee issues passes, &c., only to members of the medical profession and their relatives. Persons wishing to join the Congress under Statute 17, as being interested in one of the sections, must apply direct to *The Secretary General, XI International Medical Congress, Rome.*

Medical Society of London.

The following Fellows were elected office-bearers of the Society at the General Meeting held on Monday last (March 5th):—President: Sir William Bartlett Dalby. Vice-Presidents: Dr. Frederick T. Roberts, Mr. Frederick Treves, Dr. Sidney Coupland, and Mr. Henry Hugh Clutton. Treasurer: Mr. Arthur Edward Durham. Librarian: Dr. William Henry Allchin. Honorary Secretaries: Mr. Charles B. Lockwood and Dr. Amand Routh. Honorary Secretary for Foreign Correspondence: Dr. Heinrich Port. Council: Mr. William Anderson, Mr. Henry Frederick Bailey, Mr. W. Mitchell Banks (Liverpool), Mr. Howard Barrett, Mr. William Henry Bennett, Dr. John Syer Bristowe, F.R.S., Mr. G. Buckston Browne, Mr. John Cahill, Mr. F. Swinford Edwards, Mr. E. Hurry Fenwick, Dr. Archibald E. Garrod, Dr. F. de Havilland Hall, Dr. Frederick W. Hewitt, Dr. Edward D. Mapother, Dr. William Marshall, Mr. William A. Meredith, Dr. H. Montague Murray, Dr. Edward J. Nix, Dr. William Pasteur, and Dr. Charles H. Ralfe.

St. Thomas's Hospital.

The following have been selected as House Officers from Tuesday, March 6th, 1894:—Resident House Physicians: A. E. Russell, L.R.C.P., M.R.C.S. (extension); W. J. C. Merry, M.A., M.B., B.Ch.Oxon. Non-Resident House Physicians: F. Pershouse, L.R.C.P., M.R.C.S.; C. W. Windsor, M.A., M.B., B.C.Cantab. House Surgeons: S. W. F. Richardson, L.R.C.P., M.R.C.S.; E. M. Hainworth, B.Sc.Lond., L.R.C.P., M.R.C.S; A. R. O. Milton, L.R.C.P., M.R.C.S.; G. W. Thompson, B.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S. Assistant House Surgeons: J. W. Hewett, L.R.C.P., M.R.C.S.; H. A. Dickson, L.R.C.P., M.R.C.S.; Obstetric House Physicians: Senior, T. W. Hicks, L.R.C.P., M.R.C.S.; Junior, C. S. Jaffé, M.B., B.S.Lond., L.R.C.P., M.R.C.S. Clinical Assistants in the Special Departments—for Diseases of the Throat: G. J. Arnold, L.R.C.P., M.R.C.S. (extension); A. W. Cuff, B.A.Cantab., L.R.C.P., M.R.C.S.; Skin, W. B. Winston, B.Sc.Lond., L.R.C.P., M.R.C.S. (extension); J. R. Carver, M.A., M.B., B.C. Cantab.: Ear. C. W. Cooke, M.D.Lond., L.R.C.P., M.R.C.S.; A. M. Collcutt, M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.

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OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY—Hospital for Women, 2 p.m.—Metropolitan Free, 2 p.m.—Royal London Ophthalmic, 10 a.m.—Royal Orthopædic, 2 p.m. —Royal Westminster Ophthalmic. 1.30 p m.—St. Mark's, 2 p.m. — Chelsea Hospital for Women, 2 p.m. — King's College, 2 p.m

TUESDAY—Cancer Hospital, Brompton, 2 p.m.—Guy's 1.30 p.m.—St Mark's, 2.30 p.m.—Royal London Ophthalmic, 10 a.m.—St. Mary's, 1.30 p.m.—Royal Westminster Ophthalmic, 1.30 p.m. - Westminster, 2 p.m.—West London, 2.30 p.m.—Gordon Hospital for Fistula, &c., (Vauxhall Bridge Road), 2.30 p.m.

WEDNESDAY—Children's Hospital, Gt. Ormond St., 9·30 a.m.—Great Northern, 2 p.m.—London, 2 p.m.—Middlesex, 1 p.m.—National Orthopædic, 10 a.m.—Royal London Ophthalmic, 10 a.m.—Royal Westminster Ophthalmic, 1. 0 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—St. Bartholomew's, 1.30 p m.—St. Peter's, 2 p.m.—St. Thomas's, 1.30 p.m.—University College, 2 p.m.

THURSDAY—Central London Ophthalmic, 1 p.m.—Charing Cross, 1 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 1.30 p.m.—Royal London Ophthalmic, 10 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. George's, 1 p.m.—Chelsea Hospital for Women, 2 p.m.

FRIDAY—Central London Ophthalmic, 2 p.m.—East London Hospital for Children, 2 p.m.—Guy's, 1.30 p.m.—Royal London Ophthalmic, 10 a.m—Royal South London Ophthalmic, 2 p..m —Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomasn (Ophthalmic Department), 2 p.m.—West London, 2.30 p.m.

SATURDAY—Children's Hospital, Gt. Ormond St., 9.30 a.m.—Cancer Hospital, Brompton, 2 p.m., King's College, 1 p.m.—London, 2 p.m.—Royal Free, 9 a.m. and 2 p.m.—Royal London Ophthalmic, 10 a.m.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Bartholomew's, 1.30 p.m.—St. Thomas's, 1.30 p.m.

Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor

Original Articles or Letters intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

N. M.—We are always pleased to publish announcements of births or deaths in the families of subscribers free of cost, but we do not undertake to copy them from our contemporaries.

A NEW MEDICAL PRACTITIONERS' ASSOCIATION.

We read in our contemporary the *Financial Times* that there was registered on the 15th ult. the "Incorporated Medical Practitioners' Association," with a membership of 500, each of whom is liable for £1 1s. in the event of winding-up. Objects: To protect the interests of medical practitioners. Is this another Association framed on the lines of the already existing Defence Unions? No prospectus, so far, has reached us of this new company, nor have we heard anything about it.

A. S. G.—The blocks have been received, and will be dealt with as desired. You will receive proofs for correction in due course.

L. P. D.—The meeting was private and unofficial, and no formal announcement of its being held was therefore deemed necessary.

MEDICAL FEES TO DENTISTS.

Ignoramus asks: Is there any rule with reference to the charging, or otherwise, of fees to dentists by medical practitioners, or *vice versâ*?

[There is no rule, and the practice is a matter of taste. As a general rule, medical practitioners do not take fees from recognised dentists, and dentists accept from medical practitioners only such payment as will recoup them for outlay. It ought, however, to be recollected that the expenditure of time, labour, and material by a dentist is very much greater than by a medical practitioner, and that circumstance ought to be recognised by a small fee or a present.—Ed.]

Meetings of Societies, Lectures, &c.

WEDNESDAY, MARCH 7TH.

London Post-Graduate Course.—Hospital for Consumption, Brompton.—At 4 p.m., Dr. C. Theodore Williams: Diagnosis of Pulmonary Tuberculosis. Royal London Ophthalmic Hospital, Moorfields.—At 8 p.m, Mr. A. S. Morton: Ocular Paralyses. Hospital for Skin Diseases, Blackfriars.—At 1 p.m, Dr. Payne: Ringworm and Vegetable Parasitic Diseases.

Obstetrical Society of London.—At 8 p.m. Specimens will be shown by Dr. William Duncan, Dr. Leith Napier, and others. Dr. R. P. Harris: A Plea for the Practice of Symphyseotomy, based upon its Record for the passed Eight Years (communicated by Dr. Lewers)—Dr. Gow: The Relation of Heart Disease to Menstruation.

West London Hospital (Hammersmith).—At 5 p.m., Dr. Aldren Turner: Some Syphilitic Spinal Lesions. (Post-Graduate Course.)

THURSDAY, MARCH 8TH.

British Gynæcological Society.—Specimens:—Mr. Jessett: (1) Uterus removed per vaginam for Malignant Disease; (2) Uterus removed per vaginam for Multiple Fibroma.—Dr. Purcell: (1) Uterus removed per vaginam; (2) Portion of Uterus removed by supra-vaginal Amputation, both for Malignant Disease. Paper by Dr. Macnaughton Jones: A Gynæcological Question of Importance in Forensic Medicine relating to the Hymen.

London Post-Graduate Course.—Hospital for Sick Children, Great Ormond Street.—At 3.30 p.m., Dr. Lubbock: Selected Medical Cases. National Hospital for Paralysed, Bloomsbury.—At 2 p.m,. Mr Victor Horsley: Surgery of the Nervous System. Central London Sick Asylum, Cleveland Street, W.—At 5.30 p.m., Mr. John Hopkins: Cases in the Wards.

Ophthalmological Society of the United Kingdom.—At 8.3) p.m. Living and Card Specimens at 8 p.m. Mr. Spencer Watson: A case of Interstitial Keratitis with intense Photophobia and Sneezing in a Man of thirty-one years.—Mr. J. B. Lawford: Peculiar Pigmentation of Iris and Conjunctiva.—Mr. H. Work Dodd: A case of Coloboma of Iris and Choroid, with Remains of the Hyaloid Artery.—Mr. Juler: A case of Unilocular Optic Neuritis.—Mr. Cowell and Mr. John Griffith: A case of Circumferential Folding of the Periphery of the Iris with Detachment of the Retina.—Mr. Priestley Smith: Snellin's Shield for Protection of Eye after Operation. Continuation of the Discussion on Mr. Jonathan Hutchinson's paper on School Ophthalmia. Mr. Hill Griffith: Some cases of Orbital Tumours.—Mr. R. Williams: (1) A case of Rapidly Growing Tumour of the Orbit; (2) A case of Epicanthus (with photographs); (3) A case of Double Optic Neuritis.

North London Medical and Chirurgical Society.—At 9 p.m., Dr. Patrick Manson: The Diagnosis of Tropical Diseases seen in London (with lantern illustrations),—Mr. Evans Jones: Tubal Pregnancy—Rupture—Abdominal Section—Recovery.

FRIDAY, MARCH 9TH.

Clinical Society of London.—At 8.30 p m., Mr. Mansell Moullin: A case of Cerebral Abscess.—Mr. Battle: Three cases of Extra-dural Hæmorrhage.—Mr. C. B. Lockwood: Excision of Part of a Dislocated Internal Semilunar Fibro-cartilage of the Knee; Account of Result Twenty-one Months afterwards.—Dr. W. Cayley and Mr. Bland Sutton: A case of Perforation of the Bowel in Typhoid Fever treated by Washing Out the Peritoneal Cavity and Excising the Perforation.—Mr. Christopher Heath: Two cases of Rectangular Ankylosis of the Hip-joint treated by Operation.

London Post-Graduate Course.—Hospital for Consumption, Brompton.—At 4 p.m., Dr. C. Theodore Williams: Varieties of Pulmonary Cavities.

Vacancies.

Bradford Children's Hospital.—House Surgeon. Salary £70 per annum, with board, residence, and washing. Applications and testimonials to the Secretary by March 12th.

Carmarthen Joint Counties' Lunatic Asylum.—Medical Superintendent. Salary £500 per annum, with unfurnished house, washing, &c. Applications and testimonials to the Clerk to the Visitors by 24th March.

County Asylum, Prestwich, Manchester.—Assistant Medical Officer (unmarried). Salary £100 per annum, increasing to £200, with apartments, board, attendance, and washing. Applications to the Superintendent.

Miller Hospital, Greenwich.—Junior Resident Medical Officer. Salary £3) per annum, with board. Applications by March 10th to the Hon. Secretary, from whom particulars can be obtained.

Royal South Hants Infirmary, Southampton.—House Surgeon. Salary £100 per annum, with board and lodging. Applications to the Secretary by March 10th.

Sheffield Public Hospital.—Assistant House Surgeon, also a Junior Assistant House Surgeon. Salary £65 and £50 respectively, with board, lodging, and washing. Applications to Dr. Sinclair White by March 12th.

Tunbridge Wells General Hospital.—Resident House Surgeon. Salary £100 per annum, with board, &c. Applications to the Assistant Secretary at the General Hospital by March 13th.

Appointments

Knight, E., M.R.C.S., L.R.C.P., Junior House Surgeon to the Salford Royal Hospital.

Lodge, S., jun., M.D.Durh., Special Assistant Surgeon to the Bradford Eye and Ear Hospital.

Macevoy, H. J., M.D., B Sc.Lond., Honorary Medical Officer to the Kilburn and St. John's Wood General Dispensary.

Muir, R. D, L.R.C.P.Lond., M.R.C.S., Medical Officer to the Out-patient Department, Miller Hospital, Greenwich.

Nevins, J. E., M.B.Lond, M.R.C.S., Honorary District Medical Officer to the Ladies' Lying-in Charity of Liverpool.

O'Sullivan, Dr. M., Pathologist and Anæsthetist to the Children's Hospital, Temple Street, Dublin.

Palmer, J., L.K.Q.C.P., L.M., L.R.C.S.Irel., Health Officer for Mundoora, South Australia.

Paterson, D. R., M.D., M.R.C.P.Lond., Honorary Physician to the *Hamadryad* Seaman's Hospital, Cardiff.

Sandall, T. E., B.A.Cantab., M.R.C.S., L.R.C.P., House Surgeon at Charing Cross Hospital.

Shears, C. H. B., L.R.C.P.Lond., M.R.C.S.Eng., Surgeon to the Liverpool Eye and Ear Infirmary.

Taylor, G. C., M.A., B.C.Camb., Senior House Surgeon to the Infirmary for Children, Liverpool.

Tomlinson, W. R., L.R.C.S.Irel, Medical Officer of the Townsville Medical Union, Queensland.

Unitt, J. A., L.R.C.P., L.M.Ed., M.R.C.S., Medical Officer for the Quorndon Sanitary District of the Barrow-upon-Soar Union.

Whitfield, D. W., M.R.C.S., L.R.C.P.I., Medical Officer and Public Vaccinator to the Ironbridge District of the Madeley Union.

Marriages.

Kennedy—Cox.—Feb. 28th, at Foggyley, Dundee, James Martin Kennedy, M.D., Aberford, Leeds, to Annie Elizabeth, second daughter of William Cox, of Snaigow, Dunkeld.

Mortimore—Hudson.—March 1st, at St. James's, Camberwell, James Anning, M.R.C.S., L.R.C.P., to Maud Mary, fourth daughter of Augustine Henry Hudson.

Deaths.

Edwards.—March 1st, at Fairfield House, Kingsclere, Septimus Edwards, M.R.C.S., aged 68.

Holt.—Feb. 27th, at Savile Row, London, W., Barnard Wight Holt, F.R.C.S., aged 77.

Jacob.—March 1st, at 12 Park Street, Leeds, Ernest Hy. Jacob, M.A., M.D., aged 44.

O'Reilly.—March 4th, at 13 Cambridge St., Hyde Park, W., the infant son of Brigade-Surgeon Lieut.-Colonel T. O'Reilly, Army Medical Service.

Orr.—Feb. 23th, Surgeon-General Geo. Frederick Orr, Madras Army, Retired, aged 43.

Savile.—Feb. 23rd, at Nafferton, Hull, Robert Savile, M.D.Edin., M.R.C.S., aged 60.

Vinen.—Feb. 23rd, at Gordon Road, Ealing, Edward Hunt Vinen, M.D, F.L.S., aged 79.

Wheeler.—Feb. 26th, at 11 Museum Terrace, Chelmsford, Daniel Wheeler, M.R.C.S.Eng., L.S.A., aged 75.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY, MARCH 14, 1894. No. 11.

Original Communications.

THE ADMINISTRATION OF ANÆSTHETICS CLINICALLY CONSIDERED (a).

By JOSEPH WHITE, F.R.C.S Ed.
Nottingham.

ABOUT 40 years ago, I laid before the Nottingham Medico-Chirurgical Society an analysis of several hundred cases of chloroform administration, and shortly afterwards I read at the Leicester meeting of the Midland Branch of the British Medical Association a paper "On the Action of Chloroform" which was published in the *British Medical Journal*, in June, 1857.

In those two papers I endeavoured to give as far as I then knew, a short exposition of the physiological action of chloroform and other anæsthetics. Some of the views which were then advanced, a longer experience has led me to modify, whilst in others a wider and longer observation has but enabled me to confirm them.

I did not keep a permanent record of my earlier cases, but up to the present date the number of cases of which I have kept very brief but accurate notes amount to 7,055, viz., chloroform, 4,049; ether, 798; nitrous oxide, 691; methylene bichloride, 79; amylene, 5; A.C.E. mixture, 1,433; which I have almost entirely used for many years.

I have therefore thought that after this lengthened period of time it might be of interest if I were to submit for your consideration some of the conclusions which more extended observations have enabled me to form.

It is now so many years since the introduction of anæsthetics in surgical practice that I am afraid but few of us can remember the intense interest with which they were received, and if time had permitted I might have glanced for a few moments (I think profitably even now) at that epoch in the history of surgery as it fell under my own observation during the years of '47 and '48; for it is curious to look back to the days of the first employment of ether, and to call to mind the varied and contradictory effects which were attributed to it even by the leaders of the profession.

I was just about leaving Edinburgh in the early part of '47 when Simpson made his first experiments with anæsthetics which led to his introduction of the use of chloroform.

On the 19th of January (just a month after the first use of ether as an anæsthetic in England) Dr. Simpson administered it in a case of labour and found that it was capable of relieving the uterine pains without interfering with the process of parturition. He employed it largely with almost uniform success, and in the medical periodicals of the time he strongly advocated its use. He was, however, dissatisfied with the objectionable smell and exciting effects of ether, and he sought for an anæsthetic which, if possible, should be more easily administered, and after various trials he found it in the then little-known substance chloroform.

The advantages claimed for chloroform by Simpson were generally admitted, *except as regarded its supposed safety.*

Several cases presenting dangerous symptoms were soon reported, and on the 28th of January, '48, the first case of death clearly attributable to chloroform occurred in the neighbourhood of Newcastle, and which at the time caused the greatest interest and excitement. This was the case of Hannah Greener a healthy girl of 15, to whom chloroform was administered for the removal of a toe-nail. About a teaspoonful of chloroform was given on a folded napkin, and the patient *was seated in a chair by the fireside.* The death was sudden and the time that elapsed from the first inhalation to death was under three minutes. Post-mortem examination revealed no disease except slight congestion of the lungs and an empty condition of the left cavities of the heart.

In the next month, on the 23rd of February, a second death, under similar circumstances, was reported from Cincinnati, in America. This was the case of a healthy woman, æt. 35, who went to a dentist's to have two or three stumps of teeth removed, had about ʒij of chloroform administered whilst seated in a dentist's chair and in two minutes was dead.

Here again on post-mortem examination all organs were found healthy, except a slightly congested condition of lungs, with a flaccid state of heart and an empty condition of all its cavities.

Various explanations were attempted to be given of the cause of these deaths, and blame was attributed to the mode of administration and to the want of experience in the administrator.

On the 30th of June, however, a case occurred which at once aroused the apprehension of the profession to the great danger attending the use of chloroform even in practised hands.

One of the earliest and most extensive administrators of ether and chloroform (I think he was the first who gave ether successfully in this country) was Mr. Robinson, a dentist in Gower Street, who had written largely upon their use, and who, it was stated, had himself administered anæsthetics in dental and other operations between 3,000 and 4,000 times.

On the 30th June, '48, Mr. Walter Badger, of Rotherham (a young solicitor, æt. 22, and son of one of the coroners for Yorkshire) called upon Mr. Robinson to have two or three stumps extracted, and wished to have chloroform. He was seated in the dentist's chair and had about 1½ drachms of chloroform given to him—and in less than one minute he was dead.

At the post-mortem the lungs were found perfectly healthy, but the heart was fatty, especially at its apex, and the liver was considerably enlarged.

In all these early cases of death under chloroform it was to be noted (and for *this* reason I have been anxious to refer to them here) that death took place without any warning, very soon after the commencement of inhalation, and when the patient was in a *sitting* posture; and that the operations were of a trifling kind.

During the next few months other cases of death under chloroform were, from time to time, reported—2 more in England, 2 in France, 1 more in the United States, and 1 in India, occurred during the first year of its use—all as sudden, and all unexpected; all for trifling operations; and all in apparently healthy people.

(a) Abstract of Paper read at the Medical Society of London, Feb. 19th, 1894.

Post-mortem examinations revealed no morbid changes other than congested lungs (sometimes very slight), and a flaccid and partially empty condition of heart.

Great efforts were therefore naturally made to investigate both experimentally and clinically the physiological action of chloroform; and one of the most assiduous investigators was the late Dr. Snow, whilst important experiments on its action were made at the same time by several others.

The effects of chloroform (and of most other anæsthetics also) as observed in ordinary cases of inhalation, may I think, be practically divided into four stages:—

1. The period of continued consciousness.
2. „ semi-consciousness.
3. „ sleep.
4. „ coma and threatened death.

In the 1st period, according to the above division, a patient will generally retain perfect consciousness of all that is going on around him for some little time after administration has commenced. He will tell you his sensations, and will frequently inform you that the anæsthetic is failing in its effect, for he feels no difference. In this stage the pulse is generally quickened and sometimes feeble—the face flushed—the respiration hurried for a few moments, then slow, and sometimes voluntarily suspended, but the patient still perfectly understands all that is said to him.

Even this preliminary stage is not free from danger, and in most of the *early* cases of death from chloroform it occurred in this stage. In the case of Mr. Badger, he died in less than one minute from the commencement of inhalation, and during a state in which he had been perfectly conscious up to a few seconds before his death. He remarked to Mr. Robinson, "It is very pleasant," his hand and head dropped, and he was dead. Such was the case also in other of the deaths. In Dr. Snow's table of 50 examples of the earliest deaths under chloroform, 9 of the patients died within the minute after the commencement of inhalation, and 4 of them within a few seconds.

In this stage too, the element of *fear* may become a very important factor. A patient, in face of an operation, knows, and not unfrequently overestimates, his danger; and he may (I will not say frequently, for it is really surprising how seldom such occurs even in the most nervous people) approach the operation in an almost fainting condition from sheer dread. A fainting heart, fainting already from sustained nervous tension, faints outright in the preliminary stage of narcotism, and a very small quantity of chloroform may under such conditions prove fatal. Several deaths of this kind have been reported; and though I have never seen a death occur under these (or any other) circumstances, I have seen *several* cases in which most alarming syncope has occurred—purely the result of fear—and hence the great importance of promoting to the utmost of our power the confidence and courage of a patient in the prospect of an operation.

With the commencement of the *second* period, consciousness becomes clouded. A dreamy state occurs in which a patient may become talkative, incoherent, excited—and will frequently struggle, sometimes violently. He will raise himself upon the bed in spite of every effort to restrain him, and his face will be flushed or livid from his exertion. He will hold his breath for several seconds, and then fall back upon his bed, prostrate and almost pulseless. It is not surprising therefore, to be told that in *such* condition danger and even death may supervene. A considerable number of the deaths recorded have been in this period of administration, and it was only a few months ago that such a death occurred in one of the hospitals in the South of England.

In this stage also, though generally a little later on, *sickness* will very frequently occur, almost *certainly*, unless care has been taken to cause the patient to abstain from food for 3 or 4 hours previous to inhalation.

There are, I think, few symptons that are more trying to the administrator than this sickness under chloroform. The great and sudden prostration, the rapid failure of pulse, the blanched countenance with the profuse clammy perspiration, indicate a condition of syncope which is always a very anxious one. This sickness moreover, generally comes on just as a patient is becoming unconscious, and just as an operation is about to be commenced. The sickness thoroughly rouses him to sensibility, though in a state of great collapse, and after a brief interval of rallying, during which vomiting again and again occurs, inhalation has to be cautiously renewed:—and of course under very unfavourable conditions.

At the *end* of this second period a remarkable set of symptoms occur. The patient gradually becomes tranquil—the breathing becomes regular, natural in depth and frequency, and the pulse general firmer and of normal rate.

He is now *un*conscious of what is passing, but may be readily aroused, and the conjunctival reflex is still active. The eyelid if raised falls again, and the eyeball slowly rolls from side to side. The pupil (and this I look upon as a most important guide) which up to this time has generally somewhat dilated, now gently oscillates between dilatation and contraction, and these remain contracted almost to a point. If, when the pupil is thoroughly contracted, the eyelid now be raised, it does *not* fall again, and the eyeball is perfectly motionless. The conjunctival reflex is *completely* abolished, and the patient passes into a condition of *perfect sleep*.

(This oscillation and contraction of the pupil which accompanies the abolition of the conjunctival reflex I look upon as an almost unerring guide. I have not found it fail in 1 per cent. of my cases.)

I have termed this third period "The period of Sleep." I believe it is a condition of *perfect* sleep—a condition analogous to that of *natural* sleep—except that so long as the action of the anæsthetic is maintained the patient cannot be awakened *suddenly*.

In this condition an operation, however painful, may be painlessly performed; and by assiduously and carefully watching the state of the respiration, of the pulse, and especially of the *pupil*, I believe that this condition, when once attained, may be prolonged almost indefinitely, and with very little danger.

Unfortunately we know little of the true physiology of natural sleep and, notwithstanding the various theories which have been at different times advanced, we still know *very* little of its causes; but the researches of different observers during the last few years have taught us so much of its *objective* signs that I think we may, in this way, fairly compare it with what we observe in the narcosia of anæsthesia.

In *natural* sleep, of course, the nervous system, as a whole, falls into a quiescent condition. Its functions are curtailed and some of them abolished; whilst those which persist are carried on in a modified manner, and in a diminished degree.

The psychical centres in the convolutions of the brain, so active during waking moments, are in sleep at rest; and consciousness and volition are in abeyance.

In *natural* sleep, also, the motor and sensory centres partake of a like tranquility. The sensory centres become incapable of perceiving slight or ordinary sensations, while their corresponding motor nerves respond in a slow and imperfect way; and the great nervous centres in the medulla oblongata, which are mainly concerned with the carrying on of respiration and circulation are, so far as is compatible with life. asleep.

The spinal cord, too, is less active, and reflex movements can only be produced in response to more powerful excitation than when awake.

In short, the Brain, the Ganglia, the Medulla, and the Cord are gradually thrown into a state of repose; and the functions of life are carried on with the smallest possible expenditure of force.

I have called the fourth period "The period of coma and of threatened death."

If, after obtaining the condition of sleep, we push the administration of an anæsthetic to a still greater degree we produce the following symptoms. The pupil from being fully contracted gradually dilates until it is very widely so, the eyeball remaining fixed and utterly insensible to touch. The breathing becomes stertorous. The respirations become slow, often from 6 to 8 per minute slower than when in the state of sleep; then shallow, irregular, and almost entirely diaphragmatic. The heart acts for a time laboriously, then more slowly, and more and more feebly. The muscles become more and more relaxed, then a profuse cold perspiration, the sphincters lose their power, and death ensues; generally the respiration ceasing before the pulse, but occasionally the pulse and respiration apparently ceasing simultaneously.

In short, the state of sleep of the third stage passes into a state of so-called coma, and death supervenes with symptoms similar to those we observe in apoplexy.

This stage in the human subject of course rarely goes on to death, for the administration would not be likely to be prolonged to a fatal issue, but more than one case has been reported in which death has been clearly attributable to this degree of narcotism.

I have never carried the administration of chloroform far into this fourth stage, except for the reduction of dislocations or for the application of taxis in hernia, but I have even here, although on the active look out for them and endeavouring to guard against them, met with cases showing *most alarming symptoms*, and requiring very prompt treatment for the recovery of the patient.

The course of symptoms, however, *even unto death*, was shown in a marked and unvarying manner in Sibson's experiments upon the lower animals. One of the chief objects of the experiments of Sibson, Dr. Percy, and Dr. Glover, and later on of Snow and Richardson, was to determine if possible whether the deaths from anæsthetics were primarily attributable to interference with respiration, or to failure of the heart's action, and as a consequence, what should be the appropriate means to be adopted in case of accident.

They found that in cases of *rapid* death, *i.e.*, in cases where a *large* dose had been *suddenly* given to an animal and death had followed very quickly after the commencement of administration, the action of the heart was invariably the first suddenly to fail; whereas, in the *slow* and sustained administration of chloroform, the respiration failed first, though at the same time the heart's action was depressed almost to syncope, and Sibson entertained the idea that, as the heart is the first organ of the body to be fed with the blood charged with chloroform from the pulmonary veins, therefore it would be the first organ to succumb under the sudden influence of the anæsthetic, and would, of necessity, feel the influence before the respiratory muscles felt it.

At Sibson's suggestion, in the early part of 1851, I made some experiments upon the difference in the amount of chloroform in the blood after rapid and gradual administration, and found that in an animal killed by the *sudden action of an overdose*, the blood of the carotids and femorals, as estimated by Durvy's process for the detection of chloroform contained little more than two-thirds the amount of that obtained from an animal to which chloroform had been given *slowly*, to the extent of producing *safe* anæsthesia. Death was not the result of the *amount* in the circulation, but of the *sudden* action of a lethal dose.

For more than thirty years, the same question has been attempted to be solved, both by individual workers, and by the combined efforts of authorised committees.

It will be remembered that the Hyderabad Committee arrived at the following conclusions:—

1. That the administration of chloroform is free from all risk provided that the breathing be perfectly regular throughout, and that inhalation be stopped as soon as the subject is fully under its influence.

2. That chloroform *never* causes death by sudden stoppage of the heart.

3. That death from chloroform is always the result of an overdose.

4. That danger of the overdosing is enormously increased by holding the breath; by struggling; or by anything which causes gasping inspirations. And

5. That the inhibitory action of the vagus nerve, which is called into play in threatened or actual poisoning with chloroform is an important safeguard against a fatal result.

Had time permitted I should have been glad to have said a few words on each of these points, but though in the main agreeing with most of the deductions arrived at by the Hyderabad Commission there is one point on which I must very strongly differ from them.

The Commission maintain that it is not only *un*necessary to have regard to the condition of the pulse during the administration of an anæsthetic, but that it is *positively wrong to do so;* as we then divert our attention from the only point of importance—the watching of the respiration.

I also cannot attach too much weight to *the most jealous and constant watching of the breathing;* but I am quite sure that a great, and I believe an *equally* important warning of approaching danger may be gathered from the rapid enfeeblement and flickering which (as far as my own experience has gone) has almost invariably ushered in the crisis of danger.

There need be no difficulty in watching the cirulation at the same time as we watch the respiration during inhalation; and I feel that it would be most dangerous teaching to utterly disregard (as the Commission desire to disregard) the important warning frequently given by the pulse.

CONCLUSIONS.

As I have already suggested, I think we should, as a preliminary step, endeavour by every possible means to encourage a patient in the prospect of an operation —to remove any undue fear—and to render him tranquil at the time of administration.

For three or four hours before the use of an anæsthetic no food should be taken, unless it be a few spoonfuls of liquid nourishment, or vomiting, with its ill consequences is almost sure to take place.

The patient should always, if possible, be placed in an horizontal posture. All tight clothing should be carefully set free or removed, and the neck and chest of the patient relieved of the slightest pressure. The undivided attention of the anæsthetist should be given to the patient during the whole period of administration.

The patient should be kept as quiet and cheerful as possible when inhalation is begun. There should be no noise about him, and he should never be spoken to or disturbed until sleep takes place.

Inhalation should be commenced very gradually, beginning with a free admixture of atmospheric air, and the proportion of anæsthetic vapour slowly increased.

If struggling occurs, we should admit more air or remove the inhaler. When struggling subsides, we should gradually resume the anæsthetic and endeavour to maintain regular breathing until the period of sleep is reached.

We should carefully watch the state of pupil, which is generally that of moderate dilatation until the conjunctiva begins to be insensible. Then the pupil oscillates between dilatation and contraction, and the eyeball slowly rolls in its orbit.

The eyeball then becomes fixed; the conjunctival reflex becomes more and more feeble, and then disappears. The pupil will now be found to be fully contracted, and the condition of *sleep* is attained.

This condition of sleep can be kept up for a considerable time. As soon as there is full contraction of the pupil the inhaler should be removed, and gently reapplied if the pupillary contraction passes off and the eye begins to move. This renewed movement of the eyeball and diminishing contraction of the pupil invariably usher in returning consciousness.

The movements of the pupil and of the eyeball and the conjunctival insensibility, *pass off in an inverse order to that of their accession*, and afford the most accurate guide for any necessary renewal of the anæsthetic.

An operation should never be commenced until this condition of sleep is reached. The slightest disturbance of a patient, either by noise, or by a slight puncture, or by movement, will so rouse him as to render him dreamy and excited, and will generally produce a depressing action both on the respiration and the pulse.

If stertorous breathing should occur, with fixed eye and dilated pupil, inhalation should immediately be stopped.

We should never, if possible, attempt to rouse a patient suddenly from his sleep by slapping, &c. The free admission of air to the apartment, and to the face and cheek of the patient, and if necessary, gentle application of ammonia to the nostrils, are the best restoratives in ordinary cases of *excessive* anæsthesia.

And lastly, we should *most carefully watch the state of respiration and pulse*, and the condition of the pupil and aspect of the countenance during the whole period of inhalation, and if the respiration or pulse fail we should have immediate recourse to artificial respiration, free admission of air, and application of ammonia to the nostrils, and, if necessary, we should gently but regularly maintain artificial respiration for at least half-an-hour.

I may just add that I believe there is, as stated by the chloroform committee of the Royal Medical and Chirurgical Society, a considerable advantage in the use of mixtures of ether and chloroform over that of chloroform alone.

I have for many years employed the A.C.E. mixture almost exclusively, and have given it in nearly 1,500 cases. It is certainly less depressing than chloroform, and not appreciably more irritating to the pulmonary mucous membrane. I have so far never seen any but the most favorable results from its use, and I cannot help feeling that it is decidedly more free from danger than chloroform by itself.

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A
FORM OF DYSPHAGIA,
ASSOCIATED WITH CHRONIC ALCOHOLISM.

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Three cases, suffering from a condition, of which I have seen and can find no description, have come under my care in the past eight years. The three patients were all women, about 60 years of age; all had been in the habit of drinking undiluted whisky for many years; all had the same symptoms, viz., a gradually increasing difficulty in swallowing, solids being first rejected, and subsequently fluids; all terminated in death. In one case I was able to satisfy myself by a carefully made post-mortem examination that no organic obstruction existed in the pharynx or œsophagus; in the other two cases the passage of a full-sized bougie enabled me to exclude organic stricture with certainty. The following are notes of these cases:—

Mrs. N., æt. 60, complains of difficulty in swallowing loss of flesh, and weakness.

History.—She has noticed a difficulty in swallowing solid food for two months, and latterly as soon as any fluid has entered the back of the throat, it causes coughing, and is expelled in a very short time through nose and mouth.

The patient has always been a very healthy woman, is the mother of eight children, the youngest being 18, and has always had to work hard. For many years she has taken whisky regularly, though not in large quantities at a time, and is said never to have been intoxicated by it. Her custom has been to take the *whisky undiluted*, and as much as three or four glasses a day. She has lost almost two stones in weight since the commencement of her illness.

Present State, Nov., 1884.—Patient is a thin emaciated woman who does not appear to be so old as she says she is. On examining the various organs of the body no disease can be detected, the heart, lungs, and liver, and digestive organs being apparently healthy. The tongue is slightly coated and moist. The pharynx appears to be normal; the movements of the soft palate are perfect, and on introducing the finger into the pharynx nothing unusual is detected. A drink of water causes coughing, and is almost immediately expelled through her mouth and nose. On attempting to pass olivary-pointed œsophageal bougie I failed, after a fair trial, to get it past the level of the cricoid cartilage.

Diagnosis.—An opinion to the effect, that the patient was suffering from a stricture of the œsophagus at the level of the cricoid cartilage seemed to me the only one possible. Treatment consisted in the administration of fluid nourishment, milk, beef-tea, oysters, raw eggs, with lemon juice, &c. Under this treatment the patient did not improve, and soon was unable to swallow anything but raw eggs. Several attempts I made to pass a bougie failed, and an effort to introduce a small nasal tube into the stomach was attended by no better success.

In March, 1885, as she was steadily getting feebler and thinner, I suggested gastrostomy, but she refused to have any operation performed. Death from starvation occurred on May 1st, 1885.

Post-Mortem.—The body is exceedingly emaciated. The various organs are apparently quite healthy, there being no macroscopic evidence of disease. The œsophagus, removed entire and slit open, shows no trace of any stricture, narrowing, or infiltration, and looks quite healthy. The mucous membrane of the pharynx is smooth and glazed.

Case 2.—Mrs. B., æt. 67, complains of difficulty in swallowing.

History.—For many years she had to be careful how she took food, as it was apt to get in some "false passage" at the back of the throat, causing her to choke. When this occurred, to obtain relief she was compelled to pass her finger down her throat and produce retching to bring it back. Liquids could be swallowed without discomfort until a few weeks ago. She had been in the habit of taking "whisky neat" for over twenty years, though only in small quantities at a time.

Present State.—April 4th, 1888. Patient is weak and emaciated. All the organs of the body appear to be healthy. Solids stick in her throat, and cause choking. Milk is taken slowly and in sips until about an ounce has been swallowed, when some of it (about one-third) is returned by retching. The finger passed into the throat reveals nothing. The pharynx and soft palate appear normal.

Bearing in mind the previous case, I attempted to pass a full-sized olivary bougie, but it was checked at the level of the cricoid cartilage.

By exerting firm steady pressure for some time, the obstruction yielded, and the bougie passed on into the stomach. It was withdrawn with ease, but the bulbous end was tinged with blood.

Treatment.—For a time I fed the patient with a catheter passed down her œsophagus, but she soon tired of this manner of living, and was satisfied to exist on what fluid nourishment she could succeed in swallowing.

May 19th.—She is confined to bed, and is much emaciated and feeble, for she can swallow nothing without causing cough and suffocation.

May 26th.—After being unconscious for twenty-four hours, she died. No post-mortem obtained.

Case 3—Mrs. T., æt. 59, complains of weakness and difficulty in swallowing.

History.—For sixteen years, since the cessation of menstruation, she has been subject to attacks of *petit mal*, occurring from four to eight times a day, and rarely at longer intervals than a week. For many years she has had a difficulty in swallowing solid food. In January, 1892, owing to excessive weakness, she took to her bed, and has been unable to take any form of solid nourishment. Until fourteen days before her death, she could swallow liquids with comparative ease. She has been accustomed to take brandy or whisky undiluted for sixteen years, but never in large quantities at a time.

Present State.—May 5th, 1892.—Patient, who is confined to bed, is very thin, and has lost over two stones in weight since her illness began. All the organs of the body appear healthy, though her mind is evidently weak. She is only able to take fluid nourishment, and that with difficulty. The pharynx and soft palate appear normal. I tried to pass a full-sized olivary bougie, but in this instance also it was checked at the level of the cricoid cartilage, and only passed on into the stomach after continuous pressure had been applied. As in the last case the bougie was easily withdrawn.

Treatment.—The patient was fed on fluids until within three days of her death. She became comatose and was unable to swallow anything. She died on May 20th, 1892. No post-mortem was allowed.

Remarks.—These cases seem to me worthy of record from the difficulty in their diagnosis. The symptoms, the age of the patients, the obstruction met with, and its position are so suggestive of malignant stricture, that a mistake might readily be made. It is easier to say what it is not the cause of the condition than what it is.

There is no organic obstruction, as proved by the post-mortem examination in Case 1, and the possibility of introducing, with patience, a bougie in the other two cases, yet there is obstruction of a very definite sort, for liquids were retained for a while, and then regurgitated, frequently with force, and the bougie met with marked resistance.

The only explanation that I can offer is that there is inco-ordination with spasm of the muscles concerned in deglutition, chiefly affecting those employed during the third stage, when the tract common to the air and food is passed. Is this due to abnormal afferent impulses conveyed to the deglutition centre produced by alterations in the sensibility of the mucous membrane of the gullet, or by a neuritis affecting the afferent fibres of the nerves forming the pharyngeal or œsophageal plexuses, the result of the imbibition of raw spirits? Such an explanation would seem not to be beyond the bounds of possibility for cases are recorded in which a small ulcer of the œsophagus causing no alteration in the lumen of that tube occasioned such definite obstruction that death resulted from starvation.

Gastrostomy, not necessarily permanent, by giving rest to the irritated tissues, and allowing of the administration of sufficient supplies of nutriment to keep the patient alive for a long enough time to permit of recovery, appears to me to be the best treatment if artificial feeding fails to bring about a rapid improvement, as it did in the cases recorded.

Since writing the above, I have received the following notes of a case that closely resembles the three cases I have described, from Dr. R. Taylor Manson, of Darlington: "I was consulted some months ago by a patient who suffered from severe dysphagia when anything solid was attempted to be swallowed. There was also very severe gastric pain, vomiting and emaciation. For the last ten and a half years, there has been, to my knowledge, a daily and excessive use of whisky. I am not aware, however, that it was drunk absolutely "neat, but certainly with but little water. I saw him several times, and eventually diagnosed stricture of the œsophagus. There was mitral obstruction with cardiac hypertrophy, and the area of hepatic dulness was greatly increased. The pain and dysphagia increased, fluid food was vomited, hæmatemesis occurred, and death.

A post-mortem examination was made, but no stricture of the œsophagus was present."

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NOTES ON SOME OF THE ITALIAN SPAS AND HEALTH RESORTS.

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In view of the approaching meeting of the Eleventh International Medical Congress in Rome, the following notes of my former and more recent visits to several of the Italian summer health-resorts and Spas may probably interest those readers of the Medical Press and Circular who intend then visiting the Eternal City, and may also, perhaps, serve to direct the attention of others to some of the numerous mineral waters of Italy, which are not sufficiently appreciated by British physicians and their travelling patients. These thermal springs, as was long since remarked by Dr. Gardiner, are chiefly met with in the valleys situated on the Mediterranean side of the Apennines, which circumstance is probably connected with the position of the volcanoes and other evidences of subterranean igneous action in that part of Italy.

Commencing our tour through the Italian watering places in Lombardy, the first of these Spas that we meet with is Acqui, an ancient looking town situated on the Bormida in a picturesque mountain district thirty miles from Genoa, within an hour's journey by train from Alexandria, and containing among other vestiges of its former importance a cathedral dating back to the twelfth century, besides remains of far greater antiquity in the Roman Baths and Aqueduct, bearing inscriptions attesting its celebrity from time immemorial as a health-resort. At present, however, the town, though still possessing a population of about 10,000 inhabitants, and containing four thermal establishments and a couple of excellent hotels, has little to attract the visitors beyond the fame of its baths and waters. The latter, which belong to the class of sulphuretted saline springs, originate in the limestone rock and chiefly owe their therapeutic efficacy to the volumes of sulphuretted hydrogen gas, which, together with a small amount of sulphates of soda, lime, and magnesia, oxide of iron, and traces of other salts, they all contain in variable proportions. Of the thermal sources, the warmest, viz., the "Bollente" in the Piazza de Ghetto, has a temperature of 124°, and though deadly sulphurous in odour is perfectly clear and limpid, and so fully mineralised as to be used by the housewives of Acqui for their domestic and culinary purposes. To all the mineral springs of Acqui the observation applies that although inferior in chemical strength to most other mineral waters of the same class they are nevertheless remedies of considerable efficacy in suitable cases when employed in the manner here adopted, viz., mixed with the soil through which they rise, in the form of mud-baths. For this purpose the *humus*, or mineralised peat worked into a semi-fluid consistence is collected in small tanks into one of which the patient enters and lying down is completely immersed, with the exception of the head, in this pultaceous black broth at a temperature as high as it can be borne for about three-quarters of an hour, after which a warm bath of the mineral water is administered. The first effect of these baths is to excite a strong determination of the blood to the surface which becomes so vividly red as to remind the bather of the action of boiling water on a lobster. Soon, however, a profuse perspiration breaks out, which renders it dangerous for the patient to expose himself to the open air for a considerable time after the bath. The therapeutic influence of this application is most evident in chronic rheumatic arthritis, indolent tumours, and intractable cases of secondary syphilis as well as rheumatism. Few but real invalids are to be met with in Acqui, and even of these there are comparatively few foreigners as the town itself offers no inducement for the mere tourist.

II. Abano.—The next Spa in our itinerary is Abano, the birthplace of Livy, now a mere village, which also lies in the same fertile province of Lombardy as Acqui. Small as the place is, the bath establishment and the accommodation for visitors are both excellent. The waters issue from the foot of the Euganean hills, off spurs from the northern declivity of the Apennines, and belong to the class of hot sulphur springs, containing also muriate and sulphate of sodas. There are several sources, the hottest of which has a temperature of 101°. Besides the waters, the mud of Abano like that of Acqui is used medicinally. This *humus* is taken out of the hot springs and having been exposed to the air for a long time, so as to bring it down to an endurable temperature it is used for local and general baths, after which it is alleged, with what truth I know not, that the mud so employed is again returned to the fountain for fresh use. The effects of these mud baths are stimulating and rubefacient, and differ little from the baths of Acqui already described.

III. Pisa.—The mineral waters of Pisa have been used medicinally since the middle of the twelfth century, and the present bath establishments are apparently more than a hundred years built. The thermal source rises from a calcareous spar rock at the foot of Mount St. Julian, where within an area of seventy paces, there are no less than twelve thermal springs which vary in temperature from 106° to 81°. They all belong to the class of thermal saline waters, and leave a calcareous incrustation in the walls, and even in the baths, and a pellicle of the same character consisting of salts of lime and magnesia floats on the surface of the water when left undisturbed in the baths for a day.

The Pisan mineral waters are used internally in cases of jaundice and other hepatic complaints, in chlorosis, in dysentery, and dyspepsia attended with pain. The warm baths are employed in the treatment of gout and rheumatism, impaired power and enlargement of the joints, also in chronic ulcers and skin diseases, and in some obstinate cases of chronic neuralgia.

IV. Lucca.—From Pisa, a journey of less than an hour by the "Strada Ferrata Livornesi," brings us to Lucca, five leagues from which are the baths of the same name. They are situated at the foot of Monte Corsena in one of the prettiest valleys in Tuscany. The watering place itself consists of a long street of handsome hotels, shops, and lodging-houses, and nothing seems left undone to render it one of the most agreeable residences in Italy. There are several bathing establishments in the vicinity of the principal sources, one of which is reserved for the poor gratuitously, and the charges of all are moderate. The supply of water from these sources is very abundant, and they differ little from each other except in temperature, in which they vary from 88° to 133°. The principal mineral constituents of the Lucca waters are the sulphates of magnesia, lime, and alumina, together with smaller quantities of the carbonates and chlorides of the same bases, and also silicate of iron, and traces of iodine and bromine.

Some of the bath-houses of Lucca have been in use since the sixteenth century, when this place was one of the most fashionable Spas in Europe. Since that time the soothing and sedative properties of the mineral waters of Lucca have widely extended their employment in the treatment of cases of chronic rheumatism, leucorrhœa, catarrhal affections of the urinary organs, dyspepsia, and some cutaneous eruptions.

Tuscany contains many other mineral springs, besides Pisa and Lucca, as for instance, Monte Catino, between Lucca and Pistoia. The two principal sources are both muriated saline waters, having temperature respectively of 68° and 86°. They contain sulphates of lime and alumina, muriates of soda and carbonic acid, but in such different proportions that one source, that known as the "Tettucio," is strongly purgative while the other, the "Bagnuola" source is only slightly aperient. The latter is the source generally prescribed, and is used chiefly in chronic enlargements of the liver, over which it exercises a powerful influence resembling that of the Carlsbad Spa. Monte Catino, eighteen miles from Lucca, also possesses thermal saline waters, which are much resorted to in cases of chronic, hepatic, and gastric disorders, dyspepsia, dysentery, gout, and rheumatism, whilst near to Florence are the warm springs of San Casciano, and in the same department, the sulphurous waters of Volterra, with several others.

V. Spas near Rome.—In the *Compartimenti di Roma*, or within the limits of the old Roman states, the only mineral springs which I have had an opportunity of visiting were the warm saline waters of Civita Vecchia and the Campagna, which also abounds in hot sulphurous springs, whilst at Virterbo and Porretta are similar sources, the latter of which may be here briefly referred to. This spa is strongly sulphuretted and highly charged with carburetted hydrogen gas, a circumstance of which the guides often take advantage to startle unscientific visitors by approaching a torch over the well, on which the gas takes fire, and a luminous vapour floats over the water. Besides their sulphurous constituents, the sources of Porretta contain a great quantity of organic matter and salts of lime and soda, with traces of iodine. The taste is bituminous and nauseous, and the temperature varies from 86° to 100°. The action of Poretta water is strongly purgative and diuretic. It is used internally as well as in baths, in the treatment of enlargements and congestions of the abdominal viscera, and in chronic skin diseases.

VI. Neapolitan Spas.—Few readers of The Medical Press and Circular who purpose attending the Roman Meeting of the International Medical Congress will, I trust, fail to avail themselves of the facilities afforded for visiting Naples, which may be reached in five hours by express train from Rome at a cost of little more than a guinea. That fee is one certainly well worth paying, even for the briefest glance at a city that, as I have elsewhere said, has long been esteemed as the *beau ideal* of all that is beautiful in situation or delightful in climate. "Veder Napoli è poi Morir" is a familiar Italian proverb which was well rendered by a too little known medical poet (Dr. Wm. Beattie):—

"Look but on Naples, say her bards, and die!
  Or living, never hope to see again,
Campania's garden, or Salerno's sky—
  So rich in all that maketh monarchs vain,
That schools the sage, or fires the poet's eye,
  And sooth to say who sees her will retain,
In his mind's eye a gorgeous soil and clime,
  The last to vanish with the lapse of time."

As seen from the bay, Naples presents the aspect of a vast triangle, the base of which rests on the shore, and the apex is placed at Capo di Monte. The city is divided into nearly equal parts by the Strada Toledo, or *via* Nazionale and its continuation, the Strada Nuova di Capodimonte, which intersects it for close on three miles. The lower part, formed by small narrow streets, extends towards the eastern side of the bay, and on the other side, which lies above, and parallel to the shore, towards Posilipo, contains the best quarters, the Chiatamone, Santa Lucia, and the Chiaja. The population now amounts to upwards of 500,000 inhabitants.

Nowhere is a clear understanding of the topography of a place more necessary to the study of the climate than in Naples, for in no other place that I am acquainted with does the difference in the exposure of two contiguous quarters effect so marked an alteration in their salubrity. So great indeed are the differences in soil, position, and aspect between the different parts of the city that Naples has been said to possess two perfectly distinct and separate climates, of which the western, or more elevated, part is exposed to the harsh, cold north-west wind, while the eastern side, or that lying along the plain, is protected from the north, but fully exposed to the relaxing, moist and warm southerly winds. One of the advantages which Naples has over some of the Mediterranean health resorts —in other respects, perhaps, better suited for the winter residence of invalids—is the superiority of the living, which is a most important consideration for the valetudinarian. Moreover, Naples contrasts favourably with other places frequented by invalids in the number and variety of resources for passing time agreeably which it possesses, and the opportunities which it thus affords of withdrawing the attention of the valetudinarian from his ailments.

Beyond the city extends on every side a country unequalled for the beauty of its scenery, as well as in the historic interest attaching to each spot. And within its limits nothing has been left undone by man to adapt to his tastes and pleasures the paradise which Nature has given him to inhabit. The most magnificent churches, extensive museums, numerous palaces, libraries, theatres, and gardens are all here collected together. "If Naples," says Forsyth, "be a paradise inhabited by devils, I am sure it is by merry devils. Even the lowest class enjoy every blessing that can make the animal happy—a delightful climate, high spirits, and a conscience that gives no pain. Their tatters are not misery, for the climate requires little covering; outdoor life is not misery to them that are born in it; and a few fingerings of maccaroni wind up the rattling machine for the day."

The influence of climate over the mind as well as the body is well illustrated here, for if it be true, as it doubtless is, that the gloomy and foggy atmosphere of London is impressed on the sombre and colourless faces of her citizens, it is no less certain that the clear, warm, invigorating air of Naples cannot be long inhaled without benefit by the "malade imaginaire."

It is no part of my intention, however, on this occasion, to expatiate further on the oft-recited beauties of this most charming of southern cities, or on its advantages as a winter climate in certain cases, which I have elsewhere fully described. My present object is merely to invite the attention of medical visitors very briefly to a couple of the less generally appreciated summer health resorts, or mineral waters that abound in the Neapolitan district. Of these spas the most celebrated is Castellamare, occupying the site of the ancient Stabiæ. The town is built along the seashore, and is sheltered by Monte St. Angelo from the east wind. Facing as it does the west, it thus enjoys a great amount of shade, and is protected from the excessive glare and heat of the mid-day sun, so distressing in summer on the opposite side of the bay.

The mineral waters of Castellamare enjoy a great reputation with Neapolitan physicians in the treatment of chronic gout and rheumatism. Four of these sources contain salts of iron, the principal of the chalybeate springs being the "Acqua Ferrata" rising in the Strada Cantieri. Four of the wells are saline, their chief ingredients being muriate and sulphate of soda, with chloride of calcium, and four are sulphurous and chalybeate, containing sulphate of iron, with a large volume of sulphuretted hydrogen gas. These springs, although so distinct in character, all rise within a small area at the base of the hill on which the town stands.

The physiological and therapeutic action of the Castellamare mineral waters are, as is indicated by the foregoing classification, necessarily very different. The ferruginous springs, especially the "Acqua Ferrata del Pozzillo," are very powerful chalybeates. The "Acqua Media" is a saline aperient not unlike Seidlitz water in taste. The action of the four sulphurous springs need not be here described, being similar in effect to other waters of the same class, and are used in the treatment of chronic skin disease and arthritic affections.

Off the opposite shore from Castellamare lies Ischia, the largest island in the bay of Naples, nearly twenty miles distant from the city and two miles from Procida. Recently this island has been rendered very accessible by the railway to Cumana, from the terminus of which at Torre-Gaveta steamers run daily to Ischia.

On every side this place presents the most unmistakable traces of the volcanic convulsions of which it has from time immemorial been frequently the scene, and by the last of which it was devastated eleven years ago. Through its whole circumference, moreover, the evidences of the same forces are apparent in the physical conformation of the island, which appears chiefly composed of trachytic and lavic rocks on the side of one mountain alone, viz., Monte Epomeo, twelve separate volcanic cones may still be traced. This mountain, which gives Ischia its peculiar pyramidal aspect, rises in the centre of the island, in successive series of highly-cultivated terraces, to a height of between two and three thousand feet.

As one of the most fashionable and coolest summer retreats from the intensifying heat and relaxing atmosphere of Naples in the dog days Ischia has at all times been much in vogue. But whilst still maintaining this reputation the island has, however, for some time past become comparatively deserted by the throng of health seekers who were formerly attracted to the hotels of Casamiccola and Lacco by the fame of the more than twenty different mineral springs—saline, sulphurous, and chalybeate—here in use, and many of which must now be spoken of in the past rather than to the present time. A very brief reference to some of the most celebrated of these sources, most of which were in the vicinity of the two towns just named, will suffice to conclude this article.

Within the last couple of years, however, Ischia has once more become known as a health resort but of a different class to that in which it was formerly included, inasmuch as aided by a subsidy of 40,000 lire offered by the Italian Government to the first hotel proprietor who rebuilt his establishment the newly reopened hotels Pithecusa and Piccola Sentenella are now unavailable. These hotels are frequented even more in the winter than during the summer season on account of the climatic advantage of the island which enjoyed a peculiarly mild and genial climate, although of a somewhat relaxing character, and hence is suitable as a winter sanitarium for some classes of invalids. As yet, however, its advantages in this way are hardly sufficiently established to require any further observation in these notes, which may be concluded by a very brief reference to some of the formerly popular mineral and thermal sources with which Ischia abounds, and sufficient accommodation for visitors to which may be obtained in either of the above mentioned hotels or in the re-opened hydropathic establishment.

The most important of the Ischia mineral waters are those of the vicinity of Casamicciola, a place which is now best known in England in connection with the two catastrophies by the last of which, in 1883, the town with the villages of Lacco and Foria and the neighbouring mineral springs were almost completely destroyed, and by which upwards of 2,000 visitors then perished, was charmingly situated on a rising ground near the sea, and at the time of my first visit contained one of the oldest and finest convalescent hospitals in Europe, viz., that founded in 1600 by the Montedella Misericordia, one of the religious institutions of Naples for patients discharged from the city hospitals.

Of the springs in this locality the principal one, viz., *Gurgitello*, rising at a temperature of 157°, in the Val Omberoso near Casamicciola and chiefly containing muriate of soda, with sulphates of soda and lime, and a large amount of carbonic gas was principally employed in baths in the treatment of chronic rheumatic arthritis, periostitis, and sciatica. The Acqua de Citara, near Foria, though having very similar chemical constituents but with a lower temp. (115°) than the Gurgitello, was mainly employed as a saline laxative and alterative internally, and once had a high reputation with Neapolitan practitioners in the treatment of chronic uterine hyperæmia and mammary and other glandular enlargements.

The Acqua d'Olmitello contains soluble salts of soda, lime, and magnesia, together with free carbonic acid gas, and is employed in renal and urinary disorders, cutaneous affections, and some hepatic diseases.

The Acqua di Cappone, as its name implies, resembles Wiesbaden water in its similarity of flavour to weak chicken broth. The temperature is 98° and it differs from the Gurgitello principally in strength. The chief use, however, as its ancient name "Acqua del Stomacho" implies, is in dyspepsia and chronic gastro-intestinal affections.

The "Acqua di Bagno Fresco," an alkaline water of the same character as the last described spring near which it rises, like Schlangenbad or Wildbad, and with as much truth, is said to possess the property of rendering the skin white and soft, being therefore especially favoured by patients of the fair sex, as well as in some cases of eczema and other chronic cutaneous diseases.

Besides these mineral and thermal sources Ischia also derived much celebrity from time immemorial from the therapeutic reputation of its natural vapour baths, or "Stufe" situated in the mound of lava near Lucco, which were heated by steam rising at a temperature of 130° through crevices into two small chambers in the mass of lava. These were chiefly employed in cases of chronic rheumatism, and rheumatic arthritis, strumous glandular enlargements, and some cutaneous affections of the same class.

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Selected Prescriptions and Therapeutic Notes.

80.—For Ozæna :—

℞ Ol. anisi, }
Creosoti, } āā ♏ xx ;
Vaselini ad. ℥j.

M.

Introduce into each nostril a small quantity of the application and inhale deeply while holding the other nostril.

La Semaine Médicale.

81.—An Eyewash in Cases of Purulent Ophthalmia :—

℞ Acidi boricis, ʒiss ;
Chlor. hydratis, ʒii ;
Acid. salicylatis, gr. xx ;
Lot. acid, carbolici, (1·100) ad ℥viij.

M.

At frequent intervals the eyes must be washed with the solution, and compresses soaked in it must be kept continually applied to the eyes.

82.—Guaiacol in Diabetes.—Dr. Clemens (Frankfort-on-Maine) has obtained excellent results in the treatment of cases of diabetes by means of guaiacol. Doses of from six to ten minims of the drug are administered three times a day in a tablespoonful of milk. Under this treatment, in the majority of cases, a progressive diminution in the glycosuria and polyuria takes place, sometimes even the sugar entirely disappears, and the general condition of the patients becomes greatly improved.—*La Semaine Médicale.*

83.—Glycerine of Creosote, to be used as a parasiticide :—

℞ Creosoti, ♏ iij ;
Glycerini, ad ℥j.

M.

84.—Embrocation for Sciatica :—

℞ Tinct. cantharidis, ʒss ;
Liq. ammoniæ fort. ʒiss ;
Ol. terebinthinæ, ℥ij ;
Ol. olivæ, ad ℥viij.

Ft. Lin. To be rubbed in twice daily.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, March 9th, 1894.

The President, Mr. J. W. Hulke, F.R.C.S., in the Chair.

Mr. C. Mansell Moullin related a case of a

BOY, ÆT. 14, CAME AS AN OUT-PATIENT TO THE LONDON HOSPITAL COMPLAINING OF INTENSE HEADACHE DUE TO A BLOW UPON THE RIGHT MASTOID REGION, SOME WEEKS BEFORE. AN ABCESS WAS FOUND AND OPENED (SUPERFICIAL TO THE PERIOSTEUM) WITH RELIEF.

A week later the boy returned with the same symptoms in an aggravated form, and was admitted. The abscess which had closed up was re-opened, and the periosteum incised, again with relief. Five days later the pain reappeared with drowsiness, restlessness, and other signs of cerebral pressure. The mastoid antrum was trephined and examined, but nothing was found inside it. It was not washed out as there was no disease of the ear. After this the boy appeared perfectly well for ten days ; then all the symptoms returned in an aggravated form with optic neuritis in addition on the right side. The skull was trephined over the temporo-sphenoidal lobe ; no pulsation was detected ; the dura was healthy, but bulged upwards, into the wound. A trocar and cannula were inserted in various directions without result. The bone was then removed from over the cerebellum and an exploration carried out there with equal want of success. Finally, a few drachms of fluid were drawn off from the descending corner of the lateral ventricle through the temporo-sphenoidal lobe and pulsation returned. Twenty-four hours after the patient died comatose. At the post-mortem there was no middle ear disease or inflammation upon the right side of the head or brain. In the left temporo-sphenoidal lobe was a very old encysted abscess, with some cohesions to the dura mater over it. Nothing else abnormal was found. Attention was directed to the fact that the abscess must have been latent for a very long time and suddenly roused into activity by the blow, and to the peculiar circumstances that the intense pain was three times relieved by a small operation upon the right side of the head when the real cause must have been the abscess on the left ; and it was pointed out that in future relief obtained by washing out a mastoid antrum cannot be regarded as evidence that the cause of the pain lies on that side of the head.

The **President** observed that abscess of the brain was not always associated with a rise of temperature.

Mr. **Arthur Barker** observed that patients' statements as to the absence of discharges from the ears ought not to be implicitly believed. He referred to the case of a man admitted on Monday last with symptoms of cerebral pressure. He had aspirated the brain and the cerebellum with negative results, but since then the symptoms had subsided, and the man so far appeared to be doing well.

Mr. **Clutton** pointed out that the trocar was not of much use in exploring for pus in the brain, and he mentioned a case in which careful exploration had failed to reveal pus, yet after death abscesses were found in the temporo-sphenoidal lobe and in the cerebellum.

Mr. **Moullin**, in reply, referred to a case in which he had explored without finding pus, yet three weeks later, after death, they had found an abscess occupying almost the whole of one cerebral hemisphere.

THREE CASES OF EXTRA-DURAL HÆMORRHAGE.

Mr. **Battle** read notes of three cases of extra-dural hæmorrhage which had been operated on by him during the past few months and they formed an interesting series. The first was the case of a woman, æt. 59, admitted to St. Thomas's Hospital with compound depressed fracture of the skull and compound comminuted fracture of the os calcis and astragalus. Temperature 95·4°. There was some oozing from the fracture of skull, but nothing to indicate the presence of the large clot of blood which was found at the operation, excepting the marked shock. No paralysis or even inequality of pupil. Operation was done for the depressed fracture. The clot found had compressed the right hemisphere to such an extent that no expansion followed the removal of the clot and she returned to bed with a large depression of the right side of the brain. The shock gradually passed off and no symptoms of unfavourable return developed. The leg was saved, although some sloughing of the wound followed, this was not accompanied by suppuration, and she left after a residence of 35 days. She is now able to walk, wearing a head and side iron. The second case was that of a boy, æt. 5, admitted to St. Thomas's Hospital and operated on two hours after his accident, a fall on the head from a coster's barrow. There had been no interval of consciousness. There was a baggy bloody swelling in the scalp extending from the temporal region upwards and backwards towards the longitudinal sinus marking the site of a simple fissured fracture of the skull. He was quite motionless and could not be roused, pupils equal and reacting to light. Then twitchings developed in the eyebrows, left ala nasi, left side of the mouth, afterwards in the left arm and leg. There was some twitching in the right side but less marked. The pulse was full and slow. At time of operation, pulse full and slow, right pupil the larger, but acting to light. No conjunctival reflex, no response on pricking with a pin. The diagnosis was fissured fracture of vault with extradural hæmorrhage. Operation was done by semilunar flap, insertion of blade of Hoffman's forceps in fissure, the edges of which were separated at head by 1-8th of an inch, removal of sufficient bone, and application of ligation of silk to wound vessel (anterior branch of the middle meningeal artery) by means of needle passed through the dura mater round it. The anterior end of the fracture ran forwards into the orbit. Recovery was perfect. In the third case the patient, a big strongly built man, was admitted to the Royal Free Hospital after a recent fall from a scaffold. There was a fissured and slightly depressed fracture in the right parietal region. No loss of consciousness. Drowsiness, unconsciousness, deepening into complete coma with left hemiplegia, and dilatation of the right pupil, a purple condition of the face, embarrassed respiration with much sweating developed. Immediately after the man was seen by Mr. Battle, operation was performed, and a large blood clot found over the right side of the cerebri. Much bleeding went on during the necessary manipulations. Bone was removed forwards and on failure to find the bleeding point the opening was extended backwards. There was an opening in a large vein of the dura mater ½ inch from the superior longitudinal sinus, near the posterior superior angle of the parietal. This was closed with a silk ligature passed by means of a curved needle. Another opening from the head from which venous blood flowed, no longer permitted escape after application of forceps. There was no expansion of the brain and the man died 4 hours later, not having recovered consciousness. The hæmorrhage in this case was very severe; and the bleeding point most difficult to find and secure; before death the temperature rose to 103·6°.

Mr. Croft observed that the great question was to know when to intervene and when to hold one's hand in the absence of symptoms pointing to pressure over the motor area, as in the author's first case. He referred to a case of his in pre-Listerian days in which he cut down and removed a large clot from a man's skull with success in spite of the absence of antiseptic precautions.

Mr. Kesteven supposed that psychical disturbances would equally indicate the necesssity for intervention.

Mr. Eve suggested that it might be possible to ascertain the circumstances under which the pupils in these cases were sometimes dilated on one or on both sides, and he hoped that means might be found to enable them to distinguish between hæmorrhages outside and within the dura mater.

Mr. Battle briefly replied.

A CASE OF EXCISION OF A PART OF A DISLOCATED INTERNAL SEMILUNAR FIBRO-CARTILAGE OF THE KNEE, WITH AN ACCOUNT OF THE RESULT TWENTY-ONE MONTHS AFTERWARDS.

Mr. Lockwood said that although a fair number of cases of dislocated semilunar fibro-cartilage had been operated upon, there was need of information as to their results. A report upon cases which have been done was much needed. Information as to the result nearly two years after the operation was given in the present instance. The patient was an engineer by profession who injured the knee at football. Nothing could be felt, but the joint was apt to lock under circumstances which entailed danger to the patient's life. Pain was felt on pressure over the internal semilunar fibro-cartilage, which also seemed too movable, and had probably been injured. The joint was opened by a vertical incision and the anterior third of the internal semilunar fibro-cartilage was found to have been torn from all its tibial attachments. It was removed and the remainder was sewn down to the tibia. The operation was followed by a slight attack of synovitis, and the patient was up at the end of a fortnight; a month later he walked thirteen miles. Subsequently after football he had an attack of synovitis, but no locking; indeed, the joint has not, he said, locked since the operation, and is perfect for wrestling, running, swimming, or bicycling. He is afraid, however, to play tennis or football, because he fears a sudden twist. The case, therefore, ought not to be considered a perfect cure, although a cure must have occurred in some instance. Mr. Lockwood considers that as asepsis is easy in the case of the knee, that the operation is attended with a small risk and very little anxiety.

Mr. H. Allingham said he had opened the knee-joint 35 times, in 12 he had sutured the semilunar cartilage, in 13 he had removed it altogether. Only one of the cases went wrong and had a resulting stiff joint. Cases of rheumatic arthritis often derived benefit from opening the joint, even though nothing further was done.

Mr. Croft recalled that he had read a paper on this subject in 1888, in which he had recorded the first case of deliberate removal of the internal semilunar cartilage.

Mr. Mansell Moullin said he had sutured the cartilage twice, but in one case all the symptoms returned in six months. He had removed the cartilage five times. He wondered what use this cartilage was. According to Mr. Sutton, it was the rudimentary remains of diseased muscular attachments. When injured, therefore, it was best removed, for its removal did not seem to entail any inconvenience.

Mr. Bland Sutton urged that because a structure did not appear to be necessary that alone was not a sufficient justification for removing it.

Mr. Moullin pointed out that his remark applied only to the injured cartilage.

Mr. Lockwood, in reply, said that if only slightly detached it might safely be sutured to the tibia, but if much damaged it ought to be removed At the same time he would not like to remove it without unless injured.

Dr. Cayley and Mr. Bland Sutton on a case of

PERFORATION OF THE BOWEL IN TYPHOID FEVER TREATED BY WASHING OUT THE PERITONEAL CAVITY, AND EXCISING THE PERFORATION.

The patient, a young man, æt. 25, was seized with symptoms of perforation about the twenty-fourth day of what seemed to be a mild attack of typhoid fever. Previously there had been no diarrhœa or other symptoms of intestinal ulceration. There was sudden excruciating pain in the lower part of the abdomen, vomiting and collapse; his temperature fell to 97°, and his pulse became extremely small, there was great tenderness over the belly and there seemed to be signs of the presence of gas in the peritoneal cavity. The conditions appeared favourable for operative interference, though the fever had run rather a protracted course, the type had been mild, and before the perforation the patient's strength had been well maintained. From the absence throughout of diarrhœa or other intestinal symptoms, we might infer that the ulceration was slight in amount, and probably chiefly situated rather high up in the ileum, where it would be more easily accessible. I think I have observed that the lower down the ulcers, the more severe is the diarrhœa. It is usually most severe when the ulceration extends into the large intestine, next when it is chiefly about the ileo-cæcal valve, least when, as is sometimes the case, it is mainly in the higher part of the ileum. Though these ulcers are very liable to perforate. Moreover, as this was about the twenty-fourth day of illness, we might hope that the fever was drawing to its termination. Accordingly, five and a half hours after the accession of the symptoms, the collapse having passed off, Mr. Bland Sutton, who was assisted by Dr. Berkeley, opened the abdominal cavity by an incision, 8 cm. long, in the linea alba, between the umbilicus and symphysis; the rectovesical pouch was found full of a brown turbid fluid which had escaped from the bowel, and bubbles of gas were being given off. On withdrawing a coil of intestine from the pelvis, a perforation was found in the centre of an oval ulcer, the outline of which was plainly apparent through the intestinal wall. In the adjacent mesentery a large pink gland was visible, no other ulcers were seen. The ulcer was excised by an oval incision, and the cut edges of the mucous membrane were drawn into apposition by a continuous silk suture, and then the serous surfaces were brought together by eleven Lembert's sutures, the peritoneal cavity was freely irrigated with warm water, and the stitched portion of the gut was laid immediately under the wound in the abdominal wall which was then closed in the usual manner. The operation lasted nearly an hour, a considerable portion of which time was occupied in washing out the peritoneum. At the end of the operation, the patient was much collapsed, but gradually rallied and lived till the sixth day, but ultimately passed into a typhoid state, with great prostration and rambling delirium. Some leakage of gas took place, and consequently, the central stitch of the abdominal incision was removed to allow a free vent. He was at first fed by nutrient suppositories and enemata, but subsequently, took liquid food by the mouth, and had a craving for solid food. He suffered a good deal from hiccough. He passed urine and motions without difficulty, and the last two days had diarrhœa, which seemed to be one chief cause of the final fatal prostration. He suffered no pain, and there were no signs of peritonitis. Permission was obtained for a partial examination. The sutured section of bowel was adherent to the edges of the incision through the abdominal wall. Fluid could readily be made to gurgle through this portion of the gut by pressure on the intestine above without any leakage taking place. The escape of gas was due to the sloughing of a stitch exactly in the middle of the suture. The perforation was situated twelve inches above the ileo-cæcal valve. The shock of the prolonged operation no doubt diminished the patient's chances of rallying, and in any future attempt it would probably be better not to excise and suture the ulcer, but after washing out the peritoneal cavity to attach the perforated bowel to the abdominal incision, and leave a fistula which could be dealt with subsequently.

Mr. H. **Allingham** said he had once attempted this operation, but the gut broke down on being touched, so he brought the perforated gut to the abdominal wound, but the patient died.

Mr. **Eve** recalled that five cases recorded at the Congress of American Surgeons, and all had proved fatal.

Mr. **Battle** asked what was the mortality of perforation in typhoid if left to itself? Senn had collected seventeen cases, of which four were said to have recovered.

Mr. **Goodall** said this particular case was a favourable one for operation. In his last twelve post-mortems on typhoid perforations he was sure that no surgical measures would have had a chance of success.

Mr. **Bland Sutton** pointed out that the operation ought only to be attempted under very favourable circumstances and he hoped that surgeons would not operate under any other circumstances. If in this case he had adopted the plan of making a temporary artificial anus he thought the patient would have had a better chance of recovery. The proper time to operate was just when the patient had rallied from the collapse. The perforated intestine would generally be found in the pelvis, where he had found it in this case.

Dr. **Burney Yeo** pointed out that had the patient recovered there would probably have resulted stricture of the gut where sutured.

Dr. **Cayley** admitted that patients might sometimes recover after perforation, but this must be regarded as impossible when there was much extravasation.

The **President** announced that, as a consequence of the plethora of papers and the fact that the next meeting fell on Good Friday, which was a *dies non*, the Council had decided to hold a meeting on the 30th inst., of which due notice would be given in the journals.

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ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Pathology.

Meeting held Friday, February 16th.

The President, Dr. **Scott**, in the Chair.

EXHIBITS.

Dr. C. B. **Ball** exhibited a fresh specimen of tubercular peritonitis.

Dr. E. H. **Bennett** showed a specimen of fracture of base of skull, which had been accompanied by the unusual symptoms of maniacal delirium.

Dr. E. H. **Bennett** exhibited a specimen of osseous union of a fracture of patella, associated with fracture of femur, and attributed the completeness of the osseous union to the presence of the latter lesion.

Dr. **Myles** asked did the two fractures occur simultaneously. He also alluded to Professor M'Ewen's theory, by which he explained the frequent want of osseous union in fractured patella. The atmospheric pressure was supposed to force the aponeurotic structures in front of the patella between the fragments.

Dr. **Bennett**, in reply, stated that he considered it quite possible, and even probable, that the two fractures occurred simultaneously. He considered that the explanation of frequent non-bony union was separation of the fragments. There was always plenty of fluid effused into the joint to lift up any aponeurotic structures which might have fallen in.

MEDIASTINAL TUMOUR (COLUMNAR-CELLED CANCER).

Dr. **Finny** exhibited a specimen of this rare variety of intra-thoracic tumour. It was taken from a man, æt. 65, who had complained of weakness and emaciation for two years, and for three months before death of hoarseness and cough, with a small quantity of muco-purulent sputum. On admission to Sir Patrick Dun's Hospital, the left vocal cord was partially paralysed without any tumour or inflammatory disease of the larynx: an enlarged gland was to be felt in the right and left supra-clavicular regions, and a comparatively dull note on percussion was present over the manubrium. Œdema of the right neck and arm, then of the left and thorax set in, while the lower half of the body and legs were unaffected. and general cyanosis of the face, with great varicosity of the surface of the chest, pointed to great obstruction of the superior cava. The œdema almost entirely disappeared during the last fortnight of the patient's life.

The diagnosis of mediastinal tumour was confirmed by the autopsy, which revealed a very large hard tumour filling the anterior mediastinum and extending back to the front and left side of the trachea. Its lower limit was the apex of the pericardium and its lateral the adjoining lungs, to which it was slightly adherent. Its structure was tunnelled by the arteries springing from the arch and by the ascending and transverse portions of the aorta without the involvement of these vessels in the growth, but the veins were compressed and the descending cava just above the opening of the v. azygos was narrowed so that a No. 12 catheter could just pass. The roots of the lungs, the trachea, and bronchi were all free of disease. The left pneumogastric nerve ran through the malignant growth, and was widened and flattened, but the recurrent laryngeal could not be dissected out of it, although its course past the tumour was readily demonstrated.

The microscopic examination of hardened and stained specimens made by Dr. Earl showed the nature of the growth to be columnar-celled cancer with a considerable amount of fibrous stroma. It was impossible to decide on its origin; the probability was that the thymus gland was its starting point. Dr. Finny referred to the rarity of this form of mediastinal tumour, and to the greater frequency of lympho-sarcomata of which at first this case was supposed to be an example.

The section then adjourned.

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EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, March 7th.

Dr. R. **Blair Cunynghame** in the Chair.

Patients.

Mr. **Cotterill** showed:—1. A patient from whom he had excised half the tongue for malignant disease with a very perfect result. The remaining half had so rotated in the mouth as to simulate a healthy organ.

2. An elderly man from whom he had excised part of the larynx also for malignant disease. He performed a preliminary tracheotomy, in which he used Trendelberg's tracheotomy tube, a form of tube which he said was of the greatest value in preventing even a drop of blood from reaching the lungs. The patient, who had the greatest part of one vocal cord left, could speak intelligibly, if somewhat indistinctly.

3. A young girl who developed an intussusception at the splenic flexure of the colon and in whom inflation with air or injection with water proved unavailing. He cut down in the middle line and very easily reduced the intussusception by pushing, not pulling, out the invaginated piece of bowel.

Dr. **Byrom Bramwell** showed two patients, one suffering from lupus, the other from ichthyosis, undergoing treatment with thyroid extract, who had already been shown to the Society. The result of the treatment had been very remarkable and satisfactory. In the ichthyosis case it was a noteworthy fact that mental trouble in this patient had arrested the progress of the cure, and in fact for a day or two had made the condition very considerably worse.

THE MICROSCOPIC PATHOLOGICAL CHANGES IN THE BRAIN.

Dr. T. S. **Clouston** gave a long and interesting demonstration of the microscopic pathological changes found in the brain and its membranes in insanity. It was illustrated by a most excellent series of sections and microphotographs, partly made by himself and partly by his assistants, Drs. Middlemass and W. F. Robertson. Beginning with the cerebral membranes, he showed on the screen photographs, first their normal and then their abnormal appearances. He then illustrated the same with regard to the blood vessels, especially calling attention to the nuclei in their walls and the close connection with the so-called vascular process, or as he thought, processes of Deiter's cells. With regard to the large pyramidal cells, he showed specimens of the granular degenerations found in them in general paralysis and chronic alcoholism. Two of the most interesting plates depicted the one, the pyramidal cells of the cortex in a new-born infant, the other the same cells from the brain of an idiot from birth. The cells were strikingly similar in appearance, in both being small, of a nondescript shape, and with very few and badly developed processes. Very distinct representations of Deiter's cells become under pathological conditions spider and scavenger cells were shown, one specimen especially, stained by Golgi's method, showing the processes of two of these cells remarkably clearly, and what is more, indicating that there may be more than one vascular process from each cell. Dr. Clouston gave a short indication of what he thought might be the use of these cells and their processes, stating as a hypothesis that the vascular processes might serve as channels through which nutrient material elaborated from the blood in nuclei of the cells of the vessel walls was conveyed first to the spider cell and thence by its other processes to the lymph spaces round the nerve cells themselves. In conclusion a series of slides illustrating the various stages of general paralysis and of alcoholic paralysis were shown.

Dr. **Batty Tuke** proposed that a vote of thanks should be given to Dr. Clouston for the demonstration. He thought that neurologists now had a fair idea of the arrangement of the cells of the brain, and that now they must direct more attention to the connections between the cells.

Drs. **Leith** and **Gulland** also spoke.

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HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, March 1st.

The President, Mr. **George Eastes**, in the Chair.

Dr. **Silk** read a paper on

THE USES AND MISUSES OF ANÆSTHETICS.

After alluding to the fact that it was in 1844 that Mr. Horace Wells first used nitrous oxide for producing anæsthesia, and that the introduction of ether and chloroform followed soon after, Dr. Silk said that he thought that in the present year and in the Harveian Society it was particularly appropriate that the names of Wells, Norton, and Simpson should be remembered. With regard to the uses of anæsthetics he thought that it would be universally conceded that these were (1) relief of pain; (2) diminution of shock; (3) that they had contributed more than anything else to the advances which had recently been made in the surgical art. With reference to their misuses, Dr. Silk considered that there were grounds for believing in the growing tendency to the formation of "a chloroform habit." That even if anæsthetics were not actually given too frequently, at anyrate they were often given without sufficient weight being attached to the risks incurred. That he could not agree with the conclusion arrived at at the end of 1889 by the so-called Hyderabad Commission that "chloroform anæsthesia is free from risk," but thought on the contrary, that as it was an unnatural process, more or less danger attached to all forms of anæsthesia, and that it amounted to a misuse to administer a more potent when a less powerful drug would suffice; he also drew attention to the fact that in the years 1888 and 1889 the total death-rate from anæsthetics in England was 33 and 38 respectively, the chloroform death-rate for each year being 32, whereas in the two following years the totals went up to 42 and 69, and the chloroform rate to 36 and 62. Dr. Silk thought too, that inattention, and overdoses were undoubted misuses, and dilatory induction and under anæsthetisation nearly as bad errors of mal-administration, and the existence of these troubles afforded a powerful argument in favour of the recognition of the systematic teaching of anæsthetics as a necessary part of the medical curriculum. He agreed with Mr. Christopher Heath in deprecating the "exaggerated slowness of modern surgery," but again disagreed with the so-called Hyderabad Commission in the pronouncement that "chloroform and shock were incompatibles." He thought on the contrary that shock was seldom completely abolished under any anæsthetic, or in any stage of necrosis, though much might be done to mitigate the evil by subjecting the patient to a careful preparatory *régime*, taking care not to underfeed him, and if necessary to give a nutrient enema just beforehand.

The **President** remarked that the several degrees of anæsthesia were accompanied by danger, and some anæsthetics notoriously more so than others. He arranged them in an ascending series thus:—(1) Local anæsthesia, including refrigeration by ice, chlor-ethyl, or ether spray, and cocaine; (2) nitrous oxide gas; (3) A.C.E. mixture; (4) ether; and (5) chloroform. He considered it a misuse to employ an anæsthetic of the more dangerous description where one less risky would suffice. Again, it was a misuse to produce a deeper degree of anæsthesia than was required for the operation on hand. And lastly, it was a misuse to continue the anæsthesia longer than was absolutely necessary.

Mr. T. R. **Atkinson** insisted on the importance of students receiving adequate instruction at the London hospitals in giving anæsthetics. Patients heard so much about the advantages of anæsthetics that general practitioners found that they insisted on being anæsthetised for very trifling operations, even when they could not pay for the services of an expert. He thought also that rest in bed for a day or two rendered the use of an anæsthetic much safer, when this was at all feasible.

Mr. **Rickard Lloyd** emphasised the increased safety obtained by an administrator using an anæsthetic and method with which he is familiar; the contrary was likely to lead to abuse and danger. Referring to "hospital régime" of preparation of patients, he drew attention to what he believed to be the fact, that the patients were all fed and prepared for operation as if to be operated on at the same time, although there might be a difference of several hours in their coming upon the table, and considered the preparation of the patient should be carried out for operation at an exact time if possible; this was of course of greater importance in some cases than others. He did not consider it necessary, as a rule, to keep up the administration during the dressing of a case, except when muscular relaxation was desirable, as after tenotomies, &c., when plaster cases had to be applied.

Dr. **Hewitt** said that Dr. Silk's most interesting paper admitted of much discussion. There were, however, two side issues of the subject which appeared to him to call for a few remarks. He referred to the question of surgical shock, during or after the use of anæsthetics, and to the proper preparation of a patient before anæsthesia was induced. As to the question of shock, he (Dr. Hewitt) had seen all grades of surgical shock during anæsthesia, and was by no means prepared to say that such conditions could be avoided by keeping the patient very profoundly anæsthetised; he had indeed met with numerous cases in which during operations upon exhausted and anæmic subjects a light anæsthesia seemed to him to be attended by less disturbance of the circulatory and respiratory functions than a moderately deep, or deep, anæsthesia. Coming to the second point, viz., the preparation of the patient for the administration, he fully agreed with Mr. Woodhouse Braine that it was a wrong practice to give patients any food by the stomach for at least several hours beforehand. He contended that there was less risk of depression from giving ether after a fast of five or six hours than from the subsequent nausea and vomiting, which might occur had food been taken three hours before. Moreover, if food were present in the stomach, the anæsthetist might have considerable difficulty in securing true anæsthesia. He had found in such cases that very large doses of the anæsthetic were often needed, that repeated swelling with temporarily suspended breathing was common, and that delay and difficulty arose which would certainly not have shown themselves had the stomach been empty. He fully admitted that with exhausted subjects this abstinence from food was undesirable, but even in these cases it was often possible to administer nourishment by the rectum, and so to avoid vomiting depression after the anæsthetic. With all the other points raised by Dr. Silk he fully concurred.

Dr. H. F. Lancaster, referring to the remarks of the last speaker, said we had sufficient facts to prove the risks of commencing an operation before the superficial reflexes were abolished, and that it should be a constant rule to anæsthetise the patient fully prior to any incision being made. He also thought that while more prolonged fasting beforehand was no disadvantage in etherisation, as had been said, it might be less favourable when chloroform was used and the patient exhausted.

Dr. Hazel said that he frequently gave chloroform to his patients during labour, and he never saw any ill effects from its administration. It was his experience that women were less able to bear the pains of labour now than formerly, and therefore required the use of an anæsthetic. He quite agreed with Dr. Boxall that this should not be given too early in labour. Deep anæsthesia was rarely necessary, as the expulsive efforts of the patient tended to interfere with the proper aeration of the blood, and thus induced a partial narcosis by the accumulation of carbonic acid in the blood. In cases where the os uteri was rigid, he generally gave 10 gr. doses of chloral every half hour for three doses, after which he found that but little chloroform is required to produce anæsthesia. He rarely used forceps without the administration of an anæsthetic.

Mr. G. Everitt Norton said he quite agreed with Dr. Silk in his remark that the long induction of anæsthesia was to be avoided. He had noticed when the patients took a long time to get under the influence of the anæsthetic they often caused some trouble during the operation by faintness. He considered five minutes the average time required for producing anæsthesia. With regard to the preparation of patients, he did not agree with too long fasting, especially when chloroform was to be used.

Dr. Robert Boxall remarked that the frequent use of anæsthetics might lead to chloroform habit, and quoted some cases in support of this view. He detailed the use of chloroform preferably to other anæsthetics in labour, especially when the head was passing over the perinæum. He substituted ether for chloroform in any operative measures which had to be undertaken during the course of labour.

In reply, Dr. Silk said that, from the point of view of safety he should be inclined to place the A.C.E. mixture rather before ether, but above chloroform itself. He quite agreed that overfeeding, especially with ether, was impolitic, and he thought that by the use of enemata this might be avoided without actually starving the patient. He strongly objected to the plan in vogue at the Dental hospitals of allowing the administration of nitrous oxide to be a source of pecuniary benefit to the institution. Dr. Atkinson's opinion as a general practitioner that systematic teaching in anæsthetics was really much wanted, was a most valuable confirmation of what Dr. Silk had for some years been insisting on, and he hoped that the time was not far distant when such teaching would be properly included in the curriculum. With regard to the use of chloroform in labour, Dr. Silk thought that there might be some truth in the theory that the immunity enjoyed by parturient women was partly due to the slight cardiac hypertrophy said to exist at that period. In the more serious operations of midwifery he would be inclined to treat such women as ordinary patients, and give them ether if possible. Dr. Silk did not agree with the administration of alcohol by the mouth immediately before the operation.

LIVERPOOL MEDICAL SOCIETY.

Meeting held Thursday, March 1st.

The President, Mr. Chauncy Puzey, in the chair.

CASES.

Myxœdema with Glycosuria, treated by Thyroid Extract.—Dr. Macfie Campbell related a case, remarking that when the patient first came under notice, her condition was deplorable, her waist measurement was 28 in., at hips 45 in., face swollen, hair almost gone, eyelashes absent, skin harsh and dry, breasts pendulous, abdomen scored with linea albicantes. She suffered from amenorrhœa, and was apathetic, stupid, and lazy, had no energy, would sit all day rather than get up for anything. Urine, sp. gr., evening 1032, no albumen, sugar abundant. Morning 1013, no sugar. She was treated with Codia jaborandi, pot. iod., &c., but without any favourable result. She was then put on Murray's thyroid extract, 20 three times a day. Her improvement was rapid and satisfactory as to the myxœdema (photographs were handed round showing the improved condition), but the glycosuria was but little affected.

Adenoma of Pharynx.—Mr. F. T. Paul related the case of the patient, a woman, æt. 42, who complained of a tumour the size of a hen's egg at the back of her throat on the left side. On examining the throat the tumour was seen to project into the pharynx from the left side, and was covered with smooth mucous membrane, in which the veins were enlarged. It had a firm elastic feel, and moved on the subjacent structures. It was distinctly not infiltrating in character, but rather conveyed to the touch the sensation that it was encapsuled and could be easily shelled out. The patient was placed under the influence of chloroform. A preliminary laryngotomy having been done, and the glottis plugged, a vertical incision was made over the tumour through the mucous membrane, and the latter was loosened over its surface with the finger and a blunt dissector, and after some little difficulty the whole capsule was dissected out, and a smooth-walled cavity left behind free from every trace of the tumour. The hæmorrhage was very little. She recovered rapidly. She wrote three months after operation stating her throat is as well as ever it was.

Laparotomy for Intestinal Obstruction.—Mr. Paul also related a case in which the obstruction was due to kinking of the bowels owing to localised peritonitis, which was probably in the neighbourhood of the cæcum, but whether due to appendicitis or some other cause there was nothing to show. Mr. Paul opened the abdomen through a small incision in the middle line below the umbilicus, a distended coil of intestine was withdrawn and a small-sized intestinal drainage tube inserted. The coil soon collapsed but unfortunately did not relieve any others. It was kinked at both ends. Another coil was then tapped and a tube inserted, this proved to be a more lucky hit and at once relieved the general distension. The tubes were fixed as shown (diagram was shown). The patient made a rapid recovery, being up and about in three weeks, the wound in the abdomen being quite healed.

Two Cases of Gastro-Enterostomy.—Mr. Mitchell-Banks related the cases of two patients, both of whom were well over fifty years of age, who were clearly the victims of pyloric cancer. The operation was the same in both cases. An oblique incision was made parallel to, and a little below, the left lowest rib cartilages. The gastro-colic omentum was bored through, and a large hole made in it, requiring the ligature of a few vessels. The jejunum was picked up without difficulty. The opening of the stomach and jejunum and the adaptation of decalcified bone plates was carried out after the method of Senn, with a slight modification in the bone plates. The first patient never rallied from the operation and died on the following day. The parts were found to be quite natural. The stomach and jejunum were in perfect apposition, and there had not been any leakage. The second patient did very well for about two days, after which a quiet sort of welling-up of greenish-brown fluid took place unaccompanied by any violent retching or straining. After this he slowly sank and died a week after the operation. The parts were shown. The wound was healthy and there was no sign of any peritonitis or leaking into the peritoneal cavity. The stomach and jejunum lay in perfect apposition, and the silk threads remained intact, but when they were cut it was found that no adhesive lymph had been thrown out, probably owing to the patient's extreme weakness. The bone plates had disappeared all but a small portion of one of them. Mr. Banks wished to emphasise the fact that even with operations conducted perfectly satisfactorily the human body can only resist a certain amount of shock, and this important point is too apt to be forgotten in performing those serious operations on the abdomen which are now every day attempted, and only submit to operation such cases as seem to have sufficient strength to hold out against the shock of operation.

Mr. Richard Williams related a case of "Double Optic Neuritis."

Dr. A Wiglesworth read a paper entitled

ISOLATION IN SCARLET FEVER UNNECESSARY AND INEXPEDIENT.

Referring to the administration of carbolic acid, which he had practised for some years, first as a specific and then as a prophylactic, he concluded that there was some special effect produced upon the unknown micro-organisms of scarlet fever, which rendered it much less virulent, and this view seemed to him to receive a measure of support from the fact that whenever a patient had taken a certain quantity of carbolic acid, a peculiar dark colour of the urine appeared, and that when this was produced the urine would remain free from the usual putrefactive changes for from a week to a month, and sometimes altogether, and if it occurred the usually highly offensive ammoniacal odour of putrid urine was almost absent. Having a scientific basis to work upon in the study of Flugge's work on "Micro-organisms," he decided to "abandon isolation altogether." The plan adopted was first to carbolise the patient with doses according to age, and at the same time to put all the uninfected members of the household on carbolic acid, and when the characteristic hue of the urine has become manifested in the urine the author introduced into the sick chamber the other children, allowing them free access to the invalid until desquamation is completed and the house disinfected. Dr. Wiglesworth also gave details of cases in support of this unusual procedure, and a number of extracts from Flugge's work. Attention was drawn to the action of carbolic acid as an "attenuator" and "bactericide" upon a given bacillus, and for this purpose the experiments upon the anthrax bacillus were referred. The auther concluded by saying that the more freely the contagium from a carbolised scarlet fever patient is diffused, the better it will be for the welfare of the community at large, and if this course is universally adopted, scarlet fever will, in time, be no more the dreaded zymotic it is at present, but it will be as lightly regarded by the public as chicken-pox, which he believed to be a permanently attenuated virus of small-pox.

Drs Carter, Robertson, Hope, A. Roberts, Archer, Drysdale, Dickinson, Bradshaw, and others took part in the discussion which followed, and considerable doubt was thrown on Dr. Wiglesworth's arguments and the inferences he drew from them. It was a very generally expressed opinion that the exposure of healthy children to the infection of scarlet fever, even though they were considered by Dr. Wiglesworth to be protected by carbolic acid, was dangerous and unwarrantablo.

France.

(From our own Correspondent.

Paris, March 11th.

Traction of the Tongue.

Recalling to life by traction of the tongue as practised by M. Laborde has been very successful in the hands of those who have tried the experiment, and numerous are now the examples of life being restored after all hope had been lost. I cite a few of the most recent cases as related by M. Delineau, a fervent disciple of the author of this method and of M. Laborde himself.

On the 9th of May (said M. Delineau) I was called in the middle of the night by a midwife to the bedside of one of her patients. "I called you (she said) to attend to Mrs. B., who has just been confined of a still-born child after 38 hours of labour. She is losing a great deal and the cord having broken I cannot remove the placenta." I immediately set about withdrawing it, and in a few minutes the patient was out of danger. After prescribing an appropriate treatment, I was about to leave, when I chanced to ask to see the child, which was wrapped up in a towel and put away in a corner. The infant had a very good appearance and weighed about 7 lbs. "He is dead," said the midwife. I rubbed him and tried artificial respiration, but to no use ." Unfortunately, added the grandmother, nothing more can be done now." The method recommended by Laborde came to my mind while contemplating the body, and seizing the tongue between the first finger and the thumb, covered with a handkerchief, I commenced the rhythmical tractions. The grandmother became very exasperated; she thought that I wanted to tear out the tongue, and thus committing a sacrilege on the corpse! Without heeding the old lady, I begged the midwife to make alternate pressure on the abdomen and the flanks, while I drew on the tongue. Ten minutes passed without result. Besides the midwife and the grandmother there were present, aunts, relatives, and neighbours, all crying out "Let the little angel rest in peace."

I was tired out and about to abandon my attempts when I thought I perceived a spasm of the abdomen and a certain resistance of the tongue. Soon the child began to hiccough, and a feeble cry was heard; in a few minutes more he began to breathe and cry out vigorously.

This resurrection astounded all present, and they became frightened, believing that I had supernatural power.

I was sent for in October last, by a *confrère*, to a lady in her confinement. On my arrival, he told me that his patient was in labour already 24 hours, that the waters had broken ten hours previously, but no progress had been made. I applied the forceps and brought out an asphyxiated child, pulseless, motionless, and exsanguine. Leaving the mother to the care of my *confrère*, I turned all my attention to the infant and commenced traction on the tongue. At the end of five minutes the child began to breathe heavily and to cry.

My last case occurred on the 20th December, when I was sent for in haste to a dentist in the neighbourhood. Arrived, I found a lady of about 30 years of age, apparently dying. She had come to the dentist to have a molar extracted, but being very apprehensive of pain, she insisted on the administration of cocaine. Two-fifths of a grain had been injected close to the tooth, but five minutes afterwards, just as the dentist was about to proceed to operate, the patient became suddenly pale and fainted off. When I saw her she had all the appearance of being dead, the pulse could not be felt, and the body was covered with a cold sweat. I placed her immediately on the ground, on her back, and forcing open her mouth, I seized with a Péan forceps the retracted tongue and drew it forward in a swaying motion, the dentist pressing at the same time on the base of the thorax. In five minutes the patient hiccoughed, and soon was out of danger.

M. Laborde, who had been invited by the Clinical Society to describe his own method, explained how he was led to employ it, not by chance, but by patient researches on the nervous centres, and in particular on the rachidian bulb, in which the essential phenomena of life exist. In the course of his experiments he was able to satisfy himself that reflex phenomena exist for a considerable time after *apparent death*; that is to say, after the great functions of the body had disappeared, but while the functional properties of the tissues still exist. These reflexes could be recovered if the organism were brought again into play. The last to disappear is the *respiratory reflex.* An every day example of this fact is furnished by the administration of chloroform, by which the body is rendered incapable of every reaction, and yet the breathing continues as well as the circulation. Several methods have been employed to recall to life—flagellation, electricity. artificial respiration, &c., but none of these are as powerful as traction of the tongue. Two extremely sensitive nerves supply the tongue: the glosso-pharyngeal (the base), the lingual (the point), while the superior laryngeal sends several filaments to the same organ. These nerves, taking their origin either directly or indirectly from the bulb, stimulate this latter respiratory centre when vigorously drawn upon, and the bulb stimulates in its turn the phrenic nerve which commands the diaphragm. Such is the mechanism of the Laborde method. As to the exact limit of the persistence of the bulbar reflex, M. Laborde was not prepared to define, but he knew of some very remarkable cases where the patient had been apparently dead an hour and a half, and had been restored. Perhaps one of the most interesting was that related by his *confrère*, Prof Coutenot, of Besançon.

M. Coutenot was giving a lecture on asphyxia to his students, and, as a young girl had just died from tubercular meningitis, the idea struck him to go to the corpse and give a practical lesson on traction of the tongue. What was his astonishment, as well as that of the assistants when, after a few minutes he saw the respiration returning, the heart beating, and the face becoming coloured! This phenomenon lasted three-quarters of an hour. Death really existed, but the reflex action of the bulb had not totally disappeared.

Another case not less remarkable was that told him by his friend, Dr. Coriton, of Paris. This gentleman was called one night in haste to a patient dying from tuberculous bronchitis. In going up the stairs he was told that the woman had just expired. Arrived at the bedside, he determined to try what traction of the tongue would do. To the great surprise of all present, he succeeded in calling her back to life, and the lady lived for three months afterwards.

"You can judge, gentlemen," said M. Laborde in concluding, "by these examples of the efficacy of the method. It can be followed as a *pis aller*, but with nearly always certainty of success. In any case, I counsel you not to be afraid to drag on the tongue and its root; it yields very easily on account of its elasticity, and when you begin to feel a *resistance*, it is a sign of returning to life. The method has been employed with success in death from capillary bronchitis, nervous asthma, croupal asphyxia, drowning, asphyxia, syncope from any cause, &c. One word more. When, after persistent efforts, you have failed to resuscitate the person, you may be confident that he is dead, for you have by that fact an indubitable proof of death."

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Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 9th.

FREE SOCIETY OF SURGEONS.

At the Surgical Congress of last year, Hr. v. Bergmann showed a patient suffering from

Tuberous Adenoma of the Liver,

a tumour nearly allied to carcinoma histologically, but very different from it in its clinical course. The large, knobby forms of carcinoma of the liver were mostly of metastatic origin, and were therefore generally multiple, but rarely solitary. Tuberous adenoma was operable. The speaker had removed a large piece of the tumour in March last. The wound healed, the abdomen became soft, the margin of the liver could no longer be felt, and the patient was up to the present free from recurrence.

Hr. Rochs then showed a salivary calculus taken from a man, æt. 27, after which he related a case of

Fracture of the Pelvis.

The patient, a man, æt. 25, fell under his horse and sustained serious crushings. He was unable to rise, and had violent pains in the abdomen. On removal into hospital he was found to be suffering from shock with ashy countenance; the eyes fixed and lustreless; the pulse small. Retention of urine, violent straining. The whole region from the pubes to the umbilicus much swollen, a catheter introduced, passed into a large cavity from which a quantity of fluid blood escaped. The urethra was certainly extensively lacerated and bruised. On determining that the symphysis pubis was fractured, sectio alba was performed, under ether, with evacuation of large quantities of blood clot. The bladder was opened and a catheter *à demeure* left in. The bladder was then sutured and a tampon placed in position. The patient was then put to bed on a mattress between two bags of sand. The operation lasted about three hours and 100 grains of ether were used (?). On awakening from the anæsthetic the patient felt very well, but there was violent cough with copious expectoration. For two days the patient appeared well, and the appetite was good, then tracheal râles and death with symptoms of œdema of the lungs. Section: Swelling and redness of all the air passages. No cardiac changes. The abdominal cavity and kidneys full of blood. Both pubic bones and rami of the ischium fractured. The pelvis which was removed was broken into splinters. The speaker thought the ether had caused the bronchitis, and had acted deleteriously.

Hr. Sonnenburg also related a typical case of Malgaignes fracture of the pelvis and showed the specimen.

Hr. Lexer related a case of

Torsion of the Spermatic Cord.

A healthy youth of 16 came under treatment in December last. Three years ago he was attacked with swelling of the left half of the scrotum, which gradually increased, and then to a certain extent receded. Subsequently such swellings came on repeatedly, generally suddenly, often whilst at work, and then disappeared. Two weeks ago, however, whilst working, the swelling returned, with radiating pains, this time very troublesome, from their extent and degree. The left scrotal half formed a regular oval tumour the size of a fœtal head, and was plainly filled with fluid. On puncture bloody serum escaped. Operation, December 19th. After laying open the vaginal cavity and clearing out the contents, a bluish-black shiny structure resembling gangrenous intestine came into view, and hanging by a stalk. It was seen to be a testicle become gangrenous from torsion of the spermatic cord, on which castration was determined on and performed. Recovery. The torsion which followed abnormal movability of the testicle resulted in closure and thrombosis of the vessels. There was later descent of the testicle in the case under notice. Anomalies of position, certain movements of the body also gave rise to torsion, especially horizontal inversion of the testicle. Very probably the former swellings in the left half of the scrotum had arisen from obstruction which gave way later on.

Resorption of Bacteria into Recent Wounds.

Hr. Schimmelbusch said that at the last Surgical Congress he had reported on experiments he had made on animals in disinfecting wounds infected by disease germs. The results were surprisingly unfavourable as regarded such attempted disinfection. In spite of making use of the most powerful disinfecting material, no results could be obtained. In the search for protective material, he had performed amputation, especially the tails of mice, shortly after infection, and had satisfied himself that even such amputations performed a few minutes after infection inoculations gave no result. From his observations he drew the conclusion that the micro-organisms passed into the body juices with great rapidity, and penetrated beyond the root of the tail in a very short space of time. In Bramann's klinik Niessen found that anthrax spores were demonstrable in the lymph glands in them from 1½ to 3 hours after infection. The speaker had in later experiments attempted to ascertain in how short a time infective germs inoculated into wounds were found in the internal organs—liver, lungs, spleen, and kidneys. These experiments were carried out last summer. He had wounded mice at the root of the tail or on the back, had infected them with anthrax, and after a certain time had killed them. The minced organs were then either placed on a platter or implanted into healthy mice. After he had obtained practical evidence from three to five hours after infection he shortened the time of infection gradually, and found that in a large number of cases virulent anthrax bacteria could be demonstrated in the organs. The question now arose, Did this happen in the pathogenic organisms only, or was it also the case with the saprophytes? In the case of rabbits killed five minutes after infection, he found after many experiments that numerous saprophytes were already present in the organs. As regarded plate cultivation, he remarked that it was necessary to take the whole or the greater part of the organs. Proofs of the presence of micro-organisms in the organs were never obtained when a few drops only were taken. To make proof certain it was necessary that the whole of the organs should be finely minced. At the first moment, the fact that such bacteria should be found within internal organs within such a short space of time appeared strange, but this fact alone gave an answer to the observation that amputation of the tails of mice a few minutes after infection was no longer of use.

It was known that fatty emboli containing cinnabar did not take five minutes to reach the heart from the marrow of bones. Resorption was naturally varied, according to the quality of the germs. In the case of the excitants of sepsis, the animal was already lost even a few minutes after infection, and not to be saved by local treatment.

Hr. Pfuhl was able from his own experiments to confirm the statements of the previous speaker. When wounds were from 24 to 48 hours old, however, the animal was in many cases not infected at all when germs were scattered over them. This fact was deserving of consideration.

Hr. Schimmelbusch said he had paid a good deal of attention to old wounds, especially burns. Poisonous material was not readily absorbed from the superficies or from fascia. The receptivity also disappeared quickly from other wounds, probably in consequence of the formation of products of coagulation, which afforded protection. Burns also were not readily infected. He had never succeeded in infecting a cauterised wound.

As regarded the disinfection of catgut, he said that in v. Bergmann's klinik it was disinfected in a 1 per cent. solution of sublimate, and that this solution rendered the disinfection perfect in one second, whilst hot air at 140 C. had no effect in two hours.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 9th.

Rhinoplastic Operation.

Hacker showed a woman at the "Gesellschaft" on whom he had performed rhinoplastic operation with apparent success. Two years ago he removed an epithelial carcinoma from the nose that left her quite disfigured. The tissue was taken from the forehead and along with the periosteum a centimetre square of bone was removed along with it.

Plastic Union of Ureters.

Budinger showed a preparation taken from a dog where he had obtained union of the ureters with the bladder analogous to Witzel's method. The ureters had been cut and applied to a new opening made in another part of the bladder where after several weeks they were found perfectly united and with a further operation they were made to discharge at a slight angle into the bladder. This operation was considered important in the future of human surgery.

A Chrondroma of the Chest Wall.

Schnitzler showed a man from whom he had removed a chrondroma two months ago. It extended from the mammillary line on the left side to the middle of the sternum and five centimetres upwards, having existed two and a half years. It was found at the operation that the tumour had extended through the intercostal space into the pericardium, a part of which had to be removed. The opening in the pericardium could not be closed, which necessitated the covering of the wound with a celluloid plate. In spite of the man's advanced years the opening where resection of the rib was performed is now almost closed from bone growth.

Ostitis Deformans.

Dr. Ewald brought a woman, æt. 49, who seven years ago had a fall on her elbow which caused great pain; five months later shivering and fever, the arm became red and swollen, and the bone thickened. After a recent injury a tumour formed on the manubrium sterni with pain, which subsequently went black. Another was to the head which caused pain with redness in the face, vomiting and other cerebral symptoms with neuritis optica. Anti-syphilitic treatment had no effect, but ergot injections greatly diminished the morbid condition. After the pain in neuritis had disappeared hyperostosis in arm remained, which resembling an abscess was cut into and found to be a spongy condition of bone. He thought the symptoms did not agree with ostitis deformans, conchiolin ostitis, but believed it to have a closer relationship to Gruber's leontiasis ossea. Prof. Paltauf thought that the case was a well marked condition of ostitis deformans. That no hyperostitis was found on the skull did not exclude it from this category as the invasion of fever was pretty well marked. He thought ostitis deformans was frequently overlooked till accidentally discovered in the post-mortem room.

Aortic Insufficiency.

Prof. Basch read a critical paper on the morbid changes of aortic insufficiency and its effects on cardiac pressure. In experiments with dogs it has been clearly shown that the blood pressure in the heart may remain the same, rise or fall. The last condition is easily explained by the diastole, where a part of the blood returns from the vessels towards the heart. Blood pressure in normal conditions may become very low without endangering life. He considers this condition of little clinical value. Ludwig found that dilating the heart with a tube the blood pressure in the left auricle fell; with a fall of pressure in the arteries it was found co-existing in the veins. As a result of his investigations Basch gave the following types of blood changes:—

1. Low pressure in the aorta was combined with low pressure in the left auricle.
2. High pressure in the aorta was associated with high pressure in the left auricle; hypertrophy of the left ventricle and dyspnœa.
3. High pressure in the aorta with low pressure in the left auricle; had hypertrophy of the left ventricle.
4. Low pressure of the aorta with high pressure of the left auricle had dyspnœa.

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The Operating Theatres.

KING'S COLLEGE HOSPITAL.

Amputation at the Shoulder-joint.—Mr. **Rose** amputated at the left shoulder-joint in the case of a man, æt. 45. Some two years previously the patient was driving in a dog-cart in a severe thunder-storm. A flash of lightning frightened the horse, and the man distinctly felt a powerful electric shock passing up the left arm whilst holding the reins, after which he was thrown out and rendered insensible. The whole of the left upper extremity became gradually paralysed, and, although he experienced constant and agonising pain down the arm, yet the superficial sensibility of the hand was so diminished, that he had no sensation when accidentally burnt with a match. Twelve months ago the patient was admitted under Dr. Ferrier, and at the latter's suggestion, Mr. Rose cut down on the brachial plexus and stretched each cord, pulling forcibly both upwards and downwards. The result of this proceeding was not satisfactory; the pain increased to such an extent that the patient returned to the hospital requesting to have the limb removed. Inasmuch as the limb was completely and hopelessly paralysed, it was decided after consultation to perform amputation at the shoulder-joint, and at the same time dissect out the cords of the brachial plexus as high up in the neck as possible. The operation was performed by oval skin flaps, cut from without and inwards, according to Larrey's method. The cords of the brachial plexus were traced up under the clavicle, and dissected out as thoroughly as possible through a vertical incision in the posterior triangle of the neck. This proved to be a very difficult proceeding in consequence of the parts having become matted together by the previous operation. Mr. Rose remarked that if the pain returned, the only treatment left would be the performance of laminectomy so as to divide all the posterior roots of the plexus. It is satisfactory to state that since the operation the patient, although at first not entirely free from some slight pain, is daily improving.

MIDDLESEX HOSPITAL.

Osseo-chondro Sarcoma fixed to both Bones of the Leg—Stephen Smith's Amputation.—Mr. **Pearce Gould** amputated the right leg of a young man, æt. 17. The operation was performed on account of an osseo-chondro sarcomatous tumour which had first been noticed about fourteen or fifteen months ago; the tumour was sessile, hard and nodular, rapidly growing, and seemed fixed to both bones, and to occupy a kind of sulcus in the fibula; the circumference of the affected limb was two and three-quarter inches more than that of the other; it gave rise to no pain except on motion. Mr. Gould thought the only thing to be done in such a case was to remove the limb, as, were it left, secondary deposits in the internal organs would in all probability take place. A tourniquet having been applied to the femoral, the limb was amputated at the knee-joint by Stephen Smith's method. The operator remarked that in this operation the joint is hardly opened, very little being exposed, as the condyles are covered by the semilunar cartilages; another great advantage, he pointed out, was the very small section of the stump. Mr. Gould employs no ligatures, but uses torsion for all the vessels. After suturing the flaps the dressings were applied very firmly and tightly bandaged, the surgeon remarking that he hoped by pressure to bring the flaps together perfectly and get union by first intention.

GENERAL HOSPITAL, NOTTINGHAM.

Opening Mastoid Cells.—Mr. **Owen Taylor** operated on a child who had been suffering for some time with great pain, and also with a considerable offensive discharge from the ear. Mr. Taylor cut down, and after raising the periosteum made an opening into the mastoid cells with a small gouge until it was possible to pass a probe backwards and forwards from the external meatus. He remarked that on some occasions he left in a drainage tube, but did not think it necessary in the present case.

Perinæal Section.—The same surgeon operated on a robust-looking young man who had been suffering for some time from stricture. It was absolutely impossible to introduce a catheter. A straight staff having been passed down to the stricture, Mr. Taylor cut down on its point in the perinæum, and managed after some difficulty to pass a probe along the urethera into the bladder; he then withdrew the probe and introduced a catheter through the perinæal wound into the bladder, and finally passed a catheter down the penis along the whole length of the urethra into the bladder. Mr. Taylor remarked on the unsatisfactory nature of these cases both to the patient and to the surgeon.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 14, 1894.

DUST DISEASES AND THEIR PREVENTION.

The relation of dust to pulmonary affections is a subject the investigation of which has already led to many valuable practical results, and which is still far from being exhausted. Dust of a non-irritating nature is necessarily inhaled into the lungs of town-dwellers, where it causes the dark and mottled aspect so familiar on the post-mortem table. The irritating dust, on the other hand, which is encountered in many occupations, leads to more or less serious pathological conditions of the pulmonary organs. Thus it may cause bronchitis, acute and chronic, emphysema, asthma, bronchiectasis, fibroid conditions, hypertrophy of bronchial glands, and phthisis, with a whole chain of attendant vascular disturbances. These dust diseases, or pneumokonioses, are met with, as everyone knows, among millers, masons, miners, grinders, and others who follow occupations which habitually expose them to a dusty atmosphere. This injury is, in the first place, mainly mechanical, and usually has a direct relation to the texture of the material which furnishes the dust. In this way steel particles are more deadly than stone, and the latter than flour. In other cases the injury to workmen is partly mechanical and partly chemical, as in the lead enamel grinding trade. So much for the evil, which is obvious enough, and needs little more than the above passing reference. A great deal more discussion is wanted, however, when we inquire as to what has been done in the way of prevention. The two great preventive measures are undoubtedly free ventilation and the introduction of wet processes. It is a well-known fact that the substitution of wet for dry grinding in Sheffield was followed by a great fall in the number of deaths from phthisis. A similar principle might be applied with advantage in other trades. For instance, the dust raised in grinding lead enamel is of a peculiarly deadly nature, since it acts both as a mechanical and a poisonous irritant. Lead enamel is practically insoluble, and there is no doubt that many of the steps in its manufacture could be carried out equally well by elutriation and other wet methods. Ventilation, again, is often defective in the enamel factories. The beneficial action of a free circulation of air is probably due to the dilution and the removal of noxious particles. Nowhere has the improvement of ventilation been followed by better results than amongst our mining population. To take a single instance, it has lately been officially reported that in the mining division of Cornwall the proportion of deaths from phthisis or "miner's disease" has of late years decreased. This satisfactory result appears to be due chiefly to the better underground ventilation, consequent on the introduction of boring machinery and of other improved conditions. Some years ago the whole question of miners' phthisis was closely investigated by the Royal Cornwall Polytechnic Society, who offered prizes for sound information, and obtained a quantity of valuable matter, which is to be found in their annual reports of that time. This public-spirited action affords an excellent illustration of the good that can be effected by local bodies, if they will only be content to confine their scientific ardour to subjects at their feet, so to speak, and within the grasp of an average comprehension. Conducted on such lines the work of provincial associations is likely to afford substantial help in arriving at precise facts and figures with regard to dangerous employments. They will be also in a position to acquire exact information as to methods, and to suggest improvements in trade processes. Their data would then be simply invaluable to the scientific man, in whose hands the application of preventive measures must ultimately be placed. When thoroughly sound conclusions have been arrived at it is the duty of legislators to frame laws in accordance with the facts submitted to them. It is a well-marked tendency of modern legislation to make compulsory all measures that have been shown to be clearly preventive. Bearing this in mind, one may safely assert that the compulsory legislation of the future will find a large and useful field, so far as the happiness of many members of the community is concerned, in the control of dust-producing occupations. Whatever may be done, it is unlikely that the whole of the mischief could be abolished in each particular trade. The risk, however, could and should be reduced to its minimum. The steady aim of the sanitarian in dealing with dust diseases will be levelled at the preventible margin, and he will not fail to make due allowance for the unavoidable residuum.

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THE PREVENTION OF PHTHISIS.

One of the most striking features of the age, thanks mainly to the printing press and the steam engine, is the rapidity with which new ideas are established. The theory that we see timidly and tentatively advanced to-day becomes the accepted doctrine and dogma of to-morrow. It will be of interest to the workers of fifty years hence to note what were our ideas in 1894, thirteen years after the discovery of Koch's bacillus, with regard to the prevention of phthisis. It is a curious fact that, in spite of all the attention that has been bestowed on the subject, the real nature of the disease has only within the last few years been brought into the scientific grasp. The unrivalled lectures of the late Professor Walshe, with all their wealth of systematic observation, may be taken as summing up the knowledge of the last generation upon phthisis. They were wonderfully accurate clinical studies, while as regards treatment they pointed to no more hopeful future than the relief of symptoms and the occasional cure of early cases. All that, however, is now changed, and consumption is singled out as one of the early conquests of preventive medicine. The possibility of such a result has been brought about by a number of causes, among which the following may be taken as the chief: First, the registration of deaths, a step that made it possible to study disease, so to speak, in mass. Secondly, the great experimental advance made about the year 1840, which proved that tubercle could be reproduced in animals by the inoculation of tuberculous material. Then came the crowning and classical discovery by Koch in 1881, which afforded logical proof that tubercle depends on the presence of a specific bacillus. So far it cannot be said that scientific medicine has arrived at any very valuable outcome in the way of direct curative treatment. Indeed, the most important result of modern researches appears to lie in the immense impetus that has been given to the study of prevention. The facts on which the sanitary reformers rely are now for the most part matters of common knowledge. For instance, it is well recognised that tubercle bacilli abound in the dust of rooms which have been inhabited by consumptives. That similar pathogenic organisms occur in the flesh and milk of infected animals, especially of cows. That the sputa of consumptives is scattered broadcast, and is probably a fertile source of infection, both of man and of the lower animals. Guided by these and a host of other considerations of a cognate nature, the attacks of health administrators have been directed against the micro-organisms as the *fons et origo mali.* Infected clothes and clothing have to be carefully sterilised, while ordinary handkerchiefs are replaced by pieces of paper, which are burnt after use. All sputum is destroyed, being first collected in spit-cups charged with some efficient antiseptic. And then, going further afield, the sanitary authorities advocate rigorous supervision of markets and dairies, with full powers to destroy infected animals or meat. The idea that consumption should be notified as an infectious disease has been before the sanitary world for some years. Certainly, if we admit that any class of disease should be notified, we cannot logically exclude so highly infectious a malady as tubercular phthisis. To many especially to those who have not fully grasped the significance of micro-organisms in disease, the proposal to disinfect any house that has been inhabited by a phthisical patient will appear little more than a startling and useless innovation. Nor will the kindred propositions of notification, isolation, and disinfection appear less absurd to the non-scientific, albeit qualified intellect. Stranger things, however, have come to pass than the realisation of these dreams of the sanitary reformers. For instance, preventive medicine has shown us how to prevent the cholera bacillus from taking hold of our communities. If that can be done in the case of cholera, why should it not be effected with consumption, especially now that science has furnished us with a definite object of attack in the shape of a specific micro-organism? The prevention of phthisis is well worthy the attention of political economists, for its ravages cause an enormous annual loss to the national wealth of the United Kingdom.

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THE STATUS OF ASYLUM MEDICAL OFFICERS.

"The career of the majority of assistant medical officers in asylums is one of the saddest pictures our profession affords." Thus writes an asylum medical officer who should know something of the subject of which he is speaking. The grievances of which these officers complain appear to be many and various, and so far as we have been able to inquire into the matter, the grounds for their dissatisfaction are incontrovertible. In the first place, no understanding ever seems to have been arrived at defining their precise professional status. For the most part the appointments would appear to be regarded as belonging to the same category as that of house physicians. But, as has been pointed out, it is quite a mistake to make any such assumption. The duties and responsibilities of the assistant medical staff in the large county asylums are totally different in their scope and purpose from those generally associated with the post of a house physician. The latter appointments at hospitals are held by young qualified medical men, who, acting directly under the visiting staff, are eager to take advantage of a subordinate position of the kind for the purpose of gaining experience. Usually it is the case that it is by this means that they make their first step in the practical exercise of their newly-acquired knowledge. From the beginning, moreover, they never lose sight of the fact that such an appointment can only be one of a temporary description. The question of permanency never enters their heads, and, obviously so, among other reasons, in consequence of the fact that the posts are entirely subordinate ones, and, beyond a certain occupancy, are not helpful in promoting the advancement of those who hold them. With regard, however, to the posts of assistant medical officer at an asylum the matter is entirely different. The young medical men who fill them have in most cases previously held junior or resident appointments at one or more hospitals elsewhere; they may, or may not, have had experience in the treatment of the insane, but it may be assumed that after the first few years of their work in an asylum they will have fully made themselves competent officers. After this has been the case then their hardships begin. Naturally in devoting their whole time and energies to a specialty of the nature of insanity, they do so with the view of making their livelihood out of it. But what is in store for them so far as promotion is concerned? Experience shows that they have but little to expect. Their position has thus been described by one who is well qualified to speak: "There is a superintendency for only a very small proportion of assistants, and the men who do not reach the coveted goal find, when it is too late, that they have spent the best years of their life in a service that is not a service, as are the Army, Navy and Colonial Services, and that unless they rise to the highest point all they can hope for is at the very best £300 or £400 a year, a very subordinate position, inability to marry, absence of home or independence, and a much inferior position to that which even this small income would command in general practice." This picture is the very reverse of attractive, and, in truth, it reveals so melancholy a state of affairs that it would not be surprising to find young medical men of the future severely leaving these asylum appointments alone. "The outlook," says a writer and an assistant medical officer of fourteen years' experience, "is black indeed; vacancies are few, and chances of promotion almost *nil*, added to which there is a tendency to limit the term of appointment, and to cut down the already inadequate salaries." If this be the true state of affairs, and there is no reason for supposing that it has been exaggerated, we have no hesitation in stating that the asylum authorities who are responsible for this policy will find that they are making a very grave mistake. There can be no question that for the well-being of a large asylum there must be two or more permanent officers in addition to the superintendent. How is it to be supposed that an institution of the kind with a community of 1,000 or more persons could be efficiently worked with a staff of medical officers changing at intervals? The principle must be admitted that permanent posts are a *sine quâ non*, and if, as we maintain, permanency must be regarded as an essential feature in the appointments, then means should be taken to render them worthy of being filled by competent men and such as competent men would feel themselves justified in filling. The serious aspect of the condition of affairs portrayed in the above quotations is that it is impossible to look for much original work or advancement in the specialty of insanity when those from whom enlightenment should come are hampered and harassed by surroundings the least calculated to encourage them in their work. There can be no question that the almost continual restraint and seclusion, and frequent lack of consideration both for social and professional position, do tend to diminish interest and abolish energy and enthusiasm among assistant medical officers.

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Notes on Current Topics.

The Closing of a VI. Century Well.

The concerns of this prosaic and matter-of-fact world are largely regulated by the spirit of commercialism which naturally everywhere abounds. The purveyors of faith-curing "bubbles" simply continue their business as long as it continues to "pay." Of course the "bubbles" are not burst by those who promote them, for such a course would be entirely opposed to all commercial enterprise. But the end of the curing schemes usually comes from persons who "find them out," that is to say, the public is now too much informed to be imposed upon for long without learning that they are being duped. The faith-curing business, sad to relate, has still its votaries, and the world still contains a large number of persons who lay themselves out to disgorge the contents of their purses for the benefits of scheming individuals. But, these reflections apart, a curious if not interesting example of the progress of the times, and the decline of sentiment where the latter receives no support commercially, has just occurred in a place called Towyn, Merionethshire. A celebrated well exists in the locality known as St. Cadvan's Well, in which it is stated that Giraldus Cambrensis, the historian, and the then Archbishop of Canterbury, bathed, when on their pilgrimage through the Principality in 1180. The attraction of its waters throughout the many centuries has been its reputed healing properties, and its usefulness in rheumatism, dyspepsia, and other maladies. But the proprietors of the well are now reported to have made an end of it; the other day they actually proceeded to the expedient of filling it up with stones! This course was decided on in consequence of the fact that the well no longer "pays"—the public no longer crowd to it to be cured—and the reigning spirit of commercialism has led to the conversion of the time-honoured buildings surrounding the well into those of a coach-house and stables. The deed having now been perpetrated, the townspeople are naturally incensed that the memory of their patron saint should have thus been dishonoured. But, surely, it must have been in their power to have made an offer to the proprietors for the preservation of this interesting relic of early years. Public subscriptions have frequently been started for similar purposes, and how is it that the townspeople of Towyn have not availed themselves of this plan?

A Midwife's Action for Damages against a Medical Man.

Perhaps Mr. Holmes, a practitioner at Gorton, might have used a little more discretion in his remarks respecting the services of a midwife who sued him last week for damages for libel. But we do not gather from the report that anything more was said than what the circumstances of the case seemed to warrant. Briefly, the case was as follows: Mr. Holmes was summoned to a woman whom he found to be suffering from all the symptoms of puerperal septicæmia; the patient in her confinement had been attended by the midwife in question, and at the death of the woman, the practitioner wrote to the registrar for births and deaths a note to the effect that the deceased had come by her death by the shameful neglect of the midwife who confined her, and that if nothing else could be done, it was essential to prevent the midwife from carrying the infection further. At the coroner's inquest which followed, remarks to the same effect were made by the practitioner in question. Hence the proceedings for libel. The midwife stated at the trial that, while she averaged 242 cases a year, since the inquest she had been called in only three times. After hearing the evidence on both sides, Mr. Justice Day characterised the case as a very serious one, and in the end the jury brought in a verdict for the plaintiff for £80, with costs. In some respects the trial has been an unsatisfactory one. Judging from the report before us, the whole case for the defence rested upon the connection between the development of the puerperal fever and the presence of the midwife. If the midwife was directly responsible for the onset of the fever, either by conveyance of infection or by direct neglect, then the strictures of the medical man were justified. But evidence upon this point seemed to be wanting, and in its absence the jury naturally could come to no other conclusion than that the libel had been proved. Before any such case could be successfully defended, the defendant would have to clearly prove that the plaintiff was "wilfully" neglectful, a matter upon which it would be by no means easy to convince a jury.

Infant Mortality at Cardiff.

At a recent meeting of the Cardiff Burial Board, the Mayor of the town drew attention to the fact that, out of the two hundred interments for last month, more than half were those of children under the age of five years, and he was of opinion that if such were the case with animals, a Government inquiry would take place. He further stated that he knew of a house in the district where all the children had died within a week during last month. The committee were apparently not much disposed to regard this as anything very abnormal, and it was only reluctantly that they agreed to refer the matter to the medical officer of health. It appears that the subject had on former occasions come forward for discussion by the Board, with the result that the medical officer of health, on being communicated with, replied to the effect that there was no special cause for alarm. Clearly, however, the time has arrived when a full and exhaustive report should now be prepared by this officer, with a view to ascertaining the true facts of the case. Meanwhile, the Mayor of Cardiff is to be congratulated upon his public-spirited policy of insisting upon the matter being thoroughly inquired into.

The Medical Officer of Health for Oldham.

The important district of Oldham, of which Dr. Niven, before his migration to Manchester, held the post of Medical Officer of Health, has not been left long without the appointment of a suitable successor. The Sanitary Committee of the district met the other evening, and out of seven applicants for the vacancy, recommended the candidature of Mr. C. H. Tattershall the present Medical Officer of Health at Eccles. Mr. Tattershall, besides holding office for five years at the latter place, has had also experience as Deputy Medical Officer for Salford. His claims were strongly urged upon the Committee by the leading members of the profession in the district, and in succeeding to the post vacated by Dr. Niven, Mr. Tattershall, who is just over thirty, is greatly to be congratulated.

Death from Chloroform.

While chloroform was being administered to a woman last week in the hospital at Coventry she became very violent, and then the heart suddenly ceased to beat. Everything was done to restore life, but all to no purpose. The anæsthetic was given for the purpose of the removal of a nasal polypus. The assistant house-surgeon, who was the administrator, was acquitted of all blame in the matter by the jury who were summoned to inquire into the cause of death.

Clearance of a Condemned Area in Sheffield.

There is a movement on foot on the part of the Sheffield Corporation to clear out a certain area situated in the oldest portion of the city, which is in a most unsanitary condition. The proposed action on the part of the Corporation is certainly not premature. Back-to-back houses, narrow streets, faulty and defective drainage, middens in close proximity to the houses, in fact, every canon of the laws of health set at defiance, makes one wonder such a state of affairs could have been so long tolerated by the authorities of the city. The condemned area extends over 25,501 square yards. It has a population of 278 to the acre. The death-rate in the city generally is 22 per 1,000; in the condemned area the death-rate was 31 per 1,000. The cost of the scheme the Corporation has in view is estimated at £59,672 exclusive of the cost of rebuilding. Major-General H. D. Crozier, R.E., held an inquiry into the matter on Wednesday, February 28th, on behalf of the Local Government Board, and inspected the condition of the places involved; it is said that he has formed a pretty strong opinion as to their condition. In the event of a scheme to construct a new central station in Sheffield being carried out as at present in the process of promotion, the condemned area will be the site selected. This would, in every way, be an advantage to the city of Sheffield.

A Funny Decision.

The Woman's Charity Club of Boston has decided by 43 votes to 38 to forbid all medical students the privileges of clinical instruction at operations performed in the hospital of the Club. This decision has apparently arisen out of the mistaken notion that gynæcological operations must always be a source of attraction to students. But even if such should be the case—what then? Women to the end of time will have to be operated upon gynæcologically—unless, indeed, Nature steps in and forgets to put their appendages and uterus in when the embryotic parcel is being made up. If this were the case, however, there would be no need for woman's hospitals, and the hospital of the Woman's Charity Club at Boston would have no reason for excluding students. With the dawn of the twentieth century in view, the decision arrived at by this Charity Club is certainly a remarkable one. But, perhaps, the Boston women are different to those in other parts of the American Republic.

Small-pox Delirium.

From time to time cases are reported where small-pox patients have escaped from hospitals in a delirious state, and have done themselves serious or even fatal injury. As most people know, the delirium of small-pox is of a peculiar type, and persons affected with it will climb up chimneys, leap through windows, and scale walls in their blind efforts at escape into the unknown. It behoves the authorities of such institutions, therefore, to be ceaselessly on the alert in order to prevent such untoward occurrences. Indeed, it may be said that they should be quite as careful in this respect as those who are responsible for lunatic asylums, inasmuch as a small-pox patient can hardly run loose, for however short a period, without scattering the germs of his disease broadcast. The occurrence of such an event as the escape of a delirious patient is a reproach to those in charge of the hospital, for they of all people should be alive to the circumstances of the situation. The danger to the wandering patient has been lately illustrated with tragic emphasis in Birmingham, where an inmate escaped from the small-pox hospital and was drowned in the canal which runs close by. The nurse was positive at the inquest that she had left the patient for ten minutes only. That period of time, let it be remarked, would be enough for an insane patient to murder half a dozen people, to set the ward on fire, and to get away to a less restrained field of action. Another point raised at the inquest, and not answered satisfactorily, was whether a certain door communicating between the hospital grounds and the canal had been left open or not. The moral of this case is obvious, and unfortunately it has been enforced in a similar disastrous way over and over again. The managers of fever hospitals will do well to lay these lessons to heart, or some day they may be startled by actions for culpable neglect on the part of bereaved relatives. The medical officer of the hospital said he gave clear instructions that the deceased was not to be left alone. Deceased was in a cottage by herself, and the nurse stated in her evidence that she was in charge of two other wards in addition to the cottage.

The Secretaryship of the Royal College of Surgeons, Ireland.

On Thursday last the President and Council of the College received and accepted with regret the resignation of Dr. Jacob of his position as Secretary of the Council, which he has held since the year 1884. They also voted to him a continuance of his salary until the termination of his year of office, the first week in June. Dr. Jacob succeeded his father, Dr. Arthur Jacob, as a Member of the Council of the College in the year 1869, and served in that capacity for fourteen successive years with the exception of a portion of one year. On the death of Dr. James Stannus Hughes in the year 1884, Dr. Jacob was elected Secretary, and has since been unanimously re-elected in each June for ten years. Meanwhile, the secretarial functions had so greatly increased by reason of the development of the Conjoint Examination system, and under the Medical Act of 1886, to which the Council of the College has been obliged to devote almost continuous attention for several years, and the work of administration of the amalgamated schools now merged in the School of the College has required such constant attention by the Council that, although the President and Council recognised the increased duties by increased salary, Dr. Jacob did not feel able, having regard to other avocations, to seek to retain the office. The Council has ordered that the election of a Secretary of the Council shall be proceeded with at its meeting on the 5th of April. No candidate is admissible, under the bye-laws, save a Fellow of the College. No salary is as yet finally fixed, but it is suggested that a saving of the collegiate finances shall be effected by reducing the salary to £150 or £100 a year. Dr. Jacob has also resigned the Secretaryship of the Committee of Management of the Examinations held by the College and the Apothecaries' Hall of Ireland.

The Mortality Statistics at the Chelsea Hospital for Women.

The Medical Staff of the Chelsea Hospital for Women have just presented a voluminous report to the Board of Management of the Institution containing all the details of the operations performed by them during the past year, together with a full record of the mortality arising therefrom. A copy of this report has been forwarded to us, the comprehensiveness of which reflects the greatest credit upon the compilers. It could only have been compiled at infinite pains and trouble, and is in itself a sufficient proof that the fullest inquiry is courted by those connected with the institution at the present juncture. It will be remembered that of the 36 deaths out of a total number of 636 in-patients a large proportion was attributed by the Medical Officer of Health to septicæmia after operation. The answer in the report to this allegation is: "We find that in 13 of the total 36 cases no operation had been performed; that 14 deaths were due to sepsis, but of this number 6 were infected before admission to the hospital, and doubtless excited a malign influence upon our other operations. As much may be said of 8 of those cases out of the 13 which were never operated on. . . . Nine deaths after operation were due to causes other than sepsis. Moreover, among the cases which have been admitted during the past year, which have materially added to our death-rate, are one case of bronchitis, one of broncho-pneumonia, one of suppurating kidney, and one of approaching child-birth, resulting in the death of the child, all of which told against our death-rate." The report also points out that the analysis of the cases reveals that very few, if any, of the deaths in the past year were due to sanitary defects in the construction of the hospital. But apart from the questions at issue, much interesting information is contained in the analysis of the cases of which the report is mainly composed, and for this reason the compilation may be profitably perused. We would also draw attention to the letter in another column of our present issue, which will be read with interest at the present juncture.

The Dublin Students' Organisation.

The students have submitted to the Council of the College of Surgeons a memorial signed with 315 names, which sets forth the subjects of their present complaints, and the matter will, no doubt, come under consideration at the meeting of the Council next Thursday. The points made by the students in the memorial are:—*a*. The reaffirmed rule of the Committee of Management under which they may be sent back to studies after rejection; *b*. The alleged excessive diploma fees; *c*. The alleged excessive re-examination fee; *d*. The want of proper accommodation for luncheon, &c., in the College school. A general meeting of the students was held, by permission, in the College theatre, when a Students' Association was organised, which we hope will be managed on discreet and business-like lines, in which case the success of all reasonable representations to the Colleges is assured. There are plenty of real grievances to be remedied, and perfectly reasonable concessions to be asked for. Moreover, in our opinion, the College may gain much useful information by inter-communication with the students, but we are sure that the organisers of this movement have sense enough to see that it will be impossible for the Colleges to yield to any proposals which would lower the standard of education or examination, or to engage in controversies as to the fairness of individual examinations. We therefore trust that the students, for their own sakes, will keep carefully clear of such pitfalls.

Medical Officers of Health and Infectious Diseases.

AN ever-present danger of open friction between the general practitioners and the medical officer of any given district lies in question of diagnosis. Some time since a case was commented on in these columns where the notification fee of a medical man in a central London district was refused by the Vestry on the ground that the disease was other than the one certified. To uphold his own adverse view the medical officer called in a "specialist in erysipelas," whatever that may mean, from the West End. The plaintiff doctor, however, recovered his fee from the Vestry. In view of the possibility of such unseemly wrangles, it is encouraging to find Dr. Louis Parkes takes the following decisive view of the position in his lately published little handbook: "There is no obligation laid upon the Medical Officer of Health to examine a patient notified by a medical practitioner as suffering from an infectious disease in order to *verify the diagnosis*. Such a procedure forms no part of the duty of a Medical Officer of Health. . . . As a general rule the examination of a patient should only be made after obtaining the consent of the medical practitioner in attendance, or in consultation with him."

A Protest against Notification.

IN another column will be found a letter from a correspondent which confirms in many particulars the justness of our opposition to this measure as at present administered. In our opinion the system of compulsory notification by the medical practitioner cannot be "mended" and must be "ended." It is, and always was, intrinsically bad in principle, and it would have been wonderful if the wrangles between the sanitary authorities and the practitioners which now threaten the life of the system had not occurred. They are part and parcel of the method, and of themselves are enough to kill the system, but there are many other faults which would certainly destroy it even if the doctors had nothing to complain of. Why should not all parties join in getting rid of this legislative monstrosity and replacing it with an Act which may secure immediate and effective notification by other means? All are agreed that it is very desirable to attain such a result. Why should we continue to discredit the principle by sticking to a mechanism which is entitled to no respect (being the deformed offspring of half a dozen faddists), is vicious in principle, unworkable in practice, and pernicious if it were worked? Let us all insist on a repeal of the dual notification system and the enactment of compulsory notification by the householder, aided by such inducements for voluntary notification by the practitioner as will put the working of the system practically into his hands.

The Practitioners' and Students' Registers.

THE official lists annually issued by the General Medical Council reach us this week, much earlier in the year than has been customary, for which Mr. Miller, the Registrar, is entitled to special credit. To those who can take time to look over the statistics contained therein, the books contain much interesting information. The numbers of our profession continue steadily to increase. The 22,200 of a medical army in the field in 1876 has grown to 31,614, the increase being at the rate of over 500 each year. Recently the growth of the profession has been more rapid, and since 1893, 1,579 names were added to the list, making a net addition, after all deaths are allowed for, of 1,054 new practitioners. Nothing is more striking in these figures than the growth of the business done by the Scotch and English Licensing Bodies at the expense of the Irish Colleges. In the 13 years from 1876 to 1888, England increased its yearly average output of practitioners from 676 to 699; Scotland increased hers from 306 to 525 (over 58 per cent.); while the Irish output fell off from the yearly average of 211 to 177 (a decrease of 13 per cent.) A marked feature with regard to the Register is the increase in the number of Licensing Bodies in the British Colonies and India which have been recognised by the Medical Council as granting qualifications entitling to registration in the Colonial List, the following bodies having been added to those previously recognised: the Universities of Adelaide, Calcutta, Madras, and the Punjab, and the Ceylon Medical College. The Students' Register, heretofore issued in paper covers, has risen to the dignity of cloth boards, and is otherwise much improved. Among other interesting things which may be learned from its pages is that the adoption of the five years' scheme of education produced an immediate loss to teachers, colleges, and hospitals throughout the Kingdon of no less than 734 students, a drop in one year (1892) of over 30 per cent in the student class. It is much to be regretted that professors, hospital surgeons, and collegiate administrators do not seem to be able to spare a little time from less edifying avocations to study the figures which these books contain and to make some attempt to stem the tide which promises to sweep them away.

DR. WM. JEPHSON WELDON, of Gorey, has been appointed to the Commission of the Peace for the County Wexford.

The Death of the Coroner for North-East London.

WE regret to announce the death of Dr. Roderick Macdonald, Coroner for North-East London, and lately M.P. for Ross-shire. Some months ago it was reported that he was suffering from epithelioma of the tongue, and his illness compelled him to assign his duties to a deputy. The appointment was worth £1,600 per annum. Formerly the freeholders elected the coroner, but now the election to the post is in the hands of the London County Council. We trust that another medical man will succeed to the vacancy thus created by Dr. Macdonald's death. There will doubtless be a large number of applicants for the appointment. At present only one has come to our knowledge, that of Dr. Bernard O'Connor, who possesses the undoubted advantages for such a post, being both a doctor of medicine and a barrister-at-law.

The Agitation against the British Institute of Preventive Medicine.

A CORRESPONDENT referred last week to the antics of the clerical quack—the Rev. R. H. Haweis—against the building of the Pasteur Institute at Chelsea, and the manner in which the agitation is still carried on is superbly exposed in a communication which we publish in another column from Dr. Armand Ruffer, the Honorary Secretary to the Institute. But despite the opposition of Haweis and Co., the public have shown themselves capable of reading between the lines, and with commendable common sense have declined to take part in an agitation the promoters of which have declined to take part in an agitation the promoters of which have been painfully convicted of malicious ignorance in respect to the subject concerned. It is not surprising that the "Rev. Mr. Puff" should have espoused the cause of the Anti-Vivisection Society, for this Society happens to be *the one* of all others which makes the most fuss about itself, and out of which the most notoriety is to be gained at a cheap rate. After all, however, no serious notice need be taken of the screechings of these fatuous agitators; the public, we are glad to say, has more sense than is sufficient to appraise them at their true value.

A CHELTENHAM correspondent states that a profound sensation was caused there on Saturday evening by Dr. C. Neil Griffiths having been found in his surgery shot through the heart. He recently suffered from a severe attack of influenza, which caused a low and depressed condition. Arrangements had been made for a trip to Bournemouth for a change at the time of the tragic event. The pistol was found in the surgery.

WE observe with satisfaction that Dr. Robt. L. Swan, Surgeon to Steevens's Hospital and the Orthopædic Hospital, Dublin, has returned to Dublin completely restored to health. Having suffered last autumn from a dangerous attack of typhoid fever, he, by the advice of his physicians, took a trip to India and back with the best result to his health.

THE recent death of Dr. Charles MacDowell, of Carlow, extinguishes the office of Visiting Physician to the District Asylum, and an election was held last week for the purpose of appointing an assistant, who is supposed to balance the loss of the Visiting Physician, the salary being £200 a year. Two candidates presented themselves, and the result of the voting was a tie, so that a fresh election must be held.

WE are asked to announce that in consequence of the absence of Dr. Thorne-Thorne from England on official duties, he will be unable to give his address on "Cholera" at the Sessional meeting of the Sanitary Institute on March 14th.

THE Dispensary Medical Officer of the Golden Bridge Dispensary found, last week, in the infusion jug, the decomposed body of an infant. The vessel had, however, not been used for years.

THE death is announced of Dr. David Davies, J.P. for Carmarthenshire, aged 76, at Aberceri, Newcastle-Emlyn, South Wales. For twenty years the deceased held the post of Medical Officer of Health at Bristol, resigning in 1886.

DR. GILBART SMITH has succeeded Dr. Hughlings Jackson in the physiciancy of the London Hospital. In consequence of this promotion a vacancy is created on the staff of assistant physicians.

DR. NORMAN ANWYL has died at Rio de Janeiro of yellow fever, which is raging severely in the Bay. A telegraphic despatch states that there were 200 cases of the disease in that city last week.

PROF. W. C. ARNISON and Dr. James Murphy have been selected as delegates to represent the University of Durham at the International Medical Congress at Rome.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

THE ALLEGED INCREASE OF LUNACY IN SCOTLAND.—At the quarterly meeting of the Scotch Branch of the Medico-Psychological Association, held at Glasgow on Thursday, 8th inst., under the presidency of Dr. Ireland, the agenda was not exhausted because of an interesting discussion on the certification of the insane in the Barony parish of Glasgow. This subject was introduced in an elaborate paper by Dr. Carsewell, who occupies a unique position as special certifying physician for the parish. His business is to examine carefully into every alleged case of lunacy, and where the mental disorder is one of doubtful lunacy, or transient, to send the case to special observation wards in the workhouse, and thereafter if need be to the asylum. He furnished some startling statistics. By this rigorous method of scrutiny, he has been able to reduce the number of certified lunatics to less than 60 per cent. of the applications. Moreover, the duration of treatment in the observation wards is never more than a month. The subject was next handled by Dr. Alexander Robertson, who has had considerable experience in certifying lunatics, by Drs. Clouston, Campbell Clark, Urquhart, Watson, and others. Mr. Motion, the Inspector of the Barony parish, gave much practical information on the method of dealing with these transient and borderland cases in the observation wards. The general feeling of the meeting was that much fresh light had been shed on the problem of the alleged increase of lunacy, that this experiment, successful though it has been in the case of the Barony parish, ought to be carefully conducted in view of possible neglect and abuse in workhouse wards, and that it might be compared for statistical purposes with the results obtained in other large parishes of Scotland.

Edinburgh Refuse.—The old question of the disposal of the Edinburgh refuse has again been re-opened by an action brought by the Lord Advocate on behalf of the War Office, seeking to interdict the North British Railway Company and a farmer from conveying refuse to Glencorse or from unloading it near the military barracks there. At present a very considerable quantity of the town refuse is destroyed in the destructor recently erected, but all of it cannot be got rid of in that way, and the Town Council sell some to farmers or fill up disused sand pits, &c., in the neighbourhood of the city with the rest. In the course of the action it was shown that although the refuse had an evil smell, yet it contained no fæcal matter, save some small quantity of horse-droppings, and was unlikely to set up disease. Dr. George Balfour, who was examined for the defence, when questioned about the possibility of growing organisms from the stuff, showed the Court test tubes cultivations of germs grown from Edinburgh bread and Edinburgh water, no doubt much to the Court's astonishment, and said that germs could be cultivated from almost any mortal thing. It was also pointed out that in the barracks themselves there were at least fifteen dustbins containing the same quality of house refuse as that complained of. Local medical evidence was led to the effect that no cases of diphtheria or typhoid had been traced to the refuse, and that the health of those living near the depôts had not been affected. The Court reserved judgment.

Edinburgh Royal Infirmary.—The Law Committee, to whom the question of the powers of the Board of Managers to attach conditions to future staff appointments was remitted, have reported that, "The Committee are of opinion that the Board has power to limit the tenure of office of members of its staff to one year, and to attach to the appointments such conditions not inconsistent with the Charter or Act of Parliament, as it sees fit." Dr. Batty Tuke, at the meeting at which this report was handed in, said that this report did not touch the crux of the question whether the Board had a right to limit the franchise of any body that sent members to the Board. He moved that the report be referred back to the Law Committee, but found no seconder, and the report was approved.

Grants to Glasgow University.—The Bellahouston Trustees have notified the following grants to the University:—(1) a capital grant of £5,000 towards the erection and equipment of buildings for medical and scientific instruction of students; (2) a capital grant of £500 and an annual grant (during the pleasure of the trustees) of £100 on account of the University library; (3) a capital grant of £500 and an annual grant (during the pleasure of the trustees, of £100 towards the pathological section of the Hunterian museum; (4) £5,000 towards the establishment of a chair of geology; two annual grants of £100 each, and a grant of £500 towards chairs of natural philosophy and chemistry; £400 on account of a chair of physiology; a capital grant of not less than £750 nor more than £1,000 on behalf of a chair of astronomy; and an annual grant of £50 for five years towards improving the condition of the Observatory.

The Scottish Universities—Draft Ordinances.—A number of draft ordinances have just been issued, the most important being Nos. 19 and 20, the former containing general regulations for the admission of women to bursaries, scholarships, and fellowships. The other draft ordinances are "Glasgow, Nos. 8 to 19," and consist of regulations for the various foundations, and the foundation bursaries. It is proposed that the four foundation bursaries should be conjoined into two, each of £20 per annum, tenable for three years. Bursaries open to students entering on their first session of medicine will be tenable only by students who have passed the preliminary examination in medicine, or who have been exempted in accordance with provisions of Ordinance No. 49, 14, 15 or 16, and who have not attended any class qualifying for graduation in medicine. With reference to the admission of women to bursaries, the University Court has the power to make regulations for the purpose of appropriating for competition among women students only who are proceeding to a degree in any faculty, open bursaries, which have taken effect prior to the 30th day of August, 1864, with certain reservations. Women will not be allowed to compete for or hold any bursary, scholarship, or fellowship which is not expressly open to competition by women, by the terms of its deed of foundation, and women competing for bursaries, scholarships, or fellowships under the provisions of this ordinance will be subject to all the provisions prescribed by Ordinance General, No. 19.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE BRITISH INSTITUTE OF PREVENTIVE MEDICINE AND THE ANTI-VIVISECTION SOCIETY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As the Victoria Street Society for the Total Abolition of Vivisection has taken a prominent part in the agitation against the erection of the Institute at Chelsea, and as notice has been taken of this agitation in your columns, it seems only right that the profession and public should be informed of the way in which this war against scientific investigation is carried on. I beg therefore to ask you to be good enough to find a space for the enclosed document which was written by the assistant-secretary immediately after the conclusion of the interview, and I may add that I am prepared to take every responsibility for the statements made in it.

For the information of your readers it may be stated that Arthur Westcott is a professional lecturer of the Victoria Street Society and has lately been employed in getting up an agitation in Chelsea and the neighbouring parishes against the British Institute of Preventive Medicine.

I am Sir, yours, &c.,
W. Armand Ruffer.
Hon. Sec. Brit. Institute of Preventive Medicine.

101 Great Russell Street, London, W.C.,
March 6th, 1894.

This morning a person called at the office of the Institute, at 101 Great Russell Street, to ask for particulars concerning the Institute, as he said he had seen a letter in the Chelsea papers by Dr. Ruffer stating that information would be given to all who applied to Dr. Ruffer for it. On my leaving the room to inform Dr. Ruffer, the man sat down at my desk and was seen by Dr. Ruffer and myself to be reading the documents which happened to be lying about.

On Dr. Ruffer asking him his name, he gave it as "John Vernon" of the Kingsland Road, Chelsea. Dr. Ruffer told him this was not true, that his name was Arthur Westcott, and that he was the paid agitator of the Victoria Street Society. This he stoutly denied over and over again, but as I knew the man by sight and told him I had heard him lecture under the name of Westcott, he at last owned that he had what he called a "double-barrelled" name, and that in full it was Arthur John Vernon Westcott. Dr. Ruffer pointed out that he never had so signed or so initialled his name and asked him if he thought it was honest to say his name was John Vernon when it really was Arthur Westcott, and his reply was that if he had given his proper name he thought it most probable that he would not have been able to obtain the information he wanted. Dr. Ruffer told him that as he had been lecturing at Chelsea during the last fortnight about the proposed Institute, common honesty required that he should have made his inquiries *before* beginning to lecture. Dr. Ruffer added that he, Westcott, had never once asked for information about the proposed Institute, and the members of the Victoria Street Society had never made any endeavours or any inquiries at the office to ascertain the true aims and objects of the Institution they are now abusing, and that, moreover, many of the statements which had been published by him, Westcott, and by various other members of the Anti-vivisection Society were simply deliberate falsehoods. Westcott was then given all the documents in my possession relating to the objects of the Institute. This having been done, Dr. Ruffer told Westcott that to come as a spy into a man's office and give a false name was nothing short of telling a lie, and that he, Westcott, was a liar and an impostor. Westcott said he did not think so. On taxing Westcott with uttering falsehoods at the meetings he addressed, Westcott said this was the reporters' fault, but immediately afterwards admitted that he himself had given his notes to the reporters. He then took a written lecture out of his pocket, and began quoting passages from it, but Dr. Ruffer remarked that this was perfectly unnecessary, as he, Dr. Ruffer, already had a shorthand *verbatim* report, taken by two reporters, of everything that was said at one of the meetings addressed by Mr. Westcott.

On Dr. Ruffer asking him to substantiate his statement that he had seen cultures thrown out of a window at the Institut Pasteur, he denied ever having said such a thing, and admitted he had never seen this done. When Dr. Ruffer charged him with having described as an eye-witness an experiment at the Institut Pasteur, which had never been performed there, Westcott admitted that *he had never seen any experiment whatever at the Institut Pasteur*, but he had seen the experiment in "another laboratory." He did not volunteer the name of the "laboratory," nor the date of the experiment, but Dr. Ruffer pointed out that from the shorthand report, he distinctly understood the supposed experiment had been done at the Institut Pasteur, and that he, Dr. Ruffer, had also in his possession the report of another of Westcott's speeches, in which he described how he, Westcott, had seen over five hundred animals inoculated at the Institut Pasteur, and that in many cases great pain was caused. Westcott again stated he had never seen a single experiment performed at the Institut Pasteur, and was then shown the door.

Geo. N. Cooper, Assistant Secretary.

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THE CHELSEA HOSPITAL FOR WOMEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am instructed by the Board of Management to write you as follows :—

You are aware that the Vestry of Chelsea had asked of the Home Secretary and the Local Government Board an inquiry into the management of the hospital during the past year. Both these authorities have refused to institute such an inquiry.

The Board of Management and the Medical Staff would have welcomed the most searching investigation by either the one or the other. However, the Vestry's demands having been refused by the Home Office and the Local Government Board, we are free to address you. Herewith are presented to you full and accurate details of the four classes of operations as to which the Medical Officer of Health for Chelsea makes special reference, and they are tabulated in such a way as to answer the five questions he asks as to each class. Moreover, the name of the operator is appended to every case. We make our reply in this form, although we do not for one moment admit the right of any Medical Officer of Health, however distinguished in his own speciality, to set himself up as a judge of the operative work of this or any other hospital in his district. We venture to submit that to do so would be to set up a most dangerous precedent.

We believe this is the first instance where any Medical Officer of Health has, in a statement made professedly as to the insanitary condition of a hospital, taken occasion to make an attack upon the entire Medical Staff reflecting upon their professional probity and skill. It is needless so say that had these reflections been directed against any single member of the Staff, Dr. Parkes would have been proceeded against for libel and defamation of professional character, from which even his official position would not protect him.

During the year under review 28 patients remained in the hospital from the previous year, and 636 new cases were admitted, making 664 under treatment. Of this number 373 required operation. Thirty-five women died, a general percentage mortality of 5·2 per cent. Of the 35 deaths, or 36, as has been alleged, including a prematurely born child, 13 never were operated upon at all. The death-rate amongst those not operated upon was, therefore, 4·9 per cent. This proves to demonstration that during 1893 the class of cases brought to us for treatment was one of patients in the last stages of illness. Our books show that the ordinary formalities of obtaining letters had again and again to be dispensed with, and that desperate cases were admitted simply in the common cause of humanity. Doubtless in this way some unsuitable cases were received, but it must be remembered that an accurate diagnosis cannot be made of obscure internal disease till after admission. Once admitted we felt the responsibility of doing our best must be borne, and that it would be inhuman to turn the poor creatures out again merely to keep our statistics in a condition favourable to the Medical Staff. In this way at least 14 cases more or less septically infected before admission came into our wards and unquestionably exerted a malign influence on some of our other cases.

It is manifestly unfair to take one year's work and upon that to credit us with a death-rate of so many per cent. for this or for that operation.

It is no more right for the Medical Staff to be specially blamed because the percentage of deaths of ovariotomy cases has been higher in 1893 than in any previous year, than it is for them to claim undue praise because in six cases of extra-uterine gestation operated on in the same year, there were absolutely no deaths. The whole question thus raised as a side issue to the insanitary condition of the hospital bristles with fallacies. As to the sanitary report as laid before the Vestry of Chelsea by Dr. Parkes, it involves that gentleman in a serious charge of misrepresentation and neglect. We do not stop to dwell upon the fact that he has recommended that the main drain of the hospital be carried inside the building, whereas it has been hitherto outside, nor that on many other points he is in conflict with other distinguished sanitary authorities. Nor do we stop to plead that everything and every appliance that was regarded as sanitarily perfect was used regardless of expense when the Hospital was built 14 years ago.

The gravamen of his charge is that he made his way into the hospital, that he discovered the insanitary condition of the hospital and that he felt compelled to apply to the Vestry to close the hospital on Feb. 6th, 1894. Whereas the first case of scarlet fever occurred on 27th Dec. 1893, the hospital was closed on my initiative on the 29th Dec. 1893, five weeks before he presented his report, be it noted. No patients were ever infected ; three nurses were laid up with the fever, not four, as he states ; so promptly were they isolated and removed, that in three days the outbreak was over.

After closing, steps were taken to clear the hospital as speedily as could be done with due regard to the safety of convalescent patients ; on Jan. 15th the hospital was empty. In the meantime it had been resolved to place the institution in the hands of the Medical Officer of Health for disinfection and general inspection. On 17th, 19th, and 20th Jan., the Medical Officer of Health inspected the hospital, and on the 22nd, by invitation, attended a meeting of the House Committee, making a verbal report and generally advising. On the 24th his written report was received as to suggested sanitary improvements. Plans and specifications were forthwith got out and tenders invited.

On Feb. 3rd, 1894, I wrote Dr. Parkes to the effect that his recommendations would be carried out. On Feb. 2nd, 3rd, and 5th, the sanitary engineer of the hospital waited upon Dr. Parkes with the plans embodying his suggestions, and was refused an interview on each occasion. Yet in the face of all this, regardless of what injury it might do to an institution which had been established 21 years, officered by men all working with the common object of saving life and relieving suffering, he thinks fit to present a report to a body of laymen reflecting on the professional probity of certain of his medical brethren and asking for powers to close a hospital which he well knew had been shut for five weeks, and in which he knew public money was being expended to carry out loyally every recommendation, reasonable or otherwise, which it had seemed good to him to make.

So serious a view does the Board of Management take of

Dr. Parkes' proceedings that they are making representations embodying all these facts to the Home Secretary, to the President of the Local Government Board, and the Chelsea Vestry.

I wish I could have made this letter shorter, but the wide scope of the charge makes a brief reply impossible.

I am, Sir, yours &c.,
Henry E. Wright,
Treasurer.

Chelsea Hospital for Women, Fulham Road, S.W.
March 6th, 1894.

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INFECTIOUS DISEASES (NOTIFICATION) ACT, 1889.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—May I point out what must be regarded as a grave defect in the Infectious Diseases (Notification) Act, 1889, and one which I have little doubt will have to be remedied sooner or later. I refer to the facility it affords for grave misuse by putting in the hands of the smallest sanitary authority, and hence into the hands of their advisory and executive officers, the power to summon vexatiously, and on totally inadequate evidence, respectable medical practitioners to appear as defendants in a police-court with its inseparable criminal associations.

Unreasonable prosecutions under the Act are becoming unpleasantly common. In one instance a purely unintentional omission to notify, an omission which any medical man in busy practice can understand may readily happen, led to such a police-court prosecution.

Moreover, it has become common for village medical officers of health to so misread their powers as to visit the patients of their brethren, and to assume that it is one of the functions of their office to sit in judgment on the diagnosis of their fellow and rival practitioners. In a recent case the Local Government Board issued a letter pointing out the impropriety of such action, but this surveillance on the part of the medical officer of health has led to several recent prosecutions and threats of prosecution.

The members of small authorities not unfrequently think they constitute a proper tribunal to decide obscure questions of diagnosis, and regard their medical officer of health as their skilled assessor. Consequently, a word from him is sufficient for them to decide on a prosecution under the Act. As an example of the confusion and improprieties which take place, I quote another case :—

A small sanitary authority, because, as they allege, "their medical officer had carefully diagnosed the case," (*sic*) of another practitioner, refer the matter to a still smaller committee with a view to prosecution under the Notification Act for the non-notification by the practitioner of disease which, in his opinion, did not exist; and in spite of one clear-headed member of the board who, although personally unacquainted with the practitioner in question, protested that a committee is not competent to deal with such a matter, and who publicly maintained that many of these prosecutions "were the result of caprice, personal feeling animus on the part of the officers, and perhaps some of the members of the board."

Again, prosecutions have followed omission to notify cases in which the signs render a certain diagnosis absolutely impossible, and one learned clerk to an authority is reported to have delivered himself thus :—"The Act was passed in order that diseases which, in the opinion of medical men, were *likely to develop into one* of those mentioned in the Act might be notified at once." This, in spite of the clear language of Section 3, which says :—

"Every medical practitioner . . . shall forthwith, on becoming aware that the patient is suffering from an infectious disease . . . send to the Medical Officer of Health . . . . . . a certificate."

What I ask, Sir, is this: Is it right, reasonable, or conducive to the maintenance of its honourable status that the members of a generous and public-minded profession should be subject to the indignity of a police-court prosecution instituted by an authority acting under the guidance of officers who can read the plain English of Section 3 in this way, or of medical officers equally fallible as themselves, and whose worldly interest is to discredit their rivals?

Let us have notification by all means as a basis for isolation, but let the profession have some security and protection from persecution originating in ignorance, conceit, rivalry, or other improper motive. The remedy is to amend the Act, so that the veto of prosecution shall be vested in the Local Goverment Board. This is the only feasible way to save an otherwise beneficent Act from ultimate inevitable repeal.

I am, Sir, yours, &c.,
Leslie Phillips, M.D.

Birmingham, March 7th.

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A MECHANICAL TREATMENT OF PHTHISIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am glad to see that this subject has interested at least one of your readers. If the value of the plan I described were recognised as I think it deserves to be, every case in which phthisis threatened or had commenced would be treated in the manner I proposed.

Mr. Huxley remarks that I make no allusion to the use of crutches for frequent exercise. My reasons for disapproving of crutches for such a purpose are as follows :—

1. They press the shoulders upwards and rather forwards, and tend to compress the apices of the lungs, and not to expand them.
2. The use of crutches involves very great physical exertion on the part of the patient.
3. They press upon the axillary vessels and nerves, which is, to say the least, very irksome to the patient, and may be harmful.

Even if crutches acted as beneficially as the plan I advocate, there would still be the objection that its effect would only be temporary, whereas, one of the chief points of my proposition is the *continuous expansion* of the thorax with hardly any effort on the part of the patient.

Of course there are cases of difficulty in walking from paralysis and other causes in which crutches may be used, but even in such instances I always prefer adapting, when possible, other methods of helping the patient rather than impose upon him the disagreeablenees of getting about with such primitive apparatus as crutches.

I am glad to see that Mr. Huxley advocates the use of a tricycle of an improved form, and I hope he will invent something upon the lines he suggests.

I am, Sir, yours, &c.,
Noble Smith.

Queen Anne St., London, W.

THE INVENTION OF THE FLAP-SPLITTING OPERATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Questions of priority are always the most useless for discussion, and at the same time the most aggravating. Concerning that which forms the heading of this letter, my friend, Dr. Alexander Duke, does me scant justice. When my original paper was published (I think in 1888), some one then in Dublin sent me an anonymous letter (the authorship of which I now suspect) pointing out that Maurice Collis had anticipated my idea for vesico-vaginal fistula so long ago as 1861. I immediately wrote a letter to the journals pointing out the fact, delighted at the same time that I could render a tribute to one who was one of my most highly-esteemed friends.

But in my operation for repair of the ruptured perinæum the principle of flap-splitting is but one of a number of processes, the rest of which do not come within the scope of Maurice Collis's paper. If any body else had combined them and applied them before I did, so much the better for him, but I may say that I repudiate every description of my operation written by any body who has not seen me do it.

I am, Sir, yours, &c.,
Lawson Tait.

Birmingham, March 12th, 1894.

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Obituary.

MR. J. K. BARTON, OF DUBLIN.

The news arrived in Dublin last Sunday morning that Mr. Barton, Surgeon to the Adelaide Hospital, had breathed his last at Mentone, where he had gone for the benefit of his failing health, resided and practised for the last two winters. He had spent a portion of last summer in Dublin, and returned to Mentone with the advent of the cold weather. Mr. Barton was the son of a well-known banker and stockbroker in Dublin. He entered the profession through the University of Dublin, in which he graduated as B.A. in 1854. He had taken the licence of the College of Surgeons two years previously, and he became a Fellow in 1860. He was at first connected with the Anatomical School of Trinity College, where he held successively the positions of Demonstrator and University Anatomist, and, afterwards, he joined in laying the foundation of the Carmichael College, in which he was Lecturer on Surgery for several years. He became President of the College of Surgeons in 1883, and was Senior Surgeon of the Adelaide Hospital until his death. Mr. Barton had the mind and spirit of a gentleman. Unassuming and kindly, incapable of an act which was disingenuous, and strongly influenced by religious feeling, he manifested none of that Pharisaism which commonly marks the ostentatiously pious. He married the daughter of the famous Professor of Chemistry in the University, James Apjohn, and, in dying, has left hosts of regretful friends, and, we believe, not one enemy.

DR. DAVYS, CORONER FOR NORTH DUBLIN COUNTY.

We greatly regret to announce the death of Frank Davys, the genial Coroner for North Dublin and Medical Officer of the Swords District. Dr. Davys breathed his last from cardiac asthma. He had been in delicate health since last summer, and after partial recovery, had strained his weakened constitution in the brave effort to perform his duty and to carry on his work, but had been obliged to stop work some weeks ago and come to Dublin for medical help. Dr. Davys was a model of characteristic Irish intelligence and hard work. He was, so to speak, in the saddle night and day in the endeavour to keep pace with a large local practice and with his coroner's duties, and he was most successful in the effort, for he enjoyed the confidence of his patients and never made mistakes in his legal functions. He was almost as well known and as popular in Dublin and amongst his professional colleagues in his College and in the Academy as in Swords, and for many years occupied a position as Examiner in the College of Surgeons.

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Medical News.

The International Medical Congress at Rome.

The English Secretary is anxious that members should understand that travelling vouchers only are issued by him in the first instance. The Secretary then has to give notice to the Italian authorities, and the provisional cards (white for members, red for guests) referred to in the blue printed circular are sent from Rome. Application has been made to the Italian Committee for a supply of the provisional cards, and if this can be granted time may be saved. The English Secretary also would be particularly obliged if all applications for tickets could be made as soon as possible, in order to avoid possible difficulties which may result from hurried issue at the last moment. Since last week the Sleeping Car Company (46 Rue Mathurien, Paris) has accorded a 50 per cent. reduction, which brings the extra cost for sleeping accommodation down to the same proportion as that charged for ordinary tickets.

The Truth about Bovril.

From time to time reports have been circulated that the extract of meat known as "Bovril" was made from horseflesh, and no sooner was an authoritative denial given than the rumour cropped up in another quarter evidently showing that either the report was true, or that some agent was maliciously bent on injuring the reputation of a popular article of diet. That "truth will out" is fully exemplified in the present instance. Last week an action was brought by the Bovril Company, of which Lord Playfair is Chairman, in the Scotch Court of Session against a horse-dealer and foreign agent, of Glasgow and Greenbank, for damages for libel. The plaintiff Company stated that they carried on an extensive business as food specialists and as the manufacturers of the fluid beef preparation known as "Bovril"; that Bovril is the guaranteed product of prime ox beef manufactured exclusively from the flesh of first-class oxen in the very best condition; and that it is manufactured under the constant direct supervision of Dr. Harkness, Government Analyst, Somerset House, London. They alleged that since the formation of the company in 1889, there had been generally a large and steady increase in the amount of Bovril sold, but that in certain districts there had been, during the last two years, a decrease in their sales, and in the course of their inquiries they discovered that the defendant, who is a foreign agent in Glasgow, had regularly and systematically since the beginning 1892, represented himself as being the agent employed by the Bovril Company to buy old horses and solicited horse dealers and others to sell him such horses for the purpose of being manufactured into Bovril, and that he had regularly bought horses which he stated were purchased for that purpose. The pursuers characterised these statements as false and calumnious, and they alleged and offered to prove that they were so, and that they had no connection with the defender, or even employed him in any capacity, but that in reality the horses purchased by the defender were shipped by him to the Continent. The result of these false and calumnious statements was that many persons both among those to whom the defender made the statements and others to whom the report had spread, ceased to use Bovril and advised their friends not to use it. The action resulted in a verdict for the plaintiff Company with £1,000 damages and costs. We congratulate the Company upon having discovered and punished the author of this scandalous report.

The Anniversary Dinner of the Medical Society of London.

The one hundred and twenty-first anniversary dinner of the Medical Society of London was held on Thursday last, March 8th, at the Whitehall Rooms, Hotel Métropole, Mr. Arthur E. Durham, F.R.C.S., Treasurer and past President, in the unavoidable absence of the President, Dr. Bristowe, F.R.S., occupying the chair. There was a large attendance, and the *réunion* in every respect was a most successful one. Among those present, including guests, we noticed the President of the Royal College of Physicians (Dr. Russell Reynolds), the President of the Royal Medico-Chirurgical Society (Mr. Jonathan Hutchinson), Professor Bardeleben, the Presidents of the Harveian and Hunterian Societies, Dr. Marcet, F.R.S., Dr. Wilks, F.R.S., Sir Joseph Fayrer, and several past Presidents of the Society. In the toasts that followed, the Chairman gave the "Queen and the Royal Family," and the "Medical Society of London." "The President" (Dr. J. S. Bristowe, F.R.S.) was proposed by Dr. C. Theodore Williams, and in reply, a letter from Dr. Bristowe, regretting his inability to be present through illness, was read by the Chairman. "The President-elect" was proposed by Mr. Thomas Bryant, and responded to by Sir William Dalby. "The Visitors" was proposed by Mr. Howard Marsh, to which Dr. Eastes and Professor Bardeleben replied. Dr. Douglas Powell then proposed the "Retiring Officers and Members of Council," and this was acknowledged by Dr. Cullingworth, retiring Councillor, and Dr. Pasteur, retiring Hon. Sec. Lastly, the "Health of the Chairman" was proposed by Dr. Roberts and responded to by Mr. Durham. The Bijou Orchestra performed a selection of music during the dinner, and Dr. Frederick Roberts kindly sang a song to the delectation of the company. We may add in conclusion that the Officers of the Society, in the course of their speeches, referred in warm terms to their indebtedness to Mr. Hall, the Registrar of the Society, in respect to the assistance which he had rendered them in conducting the Society's work during the past year.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 34, Bombay 36, Madras 44, Paris 23, Brussels 19, Amsterdam 18, Rotterdam 21, The Hague 17, Copenhagen 20, Stockholm 17, Christiania 21, St. Petersburg 27, Moscow 29, Berlin 17, Hamburg 21, Dresden 22, Breslau 24, Munich 25, Vienna 26, Prague 32, Buda-Pesth 24, Trieste 39, Rome 21, Turin 32, Venice —, Cairo 49, Alexandria 53, New York 23.

Notices to Correspondents, Short Letters, &c.

ACCEPTED LECTURES, PAPERS, AND CASES.

The following are hereby acknowledged:—

Dr. Symes Thompson: Post-Graduate Lecture on Phthisis and Life Assurance.

Mr. Jonathan Hutchinson: Post-Graduate Lecture with Clinical Demonstrations.

Dr. Macnaughton Jones: On a Gynæcological Question of Importance in Forensic Medicine relating to the Hymen.

Dr. Lewis Jones: On the Electrical Treatment of Infantile Paralysis.

Dr. F. P. Atkinson: Some Results of Influenza, their Method of Treatment.

Prof. Kraft-Ebing: Clinical Lecture on Poliomyelitis Anterior Acuta, simple and complicated with Multiple Sclerosis.

Prof. Max Jolles: Clinical Lecture on the Examination of the Urine for Nitrites.

Dr. Chas. Forbes: On Malaria and its Therapeutics.

Dr. Macnaughton Jones: Some Practical Observations on the Examination of the Ear.

Mr. Roger Williams, F.R.C.S.: A Clinical Study of Rodent Ulcer based on twenty-eight cases.

Dr. A. Scott Myrtle: How Chronic Skin Diseases were Affected by the Continuous Heat of Last Summer.

Mr. W. H. Horrocks, F.R.C.S.: On Ovariotomy followed by Melancholia.

THE OATHS ACT AND MEDICAL WITNESSES.

To the Editor of The Medical Press and Circular.

Sir,—Having always taken much interest in this subject, and knowing how very repulsive is the act of kissing the grimy book to many medical and other witnesses, I am very glad that you have taken up the cause so warmly and published a copy of the Act.

A little firmness and persistence on the part of medical witnesses would make the Scotch oath, as it is called, general among most witnesses and jurors; for kissing the book is almost confined to England, Wales, and Ireland. The uplifted hand prevails on the Continent, in America, and elsewhere.

Yours faithfully,—F. W. L.

Dr. Lewis Jones' paper on "Electrical Treatment in Infantile Paralysis" is unavoidably hold over.

THE ARMY AND NAVAL COMPETITIVES.

In addition to the examination for fifteen vacancies which is advertised by the Naval Medical Department to come off on the 7th of May, the Indian Medical Department has announced that twelve appointments in that service will be filled by competition in August next.

Mr. Atkinson's paper is accepted, but is necessarily held over on account of the great pressure on our space.

THE COOMBE HOSPITAL SCANDAL.

In a recent issue we reported that a settlement of the suit of the late Master of the Hospital, Dr. Hoey, against the *Independent* newspaper, had been arrived at, the paper agreeing to pay £40 and costs. The *and* was a printer's interpolation, the truth being that the total payment in respect of costs, &c., was £40, and no damages were awarded.

Dr. F. W. Lowndes (Liverpool).—Letter received as we were at press. It shall appear in our next.

THE DICKINSON TESTIMONIAL.

The Hon. Treasurer asks us to make known the fact that the subscription list of the Dr. W. H. Dickinson Testimonial will be closed on the 31st inst. Intending subscribers, therefore, should send their subscriptions to T. Lawrence Read, Esq. (Honorary Treasurer), 11 Petersham Terrace, Queen's Gate, London, S.W., before that date.

Aliquid.—We received the journal with the article in question, but did not consider it worth criticism in our columns. *De minimis non curat lex.*

INSURANCE ON A SMALL SCALE.

A curious item in the report of the Pearl Insurance Company is that relating to the sickness insurance account. No new business, says *London*, has been taken in this branch for twenty-six years, and all that is now being done with it is to receive premiums from old insurers and pay them when ill. Last year the premiums were only £10 5s., and the sick pay £14, and the total fund in hand is only £165.

Dr. P.—The "Sirop de Gibert" is a preparation of the biniodide of mercury, and in one form or another can be obtained at most chemists.

Perplexed.—The law imposes no responsibility on you except as a medical man. The Coroner's officer is the proper person to deal with the other responsibilities.

Meetings of Societies, Lectures, &c.

Wednesday, March 14th.

Laryngological Society of London (20 Hanover Square, W.).—At 5 p.m., Dr. J. B. Ball: A case of Fixation of Vocal Cord of doubtful origin.—Dr. De Havilland Hall: (1) Closure of a Tracheal Fistula of Twenty-one Years' Duration; (2) Larynx of Patient previously shown with Syphilitic Stenosis.—Dr. A. A. Kanthack: Naked-eye Specimen of Pachydermia Laryngis.—Dr. Felix Semon: Two cases of Malignant Disease of the Larynx cured by Thyrotomy and Excision of the Neoplasms.—Dr. Scanes Spicer: A Laryngeal Neoplasm of apparently sudden origin.—Mr. W. R. H. Stewart: Unilateral Laryngitis.—Mr. C. J. Symonds: (1) Syphilitic Stenosis of Larynx wearing a Tracheotomy Tube; (2) Pachydermia Laryngis; (3) Lunated Fold of Mucous Membrane (undescribed?) Protecting the Middle Meatus.—Dr. H. Tilley: (1) Paralysis of Left Vocal Cord; (2) Advanced Tubercular Disease of Larynx.

Hunterian Society.—At 8.30 p.m. Pathological Evening. Dr. William Ettles: Cast of a case of Monoculous Fœtus or Cyclops.—Dr. Turner: Dilatation of Stomach.—Dr. Manson: (1) Sputum from a case of Pulmonary Distomiasis; (2) Malaria Parasite.—Dr. James Galloway: (1) A Peculiar Form of Secondary Growth in Carcinoma; (2) Extra-uterine Fœtation.—Mr. Charters J. Symonds: (1) Extra-uterine Fœtation; (2) Fibroid of Uterus (both removed by hysterectomy); (3) Vermiformix Appendix containing a Pin.

West London Hospital (Hammersmith).—At 5 p.m., Mr. Percy Dunn: Foreign Bodies in the Eye and Ophthalmic Cases. (Post-Graduate Course.)

Thursday, March 15th.

Harveian Society.—At 8.30 p.m., Discussion on Influenza, to be opened by Dr. Samuel West.

Society of Anæsthetists (20 Hanover Square).—At 8.30 p.m., Mr. Richard Gill: The Relation of the Pupil to Anæsthesia.

Friday, March 16th.

Royal College of Surgeons, England.—At 5 p.m., Prof. Chas. Stewart's Lectures on The Physiological Series of Comparative Anatomy in the Museum.

Vacancies.

Bethlem Hospital.—Two Resident Clinical Assistants. Apartments, rations, and attendance provided. Applications to the Clerk, Bridewell Hospital, New Bridge Street. (See advert.)

Bolton Infirmary and Dispensary.—Junior House Surgeon. Salary £80 per annum, with furnished apartments, board, and attendance. Applications and testimonials to the Hon. Sec. not later than March 20th.

Carmarthen Joint Counties' Lunatic Asylum.—Medical Superintendent. Salary £500 per annum, with unfurnisded house, washing, &c. Applications and testimonials to the Clerk to the Visitors by 24th March.

County Carlow Infirmary.—Surgeon. Salary £94 per annum. Applications to the Secretary before March 20th. (See advert.)

Metropolitan Asylums Board.—First Assistant Medical Officer for the Darenth Schools for Imbeciles. Salary £160, rising to £200, with board, apartments, and washing. (See advert.)

Norfolk County Asylum, Thorpe, Norwich.—Junior Assistant Medical Officer. Salary £110 per annum, increasing to £150, with board, lodging, and washing. Applications and testimonials to the Medical Superintendent by March 20th.

Appointments

Collier, H., M.D.Brux., L.R.C.P.Lond. and Edin., M.R.C.S.Eng., Medical Officer to the Great Yarmouth Workhouse.

Lack, H. L., M.B., F.R.C.S., Demonstrator in Surgery to King's College, London.

Lake, W., D.P.H.Camb., M.R.C.S., Medical Officer to the Guildford, Godalming, and Woking Isolation Hospital.

McRitchie, D., M.B., C.M.Aberd., a Medical Officer to the Hunts County Hospital.

Modlin, J. G., M.B., B.S.Durh., Medical Officer for the Monkwearmouth East Sanitary District of the Sunderland Union.

Moore, E. C., M.B., C.M.Edin., Surgeon to the Edinburgh Ear and Throat Dispensary.

O'Sullivan, M., M.B., B.Ch.Irel., Pathologist and Anæsthetist to the Children's Hospital, Temple Street, Dublin.

Preston, J. M. S., M.B., C.M.Edin., Medical Officer for the No. 3 Sanitary District of the Manchester Union.

Rook, A. E., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Workhouse of the Eastbourne Union.

Rubra, H. H., M.R.C.S., L.R.C.P., Assistant House Surgeon to the Cumberland Infirmary, Carlisle.

Tattersall, C. H., L.R.C.P.Lond., M.R.C.S., L.S.Sc.Durh., Medical Officer for Oldham.

Births.

Canton.—March 3rd, at Headford Place, Kells, the wife of Thomas Canton, M.R.C.P.I., L.M., L.R.C.S.I., of a son.

Parry-Jones.—March 6th, at High Street, Alfreton, Derbyshire, the wife of Maurice Parry-Jones, M.D., of a daughter.

Deaths.

Anwyl.—March 2nd, at Rio de Janeiro, of yellow fever, J. Norman Anwyl, M.R.C.S., L.R.C.P.Lond., eldest son of Mr. J. Warrin Anwyl, Abingdon.

Barton.—March 10th, at Mentone, France, John Kellock Barton, M.D., F.R.C.S.I., of 6 Merrion Square, Dublin.

Burns.—March 10th, at Borstal Villa, Rochester, J. J. Douglas Burns, R.N., M.D., M.R.C.P., J.P., aged 78.

Davys.—March 11th, at 19 Lower Mount Street, Dublin, Frank J. Davys, M.D., F.R.C.S.I., J.P., and Coroner, of Cremona, Swords, Co. Dublin.

Dickinson.—Feb. 28th, Charles Dickinson, Surgeon R.N., aged 31.

Griffiths.—March 10th, at 2 Hatherley Villas, Cheltenham, Cecil Neil Griffiths, M.R.C.S.Eng., L.R.C.P.Edin., aged 41.

Macpherson.—March 1st, at 251 Bath Street, Glasgow, Robert Macpherson, M.D., aged 39.

Morris.—March 1st, of paralysis, Dr. de Courcy Morris, late of Shepherd's Bush, aged 47.

Mungle.—March 8th, at 18 Scotland Street, Edinburgh, Robt. Mungle Staff Surgeon R.N., aged 68.

Witherby.—March 3rd, W. Henry Witherby, M.A.Oxon., M.D.Dub.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY, MARCH 21, 1894. No. 12.

Original Communications.

A GYNÆCOLOGICAL QUESTION OF IMPORTANCE IN FORENSIC MEDICINE RELATING TO THE HYMEN.

By H. MACNAUGHTON-JONES, M.D., M.Ch., M.A.O. (Hon. Causa), F.R.C.S.I. & E.

IT may not be without some sense of relief that you consent to divert your attention for a few brief moments from the discussion of pathological specimens, and cases illustrative of phenomenal manipulative skill, to consider a medico-ethical question of special gynæcological interest. It cannot be denied that there are many medico-legal subjects of importance to the gynæcologist which might afford opportunity for valuable discussion. Is it not true that the gravest issues, even those of life and death, liberty, loss of character and reputation, more serious to some than the forfeiture of life itself, frequently hang upon the evidence of the gynæcologist? And is it not equally true that this evidence is occasionally founded upon a most superficial knowledge and cursory examination, whether clinical or pathological? This is the more sad when we realise the forces frequently arrayed against the accused. There are the bias of expert partisanship, the bias of the policeman and the detective service, the bias of the advocate and the bench, and the hydra-headed triplet of custom, red tapism, and legal precedent. Add to these antagonistic forces the exaggerrated and mendacious reports, circulated through the modern coster curse of cheap literary wares offered to a curious or prurient public, which involve, in all their atmosphere of mystery or tragedy, that damnable half-truth which gossip or malignity so readily converts into the whole lie. The effigy of the victim is now-a-days hoarded with indecent haste long before the law steps in to secure him in its clutches.

There is, perhaps, no calling so exposed to such intentional, or unintentional, misrepresentations as that of medicine. This must ever be so, from the numberless delicate and intricate relationships we hold to patients, their relatives, and friends; from the regrettable, but natural, intra-professional animosities and jealousies of rivals in competition, and from the many unavoidable accidents and errors of our professional lives. Hence it is to our advantage and interest as a body that the strongest safeguards that scientific medicine can secure should be within the reach of every incriminated person, and that we should make the *onus probandi* as heavy as possible for the accusers. While we by no means desire to shield the guilty, above all things we should strive to protect the innocent.

How constantly have we not read of collateral facts or circumstances having been strained, from the detective point of view, to the detriment of a prisoner, which to us, regarding them from the closer and clearer light of our personal medical experience, might be easily explained. The possession, position, or condition of a certain uterine appliance, the length of time and the circumstances under which a practitioner is with a patient, casual expressions carelessly let fall in the presence of some third party, who may either wilfully pervert, or unwittingly distort them, may be, and I fear, often have been, the cause of terrible suffering to the innocent man or woman.

But what I more especially here desire to notice is that confident self-assurance which occasionally in the witness box asserts itself in matters that require considerable and special pathological experience to decide. This is more noticeable in cases of disputed chastity, asserted attempts at abortion, and, more particularly in cases where a verdict in a capital charge may hang on the pathological proofs of mechanical violence, or other means said to have been used to empty the uterus. To give an opinion of such vital moment to another on the post-mortem appearances present in the uterus a considerable time subsequent to the assumed interference, must frequently be a matter of extreme difficulty. To venture on one during life is still more hazardous. Therefore it is that all such evidence should come from or be fully supported by skilled pathological and clinical experts, and should itself be subjected to the closest scrutiny.

These remarks I make as merely introductory to the particular point to which I now wish very briefly to call your attention to, and I shall limit them to its discussion. The various abnormalities of the hymen from complete closure of the vaginal orifice to its absence, with or without other congenital peculiarities or malformations of the genital organs, it is unnecessary to refer to. That variety which has several times come under my notice, and to which I give the name of "*folding*," is the hymen of normal appearance and structure, but of a peculiarly yielding nature, readily admitting the passage of an ordinary vaginal dilator or a fair-sized speculum in the passing of which it folds back against the vaginal wall, and returns quite intact on the withdrawal of the instrument. Though, of course, aware that the fact of an uninjured hymen, even to the point of delivery near the expiration of the full time of pregnancy, has been recorded, I did not at the time I determined to read this paper recollect that a few years since Professor Kinkead, of Galway, had made a valuable communication to the Academy of Medicine in Ireland, drawing special attention to the question of virginity in relation to unruptured hymen, until I was recently looking over the literature of the subject.

Before referring to a few of the cases instanced by him, I wish briefly to sketch the outlines of certain circumstances that may occur, in which this question of "folding" hymen is of vital moment. For particular and obvious reasons, I do not enter into the details of special cases which have occurred within my own knowledge, but I will place before you a few contingencies exactly parallel to such cases, one of which has more specially prompted the submission of this communication.

I.—A patient is brought for examination who has been recently married. A coolness has arisen immediately after marriage, owing to some difficulty having occurred in intercourse, which she ascribes to ineffectual efforts on the part of her husband. But, contra, he alleges that she has resisted, and feigned such great pain at the time that he had to desist. This coolness is accentuated by a suspicion of previous impurity on the part of the woman. Upon examination, the hymen is found complete, but of the folding type. An opinion has previously been given that the woman was intact. Subsequently, disclosures proved that she had lived irregularly, and had aborted previous to her marriage.

II.—A patient wishes to establish a charge of impotence against her husband. She has already been examined with this object, and pronounced intact. It is ascertained that there have been only a few occasions on which sexual intercourse can have occurred within a given number of months. She strongly resists internal examination, lest the hymeneal proof of her virginity should be destroyed. Looking at the hymen, it is found uninjured and normal in appearance. Casually, during examination, a slight supra-pubic enlargement is discovered. This arouses suspicion, which the appearance of the mammæ confirms. A vaginal examination is carefully made, and a perfectly yielding hymen is found of the nature described. Though told that she is pregnant, the patient persists in the denial of cohabitation having taken place, even to the point of endeavouring to produce medical evidence of her chastity in a case for nullity of marriage. She is, however, confined of a child at full time some six months subsequently.

III.—A most serious charge is preferred, which is in part rebutted by exculpatory evidence on oath that a man has had intercourse with a young girl, extending over a considerable period of time. The case is one in which the gravest issues are at stake.

The girl's cause is subsequently taken up by powerful friends, and she is submitted to medical examination. The hymen is found complete, and upon this fact, medical opinions are elicited that it would have been impossible, or at least improbable, that sexual intercourse could have been continued over such a length of time as that stated. She is brought for an expert judgment on this point.

The hymen is found as already described, but on a digital examination being made it completely yields and folds back.

Ultimately, without any force or difficulty, a fair sized conical speculum is passed, and also a comparatively large glass vaginal dilator, without the least injury. The opinion was given that frequent coition, partial or complete, was quite feasible under the conditions, but that *the chastity of the girl was not impunged.*

Nevertheless, legal pressure only stopping at the point of dragging an unwilling and hostile medical witness into court is unsuccessfully exercised to force an opinion that it was not possible under these conditions that repeated copulation could have happened.

These three examples are sufficient for my purpose. In them we have the following issues involved :—

In Case 1.—The impotence of the husband, and the anti-marital chastity of the wife, as bearing on the question of nullity of marriage or separation.

In Case 2.—The impotence of the husband and the problematical doubt raised as to the parentage of the child.

In Case 3.—The perjury of the man and the chastity of the woman.

It is in cases of asserted attempt at rape, in which the previous chastity of the assaulted woman—or the one assumed to have been assaulted—is in dispute, that this question of a folded hymen may arise. An examination of the woman having been ordered to determine the doubt raised as to her former history, and an intact hymen being found, the evidence of any previous liasons might be rebutted by the medical evidence as to the condition of the hymen.

Quite recently I had under my charge a married woman whom I treated for some endocervicitis and erosion of the cervix, in whom I had no trouble whatever in passing the speculum I show you, and in whom there had never been the least difficulty in coition though she had not conceived. The hymen was never injured by the passage of the instrument, the membrane simply folded back in tubular form as the speculum was pushed into the vagina, and returned again into its natural position on its removal.

I find that in a discussion which took place on Dr. Kinkead's paper, amongst other testimony to the possibility of frequent sexual intercourse occurring with unruptured hymen, Dr. Lombe Atthill said that he "was perfectly satisfied that not even a slight cracking of the hymen followed necessarily from intercourse. In certain cases the hymen yielded, like a piece of indiarubber to gentle pressure, without cracking, and afterwards regained its previous condition, and was only cracked by parturition." At the same discussion a fact that I have myself noticed was adverted to, viz., that a pessary may be introduced into the vagina without rupture of the hymen, nor must it be forgotten that intercourse has taken place in certain cases per urethram, in which there has been no injury to the hymen. There is another matter that indirectly bears on this subject. In relation to the question of chastity the possibility of coition having frequently occurred without any further penetration than that carried inside the lips of the vulva is a matter of moment.

Two of Professor Kinkead's cases I will quote in full, as they bear specially upon the possibility of vulval intercourse continuing for a considerable time without any penetration.

Case 1.—A prostitute, suffering from syphilis, with condylomata, also sores on, and discharge from, the vulva.

"Seduced at 17, she had passed some time as the mistress of her seducer, after which she lived for two years as a soldiers' prostitute. Returned to Galway her time was occupied between prostitution and prison life. On examination Dr. Kinkead found no enlargement of the nymphæ, no laceration of the fourchette, and there was a well developed, unruptured hymen, the edges sharp and perfect without a single tear. The cause of the non-penetration seemed to him to be that the arch of the pubes was of the masculine type—angular—and the vulva placed more back than usual. In treating a sharp attack of gonorrhœal vaginitis, a small-sized Ferguson's speculum was passed, and the hymen tore without any extra force."

There is the possibility of such incomplete coition happening frequently in a case in which the hymen is of the yielding or folding kind.

Case 2.—Patient consulted for amennorrhœa. The hymen was perfect, its edges sharp and untorn; in shape, position, and consistency, it was normal, showing no evidence of pregnancy. The fundus uteri could be felt over the pubes. Finally, the patient confessed that she had had intercourse three and a half months previously, just before the menstrual period was due.

Of the other two instances Professor Kinkead cites, in one, labour was delayed by the hymen, the edges of which were thin and white, the remainder "red." He lacerated the hymen without difficulty with his finger, and delivered with forceps. In the second the hymen was intact in a woman, æt. 40, in her first labour, but it apparently was placed abnormally. There is a form of hymen which has been described by Skene, of New York, as the "hymen firmbriatus," fringed like the Fallopian tubes. Such irregularities might be mistaken for injury, and it is important to remember, as has been shown, that the carunculæ are formed only by child bearing, and not by simple laceration. It is, therefore, all important to recollect that mere vulval intercourse is commonly occurring, and that such partial cohabitation leaves no proof behind that it has been indulged in. The law does not define in what "penetration" consists. The numerous cases which have been published, and instances of those which have occurred within the personal experience of most of us, of pregnancy happening with an almost imperforate hymen, are but examples of conception following these half completed acts of coition.

I think I have said enough to elicit from this society an expression of opinion on this matter, in addition to that given in the Academy of Medicine in Ireland, which may be of service in disputed cases arising in the future.

The wider and more explicit the knowledge that this folding condition of uninjured hymen may exist, though the woman has for a considerable time had sexual intercourse, and the more exceptional or rare the class of case in which this may occur that is placed on record, the better. For it is just these out of the way occurrences arising suddenly without warning, that may put men off their guard in giving an opinion, upon which, for themselves and others, so much may depend.

The few cases I have formulated demonstrate the complicated association of circumstances which may group themselves round the solution of what many may consider so simple a proposition to establish as the chastity of a woman. I apologise for the time I have occupied in bringing a subject in which there is nothing very novel before you, on the mere ground of its importance to the public and our profession.

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THE ELECTRICAL TREATMENT OF INFANTILE PARALYSIS. (a)

By H. LEWIS JONES, M.D. Cantab., M.R.C.P.
Medical Officer in Charge of the Electrical Department, St. Bartholomew's Hospital.

The points which I propose to bring before the notice of the Society to-night are some which have cropped up from time to time in the past three years of work in the Electrical Department of St. Bartholomew's Hospital, where I have had opportunities of continuously watching the progress of many cases of infantile paralysis for long periods of time.

The long lasting paralysis and atrophy which this disease so often leaves behind it tends very greatly to discourage one's efforts of treatment, and indeed it is only by watching and treating patients for months or years that their slow and gradual improvement becomes perceptible, as the result of an electrical testing which has shown seriously impaired reactions. Many people have been told that their children were beyond reach of treatment in the more severe cases. It is quite certain, though, that prolonged electrical treatment will do much good to nearly all cases of infantile paralysis, provided that the children are young and not more than two or three years have gone by since the incidence of the disease. Even after that lapse of time something may be done.

In an electrical department cases of infantile paralysis are apt to collect together in great numbers, and indeed they may become so numerous as almost to monopolise the whole energies of the department. Soon after commencing the electrical treatment of this disease it occurred to me one day that the numbers in attendance were becoming unmanageable, and that it might perhaps be as well to discharge some of the most unpromising cases, but I found that the mothers of the children were unanimous in declaring that the treatment was doing good, and that they all begged to be allowed to continue attending longer. As this was encouraging, I thought it would be profitable and interesting to watch the cases more closely and for a longer period, in order to see whether some satisfactory progress might not be gained. Since then I have been able to recognise the improvement, and to discharge very considerably improved a fair number of children who came under treatment in a more or less crippled condition.

There is a formula in which the prognosis of infantile paralysis has been commonly summed up. It is as follows: If the ganglion cells supplying the muscle are destroyed recovery must be impossible, and if the cells are not destroyed treatment is unnecessary, because the patients will get well of their own accord. This formula, I am sure, has done a great deal of harm, for it is widely accepted because it saves such a lot of trouble. But it starts from the assumption that the disease must either destroy all the motor cells of a muscle or else must leave them all uninjured, and this assumption is certainly not correct. On the contrary, the damage to the motor cells may be of any degree of severity or of any extent, and the paralysis may vary between slight weakness and complete loss of all motor power.

It is, I think, reasonable to suppose that a lesion in the motor tract of the cord may destroy some of the nerve cells of the nucleus of origin of a muscle, while others in the same nucleus may escape, and this might especially be the case if the nucleus of origin is an extensive one. Although the nuclei in the anterior cornua have not yet been mapped out into groups corresponding with the muscles they supply, yet there is evidence to support the view that many of these centres extend for an appreciable distance longitudinally in the cord. Dr. Sherrington, than whom there can be no better authority on this point, in an exhaustive paper on the lumbo-sacral plexus, based on experimental researches in monkeys and other animals clearly takes the view that some at least of the nuclei of origin of muscles in the anterior cornua may occupy an area of considerable extent, and in the plate which accompanies his paper in vol. xiii of the *Journal of Physiology* he represents the nerve supply to many of the muscles of the leg as arising from the cord at two or three separate levels.

If this be so in the human subject one can readily understand how a muscle might be partly crippled by poliomyelitis and yet retain a more or less complete degree of voluntary power through the support of such of its ganglion cells as might happen to survive. There is also the possibility of neighbouring cells taking up the work of those destroyed. The object of electrical treatment would then be to stimulate and develope any surviving fibres, and if possible to make them numerous enough and strong enough to form an useful muscle.

Duchenne, long ago pointed out that a muscle crippled by infantile paralysis may still contain a few living functional muscle fibres, and that these may easily be overlooked in an ordinary electrical examination of the muscle, but that they may be successfully cultivated by persevering treatment. There is no doubt that cases admitting of similar interpretation do occur, for example, I have seen a quite respectable sized mass of calf-muscle develope in a limb which for two years at least had shown no trace of electrical reaction of any sort in that region, and the same in other muscles, notably in a deltoid muscle which, after remaining for nearly three years completely atrophied as the remnant of an extensive paralysis of the upper arm, is now beginning to grow, and to show faint contractions of normal quality to the induction coil.

A muscle which is greatly atrophied, and in large part the seat of fatty degeneration, may still contain a fair number of active muscle fibres scattered in it, and these may remain in a dormant state for several years and yet be capable of great development if eventually they come under electrical treatment. Duchenne has related several cases of this sort, where treatment commenced as late as four years after the onset of the disease gave most favourable results.

Through the kindness of Mr. Langton I have had an opportunity of testing and dissecting the muscles in an amputated leg the seat of severe infantile paralysis of old standing. The age of the patient was 20 years, and the limb had been diseased from childhood. The muscles of the leg were all extremely atrophied, degenerated, and fatty; in fact, the calf was almost indistinguishable from adipose tissue, but still contained a sufficient number of normal muscle fibres to make it contract fairly briskly to the induction coil current. The other muscles of the limb, though in a state of advanced atrophy, all contained fibres which were able to respond either to the induction coil or to the galvanic current.

(a) Paper read before the Medical Society of London, March 5th, 1894.

The majority of the cases of infantile paralysis with which I have had to do are those with paralysis of the leg muscles, and in many of them a year or two years or more has elapsed since the incidence of the disease. Apparently the lower limbs are much more commonly affected than the upper, but this may be partly accounted for by the sources from which the electrical department at St. Bartholomew's Hospital is supplied, for a large number of cases are sent over by Mr. Walsham from the Orthopædic Department, having been brought there in the first instance because of some lameness. Among the poor it often happens that the paralysis is overlooked or neglected until the time has come for the child to begin to walk, and then, or even later, an effort is made by the parents and the child is brought for medical advice. I mention this in order to show that these cases have, many of them, been left to improve spontaneously before coming under treatment, and in fact that they are cases of old standing, who have undergone what is called expectant treatment without recovery. The material then is not of the most favourable kind, and some of them are in a sorry plight, but all the cases that come, however hopeless they may look, are put under treatment, and all improve, some only a little, others very much.

Among the cases two different types exist. In one the muscles are thin, but they present reactions which though weak, are normal in quality both to the induction coil and to the constant battery. In the other group the muscles are paralysed, atrophied, and show only a reaction of degeneration, or even no reactions at all.

It cannot fairly be said of the first group that they will recover spontaneously, their very presence in the department shows that they have failed to do so. Under treatment they usually begin to progress from the first and as a rule do very well, but even so their improvement is often a gradual one, requiring treatment for months. When these cases have ceased attending for a time and they are again brought back, the history is usually that the progress of the muscles went on for a time, and then ceased, therefore they are brought again for further treatment; others do better and recover completely from the first, but the affected limb commonly remains rather thinner and rather weaker than its fellow.

I do not wish to imply that no muscle paralysed by poliomyelitis recovers spontaneously, it is certain that many do so recover but rather that there are many cases which remain in a state of very imperfect recovery, even though their electrical reactions are normal, and that these derive immediate benefit from systematic electrical treatment.

With cases of the second class, namely those with great atrophy, paralysis and the reaction of degeneration it is also too sweeping a statement to say that they are incurable, and that electricity can do nothing for them. Electrical reactions do return in muscles which before showed no signs of contraction, and this I have seen a fair number of times, in particular I would mention a patient brought to the hospital at the age of 3, with a history of paralysis having come on at the age of 4½ months. She had been an in-patient for four months at Queen's Square, and while there recovered power in her arms and back, which had been powerless. Treatment commenced in June, 1891. No reactions then in any muscles of either leg, extreme wasting, tendency to talipes equinus in left foot. Patient quite unable to stand. The improvement has been very slow, the attendance very regular; at present her legs show reactions to the induction coil in very nearly all the muscles on both sides, and she can walk, though in a rather awkward manner. This is due to the state of one quadriceps extensor muscle, which continues very thin and weak. This child, although still very feeble in her legs, has made and is still making progress, and is a clear instance of the return of voluntary power and normal electrical reactions in muscles which at one time seemed to have fallen into the last degree of atrophy and paralysis.

Two similar cases of which I have notes are the following:—

F. P., æt. 5, paralysis for four years, return of normal reactions after six weeks treatment.

C. T, æt. 11, paralysis for eight years, return of normal reactions after eighteen months treatment.

The routine treatment adopted at St. Bartholomew's with the infantile paralysis cases is as follows:—At the first visit the muscles are tested, the girth of the affected limb measured, and the voluntary power of the paralysed muscles ascertained, and any faulty attitude of the limb noted. The mother is then told that the child must be brought twice a week to the department for six months, at least, for electrical treatment, and she is further told to bathe and manipulate and rub the affected limbs every night for a quarter of an hour in hot water. If irons or other orthopædic appliances are worn the child is to be encouraged to exercise its limbs without them for a little time every night before the evening bath. By impressing upon the mothers the need for patience and perseverance, one is able to ensure their hearty co-operation, and this is the most important factor of all. The electrical treatment of the children is for the most part carried out at the hospital by the mothers themselves, who are shown how to use the electrodes, and quickly learn what is required. A very fair proportion of the total cases settle down into regular attendance. Those who fall away do so usually in the earlier months of treatment, those who remain remain long.

The first signs of improvement are a better circulation in the affected parts, and disappearance of chilblains and sores, and a gradual gain of voluntary power.

The return of electrical reactions comes later, and it is common when all contractility has been lost for the normal reaction to the induction coil to return without an intermediate stage of contraction to galvanism only. This may perhaps be explained by supposing that the few latent normal fibres in the wasted muscle have begun to grow and gain sufficient strength to produce a visible contraction.

The apparatus used:—Both the induction coil and the constant current battery are employed for the electrical treatment. Custom has selected the constant current for the treatment of muscles showing the reaction of degeneration, reserving the induction coil for the less severe cases in which the muscles retain the power of contraction to the currents of the induction coil. This choice of current is probably based on theoretical grounds. It is true that a muscle showing the reaction of degeneration will contract to the constant current only, and in so far as the contraction of the muscle is a good thing for the muscle, the constant current may be better than that of the induction coil; but it is by no means certain that the amount of benefit can be measured by the amount of contraction set up in the muscle. A muscle which is completely cut off from its nucleus of origin will continue to degenerate and waste, however persistently it be made to contract by treatment with the constant current. This matter of the relative advantages or virtues of constant and interrupted current dates from a long way back. Each has been warmly advocated by its partisans to the exclusion of the other since the days of Duchenne and of Remak.

But in paralysis any form of electrical application is of value simply as a most convenient way of stimulating the activity of the living tissues of the part under treatment, and, as a matter of fact, even with the constant current of a battery the stimulation is chiefly obtained when the current is made to vary by interruptions or reversals, or by movements of the electrode over the surface.

The recent investigations of Messrs. Gautier and Larat seem to show clearly that varying currents have a greater stimulating action on the tissues than steady currents, and that the former promote the metabolic activity of the living cells to a very much greater extent than steady currents do, and in practice, I have found that the interrupted currents of the induction coil have quite as high a value in the treatment of infantile paralysis as the constant current of a battery.

When the treatment has to be put into the hands of a nurse the induction coil is the best, because it is more easily managed and kept in order, and the vibrator with its buzzing sound serves to show that the apparatus is working, and the strength of the current can be readily gauged by feeling it.

Whenever children are to be treated by electricity great care must be taken not to frighten them by sudden shocks, the current used must never be so strong as to alarm them or make them cry, and it is important that the contact breaker of the coil shall work very smoothly and evenly. Many coils are defective in the matter of contact breaker ; until lately there has been little attention given to it, and any sort of vibrating spring is thought good enough, but there is all the difference in the world between a good and a bad one. The difficult problem of testing a child's muscles without making it cry becomes much easier with a good coil, and a smoothly acting contact breaker working about forty or fifty times a second. Of all the coils I have tried those of Gaiffe, of Paris, seem to me to be the best.

It is perhaps a little premature to discuss the value of the electrical supply from the house-lighting mains, as I have not yet had opportunities of trying it upon cases of infantile paralysis, but from general considerations of the quality of current on the alternating system of supply I am disposed to think that that form of current properly applied through a transformer should be of distinct value in the treatment of infantile paralysis.

When the lower limbs are the seat of the paralysis an improvised electric bath is an excellent method. An ordinary wooden tub or earthenware foot-bath filled with warm water is taken, the electrodes in the form of plates of metal are suspended at the two ends, and the child dressed in a short waistcoat is put into the bath in a sitting position. The current is very well borne in this way, and the whole extent of the paralysed parts comes simultaneously under treatment. This plan can easily be carried out at home by the nurse or mother of the child. The strength of the current is gauged by putting the hands into the tub, one at each end. This plan requires no special knowledge of anatomy, it is efficient and likely to be persevered in, and this question of perseverance over long periods of time is the key to success. Even if only one of the lower limbs be affected, there is no reason why the bath should not be used, and if the sound leg be flexed and drawn up most of the electrical current can be diverted into the affected one.

In conclusion, I give as a summary of the position : It is important in every case of infantile paralysis which has lasted over four weeks to try electrical treatment, continuing it for six months or a year.

It is the exception for a muscle to be so completely destroyed by poliomyelitis as to have no functional fibres left, and great development of these remaining fibres may be gained by persevering stimulation of them.

Where the electrical reactions are reduced to the very lowest flicker, or even entirely abolished, some improvement may be hoped for.

Where the electrical reactions are not altered in quality, it is not good practice to leave the case to take care of itself. Electricity acts only as a stimulating treatment, but it is superior to any mechanical stimulation by rubbing or massage. It may advantageously be combined with these. The form of electrical stimulation to be employed is less important than the need for perseverance.

The induction coil with or without the bath is quite easily arranged for use by the mother or nurse of the patient.

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NOTES ON

A CASE OF TUBAL GESTATION,

OPERATED ON TWICE SUCCESSFULLY IN EIGHTEEN MONTHS.

By R. CREWDSON BENINGTON, M.D.
(Newcastle-on-Tyne).
Vice-President of the British Gynæcological Society.

Mrs. B—, æt. 28, married five years, one child four years ago, with the exception of the following she has had perfectly good health.

Before marriage and since, she has had a little leucorrhœa at times, but at no time much or sufficient to call for advice. Except during her pregnancies she has always been regular, no dysmenorrhœa nor excessive loss, three weeks interval. She had a very quick labour (two hours), had puerperal peritonitis after, and is said to have been very ill for a fortnight. *Two years after this, in* 1890, *when in America, she missed one period, then it came on accompanied with great pain. She was kept in bed* 10 *days under the influence of morphia, and was said to be suffering from inflammation of the bowels.*

On May 7th, 1892, I was called to see her at 8 p.m. She had been perfectly well up to 7.30 p m. She had last menstruated on March 22nd. For the last two or three days she had had a slightly coloured discharge from the vagina.

I found her suffering from great abdominal pain and tenderness. The abdomen was resonant in front and in the loins. *Per Vaginam*—An ill-defined swelling was felt in the left fornix which was exquisitely tender. Cervix showed none of the characteristic signs of pregnancy. Nipples and areolar were rather dark, had had no morning sickness. A 9 p.m., vomiting set in and symptoms of collapse gradually followed. I had her taken to a private hospital as quickly as possible and assisted by Mr. Morison I opened the abdomen at 11.30 p.m. By this time there were evident signs of a large quantity of fluid in the peritoneal cavity and the collapse was so great that we feared she would die on the table.

On opening the abdomen a large quantity of blood escaped, the left tube and ovary were easily found and removed, the peritoneal cavity cleansed as carefully as her condition allowed, and she was quickly got to bed. The drainage tube was removed on the fourth day. She made an uninterrupted recovery and returned home from the hospital on the 15th day.

From this time to October 9th, 1893, she continued in good health, on this day she sent for me. She had not menstruated for five weeks and now had some ill-defined pain in the lower abdomen. Vaginal examination revealed nothing. During the next three weeks she was never well, she had pain constantly, some days worse than others, and twice so badly as to necessitate several days in bed. She also had a slightly coloured discharge at intervals from the vagina. During this period there was palpable enlargement of the uterus, the cervix softened and the os became patulous. There was some milk in the breasts. I was extremely doubtful about her condition but inclined to the opinion that it was a normal pregnancy, with a tendency to miscarriage, and I attributed her pain to stretching of adhesions. Mr. Morison saw her with me and corroborated my opinion. She now complained of intense pain on defæcation, and I found a tender swelling behind the cervix which had not been there previously. It felt just like an enlarged tender ovary.

On November 8th, she had a sudden and severe attack of pain and I found the swelling behind the cervix very considerably enlarged. I again sought the assistance of Mr. Morison. There was so much tenderness that a thorough pelvic examination was impossible without an anæsthetic, and as the uterus could not be defined in front, the question arose as to whether the condition was not a retroverted pregnant uterus. We decided to give her an anæsthetic next day and to have everything ready for operation should it prove to be necessary. When under chloroform it was easy to define the enlarged uterus lying in front of the swelling in Douglas's pouch which was not so tense and more doughy to the touch than when felt previously. I therefore opened the abdomen and found a little blood free in the peritoneum. Owing to adhesions there was a little difficulty in reaching the tube, but on getting it to the surface it was evident what it was. Tube and ovary were removed. She made an exceptionally good recovery—tube removed in 30 hours—perfect union on 8th day; temperature during first week never rose to 100°; downstairs in three weeks, and has been out for a walk since.

In reviewing this case there are several points of interest. I have called the specimens exhibited ruptured tubal gestations, not in consequence of microscopical investigations but because of their clinical histories, and I think I am justified in having done so, but if the Society wishes for further corroboration, the specimens are at the disposal of a committee.

Assuming that they are ruptured tubal gestations, the first point of interest is, that the patient on whom I have twice operated for this condition possibly has had three tubal gestations, the history of her illness in America being suggestive of a similar event having occurred there, but in this instance it burst perhaps into the folds of the broad ligaments, and in the two last cases into the peritoneal cavity.

The second point of interest is the difficulty in diagnosis in the last illness, that is during the early stages before rupture. A man learns from his own failures, and on looking back at the case I am sure I exaggerated the difficulties and that they were more imaginative than real. I felt it hard to believe this patient had a second tubal gestation, and my scepticism was increased as the result of conversations I had with others on the subject, until the day before the operation. Had she been a new patient I do not think any difficulty in diagnosis would have presented itself to my mind.

With the experience of this case before me I am surprised that recurrences of this condition are not of more frequent occurrence than the literature indicates. If a tubal gestation arises from a diseased condition of the tubes it is unlikely that this will be unilateral, and this being so, it is a matter for consideration whether it is not the duty of the surgeon to remove both tubes and ovaries at the first operation and thus save the patient from a likelihood of requiring a second.

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Selected Prescriptions and Therapeutic Notes.

85.—For the Treatment of Acne:—

℞ Ichthyolis, ʒiss;
Etheris sulph., ʒiis;
Sp. vin. rect., ℥ss.

M. To be used externally. The application should be dabbed over the acne spots several times daily.

When there is much pustulation (*acné varioliforme*) the following ointment may be used:—

℞ Bismuthi subnitratis,
Hydrarg. ammoniati, } aa gr.xxx.
Ichthyolis,
Vaselini, ad ℥j.

M. For external use. Every evening, at bedtime, the acne pustules must be smeared with this ointment.

Von Hebra and H. Ullmann.

86. The Therapeutic use of Salophene:—

According to Siebel, Guttman, Koch, and others salophene possesses all the advantages, without the disadvantages, of salicylate of soda, and it is also superior to salol. It is prepared in the form of a white flocculent powder, has neither smell nor taste, and is of neutral reaction. In cold water it is insoluble, but is freely soluble in hot water, alcohol and ether. Its greatest advantage, however, appears to be that of relieving pain, as for example in cases of acute rheumatism. Also in neuralgia such as intercostal, dental, and other forms it acts as a powerful analgesic. In a case of tabes with much cephalalgia it acted like a charm in the relief of the latter symptom. The dose is from seven grains to half a drachm a day, taken either in the form of powders, pills, or in cachets.

87.—Spray in Simple Chronic Rhinitis:—

℞ Sodii boratis, gr. xv;
Sodii bicarbonatis, gr. xv;
Ol. eucalypti, ♏ij;
Thymolis, gr. j;
Mentholis, gr. ss;
Glycerini, ℥ss;
Aq., ad ℥j.

M. Add two teaspoonfuls to one ounce of warm water and use as a spray. Dr. Carseberry.

88. The Treatment of Psoriasis:—

The following local treatment of psoriasis is found to be very serviceable by Dr. Eddowes (London). The various patches are painted, after removal of the scales with soap and hot water, with a saturated solution of tincture of iodine, about once a week, and an ointment consisting of equal parts of the ung. sulphuris, and the ung. picis liquidum applied daily. Another useful application is the following:—

℞ Ung. picis liq., ʒiiss;
Acid salicylatis, gr. xxv;
Ung. lanolini, ad ℥j.

M.

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The late Dr. Roderick Macdonald, to whom we referred last week, was married to the great granddaughter of the Prime Minister, Mr. Perceval, who was assassinated in the Lobby of the House of Commons in 1812. Dr. Macdonald often mentioned the curious fact that he was his mother-in-law's medical attendant at the time of the birth of the infant who eventually became his wife. The latter died two years ago.

The new buildings of the Marylebone Dispensary, London, were formally opened on Friday last by the Duke and Duchess of Fife.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Surgery.

Meeting held Friday, February 23rd.

The President, Prof. Hamilton, in the Chair.

NEPHRECTOMY AND NEPHRORRHAPHY.

Mr. M'Ardle detailed a case in which he applied a supporting lumbar suture for the relief of floating kidney, and concluded his remarks in reference to this operation by saying:—I do not wish to be taken as advocating cortical incision or nephrorrhaphy for every floating kidney, nor do I hold with those who explore this organ every time they come across it enlarged or movable. Apart from the dangers arising from sepsis, and from the lethal phlebitis to which this operation exposes the patient, there are other, less widely recognised, but nevertheless very real, mishaps attendant on these procedures. One of these was well shown in a specimen demonstrated at the last Congress of German Surgeons by Barth. There was a necrotic centre found in the kidney owing to the occlusion of one of the arterial arches by the anchoring suture. A similar condition has been noted as the result of puncture. One of the large arteries is obstructed, hæmorrhagic infarction takes place, and ultimately necrosis. With these evidences of danger before my mind, and the frequent failures to afford relief after the most promising operations, I am far from being an advocate of indiscriminate tampering with the kidney. He next read the notes of a case in which he successfully removed a kidney with a large cystic (mono-locular) tumour, and in discussing the steps of the operation he said that the semilunar line was the best for reaching the renal vessels, which, he contended should be double ligatured and cut before attempting to enucleate the organ. Mr. M'Ardle advocated closure of the outer layer of the mesocolon, and complete suture of the abdominal wound. The mucous lining of the ureter should be snipped off, and the end rendered aseptic by corrosive sublimate solution. Partial removal of the kidney for malignant disease Mr. M'Ardle considered unjustifiable; and in reference to operations for sarcoma of the kidney in children, he was of opinion that surgeons should persist in their efforts, even though statistics showed that the percentage of recoveries was exceedingly small, as noted by Mr. Sutton in his recent book on Tumours. The communication concluded with a reference to the nephrectomies—12 in number—which Mr. M'Ardle found had been carried out in Ireland. Of these only one died from the effects of operation, one from co-existing pelvic cellulitis. Of the others, one died of phthisis, another of recurrent sarcoma, while eight remained perfectly healthy up to the present for periods varying from one to seven years.

Mr. Wheeler stated that he had performed nephrectomy in 10 cases, 2 of which ended fatally, while the others recovered. He considered that in most cases the anterior incision was the best, as it was the easiest, and obviated a danger which sometimes is present—namely, the risk of tearing the inferior vena cava. He recollected a case of horse-shoe kidney in which, *post-mortem*, both kidneys were found healthy, while the connecting band contained two calculi. In this case a lumbar incision would have been useless. With regard to the oozing of blood which sometimes occurred after removal of the kidney, he found that *hot* sponges were sometimes effectual in stopping it.

Sir William Stokes narrated the case of a woman with what was probably a large tuberculous abscess in the right kidney, on whom he had operated, making an anterior incision. He found dense adhesions all over the swelling, and these caused a great deal of trouble to break down. If he had adopted the lumbar incision it would have been impossible to remove the organ.

Mr. Tobin pointed out an accident which he had actually seen take place when the lumbar incision was made—namely, opening of the pleural sac and consequent collapse of one lung. He thought that in many cases it was well to make a counter opening for drainage in the loin when the anterior incision was the one by which the operation was performed.

Dr. A. L. Smith compared the treatment of the ureter to that of the Fallopian tube in cases of pyosalpinx. In these cases the mucous membrane was dissected off the interior of the tube for some distance and removed, and then the lips of the remaining coats inverted and the opening "topstitched." He recommended the adoption of a similar method for the ureter. He also said that clip forceps were not used nearly so much at present in abdominal operations as formerly. Vessels were now ligatured at once

Mr. Kendal Franks briefly narrated three cases on whom he had done this operation. The first was a case of multiple abscesses in a kidney from which he had a year previously removed a soft phosphatic calculus. The patient recovered and is now quite well. The operation was done in 1887. His second case—a girl affected with scrofulous renal disease—died. At the autopsy it was found that the other kidney was extensively diseased, and that there was extensive suppurative pelvic cellulitis. The third case was that of an enormous multiple cystic condition of the kidney. It would have been impossible to remove it except by an anterior incision on account of its size. The visceral peritoneum was stripped off the anterior surface of the kidney, the organ, which weighed two pounds was enucleated, and then the edges of the posterior layer of the peritoneum accurately sewed together. In this case he made a counter opening in the loin for drainage. Referring to Mr. M'Ardle's first case, he pointed out that many patients who were treated for indigestion, dyspepsia, and such like troubles, accompanied with pain relieved on lying down, really suffered from a movable kidney. In one case on which he operated he found that the kidney, by dragging on the duodenum, obliterated its lumen.

Mr. Thomson pointed out that it was sometimes very difficult to tell whether the second kidney was healthy even when you could feel it. He had assisted at an operation for renal calculus in which an anterior incision was made. The operator examined the other kidney, but at the post-mortem examination (for the patient died) calculous masses were also found in it. He thought it was wise in some cases to make a counter opening in the loin for drainage. He recommended inversion of the edges of the ureter, and closure by stitches. He thought that cases of sarcomatous kidneys in young children were better left alone. The result list of cases operated on was very dismal to read over.

Mr. M'Ardle, in replying, stated that he considered the anterior incision best, except where there was perirenal suppuration. A counter opening in the loin was advisable where there was any soiling of the lumbar tissues, and where free oozing of blood required tamponing. A moderate amount of blood, lodging in the site of the tumour, if strict asepsis was carried out, made very little matter. With regard to sarcomata in the kidney, he thought that if they even succeeded in saving four lives out of twenty-six they ought to operate.

The Section then adjourned.

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THE OPHTHALMOLOGICAL SOCIETY OF GREAT BRITAIN.

Meeting held Thursday, March 8th.

The President, Dr. Argyll Robertson, in the Chair.

CASES OF ORBITAL GROWTH.

Dr. Hill Griffith (Manchester) related several interesting cases of orbital growths. The first case was the successful removal from the orbit of a man, æt. 35, of an encapsuled adeno-sarcoma, which was causing depression and downward displacement of the eye. The second was the removal of what after examination proved to be a hypertrophied lachrymal gland from the orbit of a young girl. When seen six years later a large irregular exostosis (?) filled up the space between the frontal arch and the eye. He suggested that probably the lachrymal glands had been pushed out of position by the slowly growing exostosis, and had been erroneously regarded as the cause of the trouble. The next case was one of symmetrical growths in similar positions in each eye respectively in a healthy young man, regarded as a case of acute hypertrophic inflammation of the lachrymal glands. Also a case of very slow and painless protrusion of the eyeball in a healthy young woman in whom a portion of the growth could be felt above and to the outer part of the orbit. Seventeen months after the first visit the tumour was removed, together with the orbital contents. The nature of the growth in this case was doubtful. He also referred to two cases of malignant growths in which the orbital contents were removed, followed in one case by death within twelve months from extension of the growth, and in the second case death from meningitis on the 24th day after the operation. In none of these cases was any measure beyond pressure required to arrest hæmorrhage, and he wished to protest against the use of the actual cautery for this purpose.

Mr. Juler said he could recall a case of symmetrical tumours of the orbit diagnosed to be sarcomata in a young woman. This progressed until there was loss of sensation on both sides with marked diminution of vision. The patient was the wife of a jockey who lived in Paris, and this suggested syphilis. As a matter of fact, on giving mercury all the symptoms cleared up and disappeared.

Mr. Adams Frost, Dr. Argyll Robertson, and others referred to similar cases in their own experience, *i.e.*, cases simulating sarcoma, but clearing up under specific treatment.

ADJOURNED DISCUSSION ON SCHOOL OPHTHALMIA.

Mr. Jonathan Hutchinson said his propositions were: first, that there was no essential difference between the form of ophthalmia which in workhouse schools led to granular lids, and that which at present obtained in several public schools; secondly, that the difference in the results was to be explained by the fact that in respect of the large public schools the patients had had the advantage of local and constitutional treatment from the first, but for which the disease would have run on to the same termination. The *onus probandi* rested with those who maintained that there were two distinct forms of epidemic contagious ophthalmia. He raised incidentally the question whether this form of ophthalmia was in any sense dependent upon defective sanitary conditions. Personally, he took the view that it spread by pure contagion, *i.e.*, from person to person, the sleeping and lavatory accommodation only affecting the spread in so far as personal contact was multiplied. Many of the certificates given by the family doctors were ridiculous, lads having been certified free from ophthalmia without their eyes having been even looked at. In years gone by, no less an authority than Erasmus Wilson had declared ringworm to be non-contagious, it being, according to him, merely a fatty degeneration of the hair, yet it had since been amply proved to be highly contagious. The same thing would, he believed, prove to be the case with this particular form of ophthalmia. Nearly all these cases could be cured if taken in time, but if neglected they would lapse into a chronic condition. Cases of the kind did not often come to the consulting rooms of specialists, the family practitioner generally being called upon to treat them.

The President suggested that discussion should be directed to the four following points:—1. Was there actually an increase in the proportion of cases of follicular conjunctivitis occurring in the large public schools? 2. Was there more than one form of this disease? 3. How the disease was spread, and 4. Whether a certificate of freedom should be required from lads before being allowed to return to school.

Mr. Juler thought it would be generally admitted that there had been a marked prevalence of ophthalmia last year, probably due in part to the exceptionally hot dry summer. He declined to admit, however, that it was granular lid ophthalmia. He objected to the term "school" ophthalmia on the ground that they might as well speak of "school" scarlet fever, or "school" measles, &c. He held that there were two distinct forms of the disease, a simple catarrhal ophthalmia which was met with both in an acute and in a chronic form, but which was always quite distinct from the form which terminated in granular lids. He admitted that it might be difficult in particular cases to decide forthwith which it was, but the effects of treatment would help them. The one was easily cured while the other was very intractable. In an outbreak in one school with 400 scholars, 100 of them developed ophthalmia. The usual treatment was applied and in a week or two most of them were well, only some 30 per cent. of the boys going on to a condition of granular ophthalmia. That led him to conclude that the epidemic was one of catarrhal ophthalmia, and that the children who subsequently developed granular ophthalmia were suffering from this granular or follicular condition before the beginning of the epidemic. He had seen boys from most of the public schools, but he had not seen a single case to which he would feel justified in applying the term granular ophthalmia. He urged that it was creating unnecessary anxiety to proclaim that granular ophthalmia was becoming more prevalent in the large public schools.

Mr. Doyne (Oxford) observed that last year there was an increase of eye troubles all over his district, but he had not so far come across any instances of trachoma. He hardly knew what was meant by follicular conjunctivitis. In the school referred to by Mr. Hutchinson there appeared to have been a case of trachoma attending the school unknown to the authorities, so that direct contagion might explain the former. That epidemic therefore would not justify a general alarm. He said he was unable to distinguish between the so-called follicular conjunctivitis and the ordinary muco-purulent form. He suggested that the condition was the result of an attack of the latter in a person whose lids were already in a follicular condition. Such follicles were often seen in eyes quite free from any trace of inflammation, but they at once become more prominent in the presence of an attack of conjunctivitis. He said he had fairly full notes of 12,000 cases of conjunctivitis and there were only 12 instances of trachoma, of which 11 were distinctly imported. One of the sufferers resided in a workhouse school without having determined any epidemic. Possibly the conditions in London were not the same as in the country. In the provinces at any rate the disease did not appear to be as virulently infectious as it was said to be in London.

Mr. Taylor (Norwich) said that until the end of 1893 he had not met with a single case of granular ophthalmia but during the last few months he had seen at least half-a-dozen. That looked as if the disease were very much on the increase. He thought that all schools should be inspected by their medical officers and suspicious cases isolated, and he suggested that this particular form of ophthalmia might advantageously be placed in the list of diseases to be notified.

Mr. Nelson (Belfast) said he had seen three of the cases under consideration. In one, the follicles were well marked in the lower lids and the patient had associated asthenopia dating from an attack of measles two years before. In the other two cases he had failed to find anything the matter with the eyes, but when they returned to school they were declared to be suffering from ophthalmia, and had been packed off home. It had occurred to him that the two sets of cases might get mixed up in consequence of erroneous diagnosis and that infection might thus take place, possibly the very same brush being used for the applications. Given the difficulty in the diagnosis of these cases he urged that it was idle to expect the general practitioner to diagnose them, and if he could not diagnose them he could evidently not be expected to treat them.

Mr. Anderson Critchett agreed that last year was marked by a prevalence of ophthalmia, but he did not think it was of the granular variety. In none of his cases had there been any relapse or any appearance of granular lids.

Mr. Hutchinson pointed out that the speaker had been treating these cases and it was therefore no matter for surprise that they should have recovered. It was the neglected cases that terminated in well marked granular condition.

Mr. Priestley Smith (Birmingham) observed that it was a pity to make use of terms such as follicular or granular without a qualification, because granules, *i.e.*, enlarged follicles, were met with in eyes which could not be distinguished from healthy eyes. He took a more hopeful view of these cases than Mr. Hutchinson. He did not think indeed, that this condition was contagious follicular disease at all. Many town dwellers developed tendencies to adenoid growths, a tendency which found expression elsewhere in follicular pharyngitis, &c. He pointed out that instillations of sterilised sulphate of atropine would sometimes determine all the appearances of follicular conjunctivitis, yet in such case it must be the result of a chemical irritant and not of contagion. He admitted that children presenting this condition of enlarged follicles were doubtless more liable than others to inflammatory affections of the eyes. He had seen more cases of conjunctivitis during the last six months than in six years previously, but he did not associate this with the disease known as trachoma.

Mr. McHardy thought that the freedom or otherwise of the children from eye disease must perforce be decided by the medical officer attached to the school.

Dr. Stephenson repudiated the idea that there were two contagious epidemic forms of follicular conjunctivitis. The result of a very extensive inquiry had been to lead him to conclude that the small transparent follicles in the lower lid were normal structures, ninety-four per cent. of the children at school showing them without any other indication of eye trouble. He dissented from the view that these follicular formations had anything to do with trachoma or even predisposed thereto, though in the presence of an intercurrent attack of muco-purulent ophthalmia, they might become very prominent, and give rise to the appearances which Mr. Hutchinson had described as trachoma.

Mr. Nettleship did not believe that there were two kinds of epidemic school ophthalmia. The tendency to overgrowth of adenoid tissue was markedly influenced by age and race, and hygienic conditions. It was most frequent in the young and in those who lived in ill-ventilated rooms, on a crowded area, or an inadequate diet. Children presenting these enlarged follicles, if attacked by any other form of ophthalmia, might in a certain, possibly a large, proportion of the cases, go on to granular lids. He urged, nevertheless, that they should be cautious in expressing any opinion that the tendency to granular lid was on the increase in the great public schools. It would probably be found that in the schools where these outbreaks had taken place, the conditions of environment had been such as to favour adenoid overgrowth. He did not think much good would result from the giving of certificates by private practitioners. The school medical officer must decide and isolate all suspicious cases.

Mr. Hutchinson concurred in the view that granulations in the lower lid had no pathological significance, the sandy lower lid having been the cause of many mistakes. In reference to the statement that the epidemic disease was nothing new, that it was a mild form of ophthalmia amenable to hygiene and tonics, he asked whether, the school authorities would have called in specialist after specialist if fresh air and tonics would have stayed its progress. Many of the boys who had been sent home came back worse than when they left. It was only in neglected cases that the disease ran on to trachoma, and this condition was not likely to be fulfilled in respect of the children of the well-to-do. He denied that purulent ophthalmia had anything to do with the formation of granular lids, and he declined to admit that the specific germ was derived from the genital mucous membrane. If so, the derivation must be very remote. He asked whether it was seriously disputed that a certain, possibly a small, proportion of these cases ran on to well-marked granular lids. As to that, he did not think there would be any serious difference of opinion. His own view was in favour of perfect isolation, with appropriate mild applications.

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BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held March 8th.

The President, Professor Thomas Savage, in the Chair.

SPECIMENS.

Mr. Bowreman Jessett read notes of three cases of vaginal hysterectomy, and showed the specimens. The first was a case of adenoid carcinoma. The second was a uterus studded with fibro-myomata. The operation was undertaken for the relief of severe pain. The third specimen was a large cauliflower epithelioma of the cervix. All three patients recovered.

Dr. Purcell read notes of three cases of vaginal hysterectomy, and of a case of supra-vaginal amputation of the cervix, and showed the specimens. All four operations were performed for malignant disease. The first two cases of hysterectomy, and the one of supra-vaginal amputation recovered; the other patient died of shock.

Dr. Parsons asked whether Mr. Jessett's first case, described as adenoid carcinoma, was of the same nature as the condition described by Dr. Williams as malignant adenoma. The symptoms of this disease, which is rare, are loss of flesh, and hæmorrhage; but there was no fœtid discharge, and pain was not constant. Some writers for instance, Pozzi, doubt its existence.

Dr. Napier related a case where he had performed supra-vaginal amputation of the cervix for malignant disease; he saw the patient a short time ago, six months after the operation, all the parts were in a satisfactory condition, with no trace of recurrence. While specimens were interesting, after histories were perhaps more so, and more important.

Dr. R. T. Smith thought it was a question whether hysterectomy was justifiable in Mr. Jessett's second case, he should have preferred to remove the appendages.

Dr. Lycett, commenting on one of the specimens which showed malignant disease of the fundus, spoke of the importance of thorough examination of the uterus in cases of menorrhagia.

Dr. Heywood Smith, who had seen Mr. Jessett's second case in consultation, said it was one in which oophorectomy would probably have failed to relive the pain. He would suggest, as a matter of ethics, that it was not advisable to give patients' names in full, as occurred in Dr. Purcell's paper.

Mr. O'Callaghan said that Mr. Jessett's excellent results had probably led him further than most operators would care to go; hysterectomy was a rather serious operation to undertake for a small myoma; myomectomy would as a rule suffice.

Dr. Christopher Martin showed a testicle removed from a "hermaphrodite." The patient, apparently a woman, came to the hospital complaining of amenorrhœa. She was æt. 20; the pubes was devoid of hair; the breasts were flat; clitoris and urethra were normal; vagina ¾ inch long; no uterus felt. In the left groin was a solid body, thought to be a hernia of the ovary. As it caused much pain, operation was advised. The body, when removed, proved to be a testicle. The patient had had an operation some time before for hernia of the other "ovary," probably this was also a testicle. An interesting feature of the case was that during the conception of this patient and of a "sister," who presented similar features, the father was temporarily insane. The children born before and after were healthy.

Dr. Macnaughton Jones read a paper on

A GYNÆCOLOGICAL QUESTION OF IMPORTANCE IN FORENSIC MEDICINE, RELATING TO THE HYMEN,

which will be found in another column. In the discussion that followed,

The President said he was sure all the Fellows would wish to thank Dr. Macnaughton Jones for his interesting and valuable paper, dwelling on circumstances which might occur in the practice of any of them.

Dr. Inglis Parsons said he had met with cases of the kind described in the paper as "folding in of the hymen," and it had occurred to him that such cases might lead to difficulties in a court of law. The converse difficulty was from absence of the hymen, for this might be a congenital condition, or it might be due to masturbation.

Dr. Heywood Smith suggested that it would have added to the interest of their discussion, if some of their legal friends had been asked to be present. The whole question turned on the multiform conditions of the hymen. From the forensic point of view, much depended on the legal definition of "penetration."

Dr. Barrett said he had met with a case of labour where the head was presenting, and only one aperture could be seen, which might have been either a widely dilated urethra, or a vagina with unruptured hymen.

Dr. Lycett remarked that most of these cases came into the hands of the police-surgeon rather than of the gynæcologist. He had often noted instances in which divergent opinions were given by medical experts, showing the great difficulties that sometimes lay in the way of a correct decision, and emphasising the need of caution in giving an opinion. In former days, when rape was a capital offence, and when an innocent valvo-vaginitis in children was not recognised, miscarriage of justice must have occurred with terrible results.

Dr. **Elder** described an illustrative case from his own experience, and dwelt on the responsibility involved in swearing away a man's character and liberty in a law court.

Dr. **Rasch** said that a decision must often rest on the elasticity or rigidity of the hymen. This factor also determined whether it was possible to make a digital examination without injuring the hymen. In most cases this could be easily done, the patient being told to make straining efforts.

Dr. **Macnaughton Jones**, in reply, thanked the Fellows for the interest they had shown in his paper. He wished to repudiate any intention of implying that the presence of a folding hymen impugned a women's chastity, but this repudiation was very different from convicting a man of perjury who affirmed that he had had intercourse in such a case. He thought it was always of use that such a society should express and place on record its opinions on a subject which might at any time come up in a law court, where the decision might gravely affect the life and even the liberty of a human being.

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BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Meeting Held Tuesday, March 6th, 1894.

The President, Mr. **John Appleyard**, M.B., F.R.C.S., in the Chair.

"Pitting" in Small-pox.—Dr. **Logan** showed an arrangement of combined aspirating and injecting syringes communicating with a single needle, half curved and double-channelled. It is intended to minimise pitting in small-pox by evacuating the vesicular contents at an early stage and replacing them with antiseptic solutions.

Thyroid Extract in Warty Growths.—Dr. **Goyder** read a note on the use of thyroid material, and gave a case of extensive warty growths over the neck, shoulders, and breast of a young lady, which had been cured with about six weeks' treatment by the remedy.

Dr. Rabagliati, Honeyburn, Bell, and Parkinson discussed the subject.

Salpingo-Ovaritis.— Dr. **Rabagliati** showed specimens which had been preserved in ·001 mercuric iodide solution, and read a paper on salpingo-ovaritis. He gave two cases illustrating peracute and mild cases, both following miscarriage remotely.

INTESTINAL ANASTOMIS FOR OBSTRUCTION.

Mr. **Horrocks** read notes of a case in which a labouring man, æt. 61, came under treatment. After about six weeks' trouble with abdominal pain, there was distension of the belly, and coils of distended intestine could be seen and felt. Vomiting had come on after obstruction of the bowels, and obstruction was diagnosed, and owing to the late supervention of vomiting, probably in the large intestine; treatment by enema brought away formed motion and the patient improved for a time, diarrhœa even occurred. There was a recurrent attack of obstruction and vomiting, and laparotomy was performed in the right linea semilunaris, the colon was bound down at the hepatic flexure and two small nodules felt in its wall, an anastomosis was therefore made between the small intestine just above the ileo-cæcal valve and the transverse colon (Littlewood's bone-plates being used). The man did well at first but died about six weeks later with ulceration at the site of the obstruction. Fæces had passed into the short circuited portion of colon and had been prevented returning by the ileo-cæcal valve. The sketch shows the parts as seen *post-mortem*.

Dr. **Wood** read notes of a case of "Nephrectomy for Stone," in which owing to the slipping of the ligature on the pedicle there was great loss of blood; the patient becoming collapsed and pulseless. Two pints of saline solution were injected into the veins and oxygen gas inhalations commenced, the patient rallying immediately and making a good recovery.

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CATHOLIC UNIVERSITY MEDICAL SCHOOL MEDICAL AND SCIENTIFIC SOCIETY.

Meeting held Monday, February 26th.

Dr. **Birmingham** in the Chair.

Dr. H. **Byrne** showed a case of "Subpectoral Abscess."

Mr. **Forrest** showed a patient from whom a "Frontal angioma" was removed.

Dr. P. K. **Joyce** exhibited a dysenteric colon showing great thickening of the muscular wall and the usual rugous condition of the mucous membrane.

Dr. **McWeeney** gave a short account of the pathology and etiology of dysentery; great importance was attached to ulceration, which began in the sub-mucous tissue. The most recent researches had conclusively proved the cause of dysentery to be a small protozoon, about thirty times the size of a white corpuscle; this animalcule was invariably found both in the diseased intestine and in the hepatic abscesses which frequently accompany tropical dysentery; the pus from these abscesses invariably caused acute dysentery when injected into cats' intestine.

Dr. **O'Carrel** said he had seen a great many cases of dysentery during the epidemic, which occurred about six years ago in the Richmond Asylum; in one case the disease had been undoubtedly conveyed from one patient to another by an enema tube.

Mr. **M'Ardle** showed (1) frontal angioma showing cavernous tissue like the corpus cavernosum penis; (2) cancerous section showing the peculiar nodular brown outgrowths, which Mr. M'Ardle said he invariably found came away with the fæces in these cases, hæmorrhage was of rare occurrence; (3) an enormous renal tumour which had been successfully removed; a photograph was exhibited showing the various lines of incision adopted in nephrectomy. Mr. M'Ardle preferred that through the linea semilunaris.

Dr. **Smith** showed specimens of tubes and ovaries removed for dysmenorrhœa. The uterus had been twice curetted to no purpose; when the abdomen was opened, the uterus was found cancerous.

Mr. **M'Ardle** asked if the mucous membrane removed by the curette had been examined microscopically?

Dr. **Smith** replied that he considered no safe diagnosis could be made from an examination of the mucous membrane alone.

Mr. **O'Gorman** read a paper on "Effects Noted after Section of the Ulnar Nerve." S. K., suffered from neuroma of ring finger five years ago. The tumour was removed, but pain returned, and the ulnar nerve was resected. Trophic ulcers then formed on the forearm, which were cured by the electric battery. The little finger then became gangrenous and gave great pain, although its nerve supply had been apparently cut off. The finger was then necessarily amputated.

Mr. **Forrest** said he had seen a great many cases of neurectomy in St. Vincent's Hospital. He referred to the very rapid growth of nerves after section.

Mr. **M'Ardle** said he believed lesions of bone rarely followed destruction of their trophic nerves, but that irritation of the nerves by injections of ether, &c., might cause the destruction of osseous tissue. *The trophic ulcers were caused by a descending neuritis.*

Dr. **Shine** mentioned a case in which complete sensibility returned to a leg six weeks after resection of the great sciatic.

Dr. **Coffey** referred to the probability of ingrowth of nerves at the periphery.

Dr. **Mooney** read a paper on "Dislocation of the Lens."

Dr. **Birmingham** pointed out the great tendency of the lens to dislocate outwards owing to the resistance of the vitreous.

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France.

[From our own Correspondent.

Paris, March 17th.

Notification and the Water Supply in Paris.

The Prefect of Police caused to be distributed last week to all the members of the medical profession in Paris the block books for the notification of contagious diseases, on the cover of which is printed the two principal articles of the recent law and the names of the maladies to be notified. The actual epidemic of typhoid fever in Paris will furnish frequent opportunities for the use of these books, but little good from the ordinance, the real cause of the malady being the drinking water, which is about as impure as it can well be—15,000 microbes to the cubic centimetre! The question has been brought before the Académie de Médecine by M. Bucquoy, who proposed that the public should be warned officially to drink no water that has not been boiled.

Biliary Fistula.

At the Académie de Médecine, M. Dujardin read a paper on the "Treatment of Biliary Fistula." He said that in a person suffering from icterus caused by retention, in whom all medical treatment had failed, it was necessary to operate. If the operation be successful and the patient cured, he will find himself in quite another position as regards nutrition. In the ordinary condition, although the choledochus canal opens into the intestine where microbes swarm, its contents do not, however, contain any bacteria; the same does not obtain when a biliary fistula exists by which the microbes can penetrate and infect the liver. Again, the fistula opens into the intestine at a certain distance from the pancreatic duct, and this fact brings about intestinal dyspepsia, which soon reaches the stomach, creating similar disorders. It is necessary consequently to administer such antiseptics as salol and enjoin the patient to become as much as possible a vegetarian.

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Germany.

[From our own Correspondent.]

Berlin, March 16th.

The Title of "Professor."

There are a large number of teachers at the University, and their ranks and titles vary considerably. The different grades are professors, professors extraordinary, honorary professors, privat docentiæ, and privat dozenten with the title of professor. The latter class comprise privat dozenten who have previously been professors at another university, and, therefore entitled to the title, although only privat dozenten here, or privat dozenten to whom the Cultus Minister has granted the predicate or title. A large number of privat dozenten of all faculties of the different universities have had this titular distinction conferred upon them the last few years. In order to distinguish this class from the gymnasial professors, the Cultus Minister has recently made known that privat dozenten or privat teachers who have received the title of professor shall be allowed to style themselves "university professor," whilst hitherto their official designation has been "privat dozent and könig professor." This innovation has been very pleasing to the privat dozenten of the Medical Faculty, on account of the useful effect it may have on their practice. The title of professor has also been granted to a number of medical men who have never been engaged in teaching. Thus, quite recently Dr. Johannis Israel, Directing Surgeon of the Jewish Hospital, was granted this titular distinction, although he has never had any teaching connection with the university. In the same way the Directing Surgeon of the Friedrichshain Hospital, Dr. Eugen Hahn, the Director of the Lazarus Hospital, Dr. Langenbuch, the Aural Surgeon-General, Dr. Trautmann, have in earlier times received the distinction, and in all cases this has been granted in recognition of their distinguished activity and their high professional standing.

At the meeting of the medical society of the 21st ult. Hr. A. Fraenkel gave an address on

Arterio-sclerosis after Syphilis.

He said the question of the origin of aneurisms, so far as syphilis was concerned, had been very variously answered. Walsh was of opinion that syphilis was the foundation of aneurism in 60 per cent. of the cases, other writers went further and put the percentage at 80. The speaker had carefully observed clinically nine cases of aneurism during the past four years, and had the opportunity of an examination post-mortem in every case. Five were women and thirteen men; four were over 60 years of age; ten were under 50, six below 40. The remark had been already made that in proportion to the ordinary arterio-sclerosis of old age aneurism was met with at a relatively early age principally from the middle of the twenties to the end of the forties. This circumstance made it possible that some special condition must be in action. Amongst the speaker's 19 cases syphilis was certainly present in 10, in six of the patients under 50, and four of those under 40. The proportion of syphilitic cases in his series was therefore about 50 per cent. As to the mode of origin of true aneurism different theories were propounded, especially two which had been called the mechanical theory and the inflammation theory. The mode of origin was of importance when we had to decide whether an anomaly of constitution was to come into consideration or not. Anatomically the mode of origin was very difficult to determine, as we could not determine whether the arterial changes were syphilitic or not. The preparation shown was of special interest, inasmuch it was not a true aneurism but an advanced and very extensive arterio-sclerosis in a comparatively young person, in whom undoubted anatomical changes of cardiac syphilis were present. A woman, æt. 37, was admitted under the speaker's care last year with symptoms of valvular insufficiency. The patient frequently complained of headache, pains, and attacks of faintness. She was discharged improved. The diagnosis was aortic valvular insufficiency, resulting from an antecedent reticular rheumatism. The husband of the patient was syphilitic. The patient had suffered from swellings of the head that had burst, and the cicatrices were still visible. At the commencement of the present year the patient returned with symptoms of cardiac trouble which differed from that present before in being characterised by violent attacks of angina pectoris. The patient did not come out of one of the attacks. The anterior and left coronary artery were quite permeable and unchanged, the right on the contrary was totally obliterated at its point of entrance into the aorta by an extensive arterio-sclerosis. That these changes were of a syphilitic nature was shown by the presence of a cardiac gumma, that had a length of 4½ ctm.

At the Dermatological Society, of the 13th ult., Hr. Mendel gave an address on

Syphilis Late in Life.

By syphilis late in life, he meant those diseases that had been acquired by men about 55, and women about 45. On the basis of 157 cases from private practice and from his Klinik, Sigmund considered syphilis late in life, both in regard to the number and character of the symptoms, and the liability to relapse to be comparatively mild. In opposition to this, Dulouy, basing his opinion on 131 observations, came to the result that late in life the disease was very obstinate, and very grave from affections of the abdominal viscera. Taylor was of the same opinion. Still more scanty are the literary data on diseases of the nervous system in syphilis of old age. The speaker added four cases.

The first case was a man, æt. 60, who, in 1885, had a neuro-chancre. Although steadily treated by mercury, he had cerebral symptoms culminating in unconsciousness. When this passed off, there was aphasia, hemianopsia, and right-sided paresis. There was certainly specific endarteritis of the artery of the Sylvian fissure, as the heart of the patient was perfectly sound, and no other signs of arterio-sclerosis could be found. Under the use of potassium iodide, the whole of the symptoms disappeared, and from that time, the patient had been perfectly well, although for caution's sake, he still took the iodide from time to time.

The second case was the wife of the first patient, and became infected in the fifty-third year. With the exception of ulcers in the fauces, no other sign of syphilis was present. There were painful swellings on the parietal bones of the skull, the pupils much contracted, reacting slowly to light, the lower extremities weakened. Potassium iodide. After three months' treatment, all the symptoms disappeared, headaches occasionally returned, but they always disappeared on giving the iodide.

The third case was that of a man, æt. 59, who had become infected four years previously. There were giddiness, facial paralysis, and left-sided hemianæsthesia. The affection was assumed to be arteritis of the left basilar artery. Under treatment, the giddiness disappeared, but the condition otherwise remained unchanged.

The fourth case was that of a man, æt. 55, who had an apoplectic attack. There were broad condylomata, a few weeks before he was said to have had an ulcer and a rash. There was some probability that there was a connection between the syphilis and the cerebral hæmorrhage. He thought it desirable that all cases should be collected.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 16th.

Eighth International Congress of Hygiene and Demography.

The preliminary arrangements for the Eighth International Congress of Hygiene and Demography, to be held at Budapest from the 1st to the 9th of September this year, are already far advanced. The programme of its scientific part was very favourably received abroad, and many communications of approval have been sent to the General Secretary. The interest which foreign countries take in this Congress is best shown by the great number (440) of eminent scientists who have already promised papers for the various Sections. The number of the Sections has been increased by one, this being the twentieth, under the title "General Samaritan Affairs." This Section will treat and finally decide all the important questions falling within its sphere. The interest of the Congress will be enhanced by the circumstance that the medical officers of the German railways and the cremation societies will hold their meetings at Budapest in connection with this Congress. The Congress will be opened by His Imperial and Royal Highness Archduke Charles Louis. The introductory meeting will take place in the building and garden of the National Museum, the classic ground of our metropolis. The Corporation of the metropolis will arrange a splendid *soirée* at the halls of their redoute for the reception of the Congress. The 6th of September is reserved for minor excursions, such as the inspection of public institutes and edifices, a trip to Balatonfüred, Siofok, and by invitation of Count Nicolas Esterhazy to Totis, also excursions to the Szechenyiberg, the Island of St. Margherite, &c. The arrangements for the excursions to be made after the closing of the Congress have been enlarged, so that besides a voyage to Constantinople and Belgrade, excursions to Tatrafüred, Agram-Fiume, and to Bosnia and the Herzegovina have been added to the programme.

Tabes Spinalis.

Prof. Obersteine read a long paper at the last meeting of the Gesellschaft on the Pathology of Tabes of the Spinal Cord. He said that the greatest number of authors in nerve diseases placed the origin of the morbid changes in the posterior roots of the column, but he was still of opinion that this theory of tabes was not sufficiently explained. He maintained that the primary changes were not in the nerve fibres nor in the dark centres of the ganglia. He had worked out many of these cases with Dr. Redlich with a strong desire to locate the primary morbid change. In all his sections which were certainly affected in the posterior roots, but in such a way that compression or strangulation was apparently the first cause. He concluded that a form of meningitis originally existed which slowly invaded the roots by the thickening of the pia mater and finally strangulating the posterior roots. He considered this opinion borne out by the atheromatous condition of the vessels; also by the fact that there existed some relationship between tabes and syphilis which produced an atheromatous condition of the vessels. The lancinating or cutting pains pointed to pressure on the sensory nerves. The therapeutic results obtained by antisyphilitic treatment in tabetic patients, particularly when the pia mater was not too far implicated, pointed to the support of his theory in the favourable results obtained. He was confident that the changes commenced in the covering of the cord and slowly advanced, implicating the fibrous tissue. If we accepted a toxic production the hypothesis could be easily borne out to ocular demonstration with this as the starting point.

Spinal Abscesses.

Schlesinger also read a paper on the sparsity of abscesses of the spinal cord. He said that cerebral abscesses were often met with, but that spinal abscesses were of great rarity, only seven recorded cases appearing in literature, four of whom were idiopathic, and three traumatic. The first of these was recognised in life by Nothnagel, who in *vivo* diagnosed it as bronchiectasis. It was the case of a man, æt. 31, who was sent from Prof. Lang's wards after suffering from cystitis and urethritis, after which a prostate abscess formed and was incised. Fourteen days later a pain suddenly commenced in the neck, the spine becoming stiff and thickened till death, which was preceded by paralysis of the extremities. The post-mortem revealed purulent meningitis spinalis with pus in the spinal cord which extended along the greater part of its length. The abscess confined itself mostly to the region of the posterior horns, along which myelitis could be traced. The case is worthy of remark on account of the propagation of pus from the meningeal affection extending into the spinal cord as well as from an etiological point of view. It is urgently held by some that after gonorrhœa a gonorrhœa myelitis must of necessity arise, which is a dangerous axiom to accept from our present knowledge of histological facts. In this case the gonococci could not be found, although diligently searched for in the spinal colum or meningeal exudations. Staphylococci, however, were in abundance, and it is not improbable that these may have been of a gonorrhœal origin and produced the evident metastasis.

Sternberg demonstrated a preparation with diffuse purulent meningitis implicating the spinal column. The specimen was taken from a man, æt. 28. It clearly showed the invasion of the septa with thick round cell infiltration appearing as wedges in the lateral columns; the axis cylinders were swollen and the roots of the nerve exhibited diffuse nephritis. In every case of meningitis there is a deposit leading on to myelitic disease, but rarely forming abscesses. Dr. Nobel said that no gonococci could be found in this case.

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The Operating Theatres.

ST. MARY'S HOSPITAL.

Removal of Penis, Scrotum, and Testes for Epithelioma.—Mr. Ernest Lane operated on a man, æt. 51, the subject of an epithelioma which had been steadily increasing for a year previous to admission to St. Mary's. The penis was represented by a cauliflower-like excrescence bleeding freely and discharging offensively; the skin of the scrotum was hard and infiltrated with growth, and the inguinal glands on both sides enlarged and cancerous. The growth was removed by lateral incisions in the femoro-scrotal folds meeting posteriorly in the middle line of the perinæum and united superiorly by a horizontal cut above the symphysis pubis. The spermatic cords were isolated, secured with a double ligature, and divided at the external abdominal rings. The crura of the penis were detached from the pubes, the corpus spongiosum was dissected out, and the whole penis and scrotum with its contents removed. The urethra was then attached to the integument of the perinæum and the edges of the skin approximated as far as possible. The glands were next cleared out of both groins and an infiltrated cord extending along the suspensory ligament of the penis towards the umbilicus was dissected out. Mr. Lane remarked that in severe cases of epithelioma of the penis requiring removal of the whole organ a simultaneous removal of the testes and scrotum was also advisable; in his opinion, if the testes were left after removal of the penis the growth might return in them, and further, the physiological activity of these glands might be a source of considerable annoyance and discomfort to the patient. Removal of the testes, he said, did not seem to be attended by any additional shock. To render the operation complete, it was, he thought necessary to extirpate the inguinal glands on both sides, and also in the present case to carry the dissection up towards the umbilicus so as to remove an epitheliomatous infiltration of the suspensory ligament of the penis.

ST. THOMAS'S HOSPITAL.

Varicocele.—Before the operation was performed by Mr. Anderson, it was found impracticable to administer an anæsthetic owing to the violent struggles of the patient, (a youth, æt. 19), prior to the setting in of complete unconsciousness. The young man then consented to submit to the operation without an anæsthetic. The operation was done by a modification of the subcutaneous plan. The vas having been isolated and displaced backwards, while the varicose veins were held by an assistant, a fine tenotomy knife was passed through the scrotum between the veins and the vas, and over this was passed a straight needle bearing a strand of silk; a second puncture was made in the same manner an inch higher. The veins were now allowed to fall back, carrying with them the silk ligature, and the needle was passed back again through the same incision in front of the veins between these and the scrotal integument. The veins now included in the loop were ligatured and the thread cut off close to the knot, the ligature remaining completely buried. The second puncture was treated in a similar manner. Thus a segment of the veins was isolated between the two ligatures. It may be noted that the lower ligature was knotted first in order that the blood might be emptied as far as possible from the included portion of the veins. The patient showed no sign of suffering during the operation, and said that the pain during the passage of the knife and the tightening of the ligatures was very trifling. The wound was dusted with boracic powder and dressed antiseptically; the whole operation only occupied three or four minutes. Mr. Anderson remarked that he had abandoned the open operation during the last eighteen months in favour of the present procedure, the advantages of which appeared to be its brief duration and the invariable absence of septic combinations. The patient may be discharged with safety at the end of ten days, and perhaps earlier. The results in a considerable number of operations have, he said, been perfect. There is very little local swelling or tenderness, and in the cases that could be followed the cure has been permanent. It is no small advantage, he thought, that the operation can be performed, as proved by the present and by a previous case, without the aid of an anæsthetic and without seriously trying the powers of endurance of the patient. The ligature of the veins in two places appears to render relapse almost impossible.

Exploration of Kidney and Ureter.—The same surgeon operated on a patient who had been the subject of a nephrotomy a month before. The man, æt. about 35, had been suffering from symptoms pointing to renal calculus on the right side for a twelvemonth. The kidney was cut down upon, and on incision the cavity was found to be enormously distended with mingled pus and urine. A careful examination was made for a calculus, but none was found, and a drainage tube having been introduced, the wound was closed around it. The patient recovered from the effects of the operation, but the symptoms remained unrelieved, the man still suffering great pain along the course of the ureter. The present operation was undertaken for the purpose of ascertaining whether a stone was arrested in a part of the tube. A longitudinal incision of about 4 inches in length having its centre opposite the umbilicus was made through the right rectus about an inch from the median line; the hand was then introduced and a careful exploration made along the whole tract of the ureter; the tube could be felt thickened, and somewhat sinuous in its course from the kidney to the bladder, but no stone could be detected. The lower end of the kidney was harder than normal, but the resistance did not suggest the presence of a calculus, and as the patient was in a feeble condition the wound was closed by a deep continuous peritoneal suture of catgut and a row of wire stitches passing through the rectus and integument. Mr. Anderson remarked that the failure of the present operation to lead to the detection of a stone of course did not conclusively prove that a calculus did not exist; it, however, rendered most probable that the symptoms were attributable to another cause, and this, from the condition of the kidney at the time of the first operation and from the feeble condition of the patient's health, is, he thought, most likely to prove a tubercular affection involving both organs.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 21, 1894.

SCHOOL OPHTHALMIA.

In a former article we discussed Mr. Hutchinson's views bearing on the alleged increasing spread in our large public schools of a form of ophthalmia which, if neglected, may terminate in typical granular lids. Mr. Hutchinson, in fact, asserted with uncompromising emphasis that the eye troubles which have for years caused so much suffering and permanent deformity among the waif population of our workhouse schools are now gaining a foothold among the children of the well-to-do who are aggregated in the large public schools. It cannot be denied that for some months past a feeling of uneasiness has pervaded the public mind in respect of the indisputable prevalence of ophthalmia in some form or another among schoolboys, and this feeling has had for effect to add greatly to the anxiety of those who are responsible for the management of the schools and to the responsibility of the medical men to whom is entrusted the duty of looking after the sanitation of such schools. Mr. Hutchinson stated his views with great precision, and his opinion is undoubtedly entitled to very great weight. Nevertheless, it must be admitted that during the two evenings' discussion at the Ophthalmological Society he received very little support from the specialists who joined in the fray. The first thing that will strike the impartial reader of the reports is that even among specialists the greatest confusion obtains as to the identity of the various forms of ophthalmia. According to some the form of ophthalmia which leads up to granular lids—the form which from old associations is commonly known as workhouse ophthalmia—is attributable to a special microbe, derived according to German pathologists more or less indirectly from the genitals. According to this school, granular lids can result from this form of ophthalmia and from no other, in fact, it is workhouse ophthalmia *ab initio*. Others, and among them Mr. Hutchinson, hold that the ophthalmia which is just now so prevalent can and does give rise to granular lids, though in its earlier stages it may not be easy to distinguish from simple or muco-purulent ophthalmia. It was suggested as a means of reconciling the conflict of experience and opinion that granular lids may result from an intercurrent attack of ordinary ophthalmia in children who exhibit the tendency to adenoid overgrowth which is so commonly met with in the denizens of towns, and finds expression elsewhere in the so-called granular pharyngitis, &c. Mr. Hutchinson insists upon the necessity of educating the profession generally to recognise the gravity of the affection in view of its possible consequences; but seeing that specialists are hopelessly divided, not only on the pathology of the affection, but on the practical question whether this or that child is or is not the victim of granular lids, the chance of the general practitioner attaining a superior degree of diagnostic acumen must be remote indeed. There was, however, at least one point upon which the ophthalmologists, in solemn conclave assembled, were agreed, viz., that these cases ought always to be treated by specialists; but until they themselves are agreed in their diagnosis their *dicta* will fail to command the respect to which they would, under other circumstances, be entitled. That some of the lads at our public schools should contract workhouse ophthalmia is, after all, not altogether a matter for extreme surprise if certain insinuations are to be accorded credence. We know that, whatever its pathology may be, workhouse ophthalmia is a malady which flourishes under certain well-defined conditions, viz., defective diet and imperfect sanitation. There is reason to believe that the sanitary conditions under which the children of the rich are sometimes called upon to live at these expensive schools do not materially differ from those which obtain in parochial schools. This points to the necessity for some systematic inspection, either by the Government or by the local authority, and this is a point which is now likely to receive immediate attention. Taking a broad view of the situation, it would seem that, though imperfect sanitation is not directly responsible for the affection, which is transmitted principally, if not exclusively, by contagion from person to person, it does, by predisposing the inmates to adenoid overgrowth and generally impairing the standard of vitality, pave the way to contagion. While, therefore, strict isolation and appropriate local treatment, preferably of a mild description, are urgently called for in presence of an outbreak, the epidemic tendency of the affection can only be effectually guarded against by greater attention to the elementary laws of health, which are the same for the rich as for the poor.

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DUST DISEASE IN THE POTTERIES.

During the course of last week a deputation of manufacturers of china and earthenware waited formally on Mr. Asquith. Their complaint, in effect, was that the new rules were so stringent as to threaten their future commercial prosperity. In the interests of workers in dangerous trades generally we are glad to state that they derived little or no encouragement from their official interview. In firm but courteous language Mr. Asquith furnished the key to the Government position, although he afforded no hope of any changes in the direction desired by the deputies. He pointed out that the special rules to be applied to the pottery industry had been recommended only after the fullest inquiry into the conditions of the trade by the Departmental Commissioners; in other words, that the suggested changes had been advanced in the light of full knowledge and deliberation, and were presumably founded on a basis of justice and expediency. Indeed, the proposed regulations have been already adopted, in whole or in part, by a few humane masters. But it is to be feared that humanity of this sort is only too likely to involve disinterested employers in loss, for in these days of keen business competition the cost of production is cut down as nearly as may be to vanishing point. Hence, the manufacturer who deals justly with his workmen is likely to be at a disadvantage in his competition with the manufacturers who exact their capitalist advantage to the uttermost farthing. Moreover, it is clear that reform in the pottery trade cannot be delayed because there are a few righteous men amongst many offenders. Of late years the principle which has been adopted, not only by political economists and trades unionists, but also by our representative legislators, is that workmen must be protected by absolute prohibitory and penal legislation. History has shown over and over again that where the master's pocket is concerned permissive legislation is worse than useless. Acting upon these convictions, the Commons have insisted on the exclusion of the voluntary contracting-out clauses inserted by the Lords in the amended Factory Acts Bill. Returning to the pottery trade, it will be instructive to inquire a little into the facts. First of all we find ourselves confronted by an excessively high death-rate. If we turn to Dr. Ogle's tables showing the comparative mortality of males, 25 to 65 years of age, in certain dust-producing occupations, from phthisis and diseases of the respiratory organs, we find that the average for England and Wales is 402 per 10,000. The lowest place on this list is occupied by the coal miners, who stand at 328 per 10,000, a figure actually less than that of the general average. Passing over a number of other occupations of a similar class, such as bakers, wool manufacturers, and quarrymen, we will confine our attention to the three deadly ones which come last on the table, namely, file makers, earthenware manufacturers, and Cornish miners. All three are exposed to the common condition of a close atmosphere which is laden with a dust that acts not only as a mechanical irritant, but also as a poison. Curiously enough, this poisonous metal, lead, is the same in all three cases. The file cutters strike their files on a lead cushion, the potters use a lead glaze, and the Cornish miners work in the ore. The earthenware manufacturers suffer enormously from bronchitis and emphysema, and also from "potters'" asthma and phthisis. They do not suffer relatively so much from phthisis as the file cutters or the Cornish miners. Thus, the file makers showed 433 deaths from phthisis, and 350 from other diseases of the respiratory organs, out of a total of 783 per 10,000. The potters, out of a total of 1,118, suffered in the proportion of 473 phthisis and 645 other respiratory diseases. Their record, however, is beaten by the Cornish miners, in whom the figures are respectively 690 and 458 out of a total of 1,148. There can be no doubt that this death-roll includes a large margin of preventible disease. It is probable that even if placed under the most stringent regulations these trades would always remain unhealthy, but that is no argument against enforcing such regulations. We trust that the Government will assume a firm and decisive attitude with regard to the Commissioners' report on the dangerous trades. The principle of guarding the workman against avoidable risks is not only humane, but it is also directly conservative of the sum total of national wealth. That is to say, the ordinary taxpayer has to support the human wreckage from these disastrous trades in infirmaries, asylums, prisons, and other refuges for the workman who has become crippled in producing wealth for the capitalist. The not altogether unreasonable contention has been advanced in some quarters that the manufacturer who reaps the profit of a dangerous trade should support his disabled workmen. Individually, these capitalists are no doubt humane and kindly men; it is only when they get together that they become callous and calculating. Anyway, their withers have been evidently wrung by the recommendations of the Departmental Commissioners, and we are glad to see that the Home Secretary has shown no sign either of compromise or of delay in bringing about this much-needed domestic reform.

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THE OPIUM COMMISSION.

We learn by the last mail that the Opium Commission sat daily, in spite of a rising temperature (the thermometer standing at 88° Fahr. in the shade), and that a large number of members of the profession had been under examination. The consensus of opinion expressed by both European and native practitioners, especially those with the largest and most varied experience, was to the effect that the use of opium was on the whole far more beneficial than harmful to the native population of India. Certainly the habitual use of the drug does not lead to the serious consequences which follow the use of alcohol, or beer, and Dr. Blaney, with experience as Coroner for twenty-one years in Bombay, said, "No case of an opium-eater dying in the streets had come under his notice." Opium, when taken in small quantities as it is by natives, is neither morally nor physically injurious. With the greater number of persons its effect is to render the mind more active and the imagination more vivid. In moderate doses it is known to act as a tonic and stimulant, the individual as a rule having no tendency whatever to the commission of any crime or act of immorality. He is most certainly able to follow his daily avocation and to undergo a greater amount of physical and mental strain than non-consumers or those who resort to the use of alcohol. In larger doses, however, it impairs appetite, and acts as a check on the secretions generally. The opinion appears to be universally held among the profession in India that the use of opium by the people of India cannot be strictly prohibited without producing disastrous effects upon the country at large. Moreover, if the use of opium were suppressed or in any way greatly interfered with, some other form of nervine stimulant, most probably alcohol, would in a very short time replace it, and thereby the evil would be greatly aggravated, since alcohol would certainly induce degenerative changes in the tissues of the body and offspring, and sow the seeds of moral degeneracy, the habitual use of alcohol being always associated with crime and immorality among all classes. It is a fact that 90 per cent. of prostitutes and their paramours are spirit-drinkers, while scarcely 10 per cent. of them resort to opium; so that it may be inferred that the general use of alcohol would on the whole be attended with far graver consequences among the people of India, the lower classes in particular, on account of a prevailing higher temperature, and other climatic variations, than those of England and other European countries. From another point of view, a political one, it is the firm conviction of those who have spent the best part of their lives, extending over a period of twenty, thirty, or more years, that any attempt to impose prohibition in the native states of India would be certain to invite general discontent, hatred, and disloyalty throughout India, which it is confidently believed would culminate in a rising of the natives, compared with which the Mutiny of 1857 would be as child's play. By the latest accounts received we find the Commission engaged in taking evidence on the financial difficulty, no slight one, that must ensue should the withdrawal of the existing tax on opium be insisted on. With this the labours of the Commission will practically terminate, but the consideration of the Report will yet take time before it can be presented to Parliament. So far as those who are in a position to see the consequences that would follow prohibition, there is positively nothing to be gained in return for the loss of prestige and hatred incurred, beyond the knowledge that a society of well-meaning but meddlesome and ignorant people had done their best to destroy our rule in India.

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Notes on Current Topics.

Dental Hospitals.

It is unfortunately the fate of Dental Hospitals that they do not directly appeal to the sentiment of the benevolent public as do the general hospitals. No operations involving the loss of life or limb take place within their walls, and everything associated with dentistry is, by comparison with surgery, looked upon as trivial. The public do not take the broader view that the after health is so much dependent on the teeth that those who cannot afford to go to a dental surgeon must go to a dental hospital or suffer untold miseries; nor do they take into consideration the fact that dental hospitals are the nurseries of future practitioners without which those who are possessed of means would be unable to command the same skilful treatment of their so-called "trivial" complaints: and so the chairman of the Dental Hospital of London had to confess at the annual meeting on Thursday last that out of £40,000 required for the new building, £9,700 only had been promised, and the whole of this except £2,000 by the dental profession. This is not as it should be: the institution is much sought by the poor; it is well managed, and students are excellently taught, and we sincerely hope the public will more fully recognise its claims. We might venture to suggest that £40,000 seems a large sum to ask, and that instead of a new building, the committee might extend in the rear of their present premises and gain all the additional space required at less than half the sum asked.

Poisonous Meat.

However far Great Britain may be in advance of Continental countries as regards sanitary matters generally, it is probable that she lags far behind them in the particular of the supervision of meat. In some of the German towns, at any rate, it is made a condition of the public health professorships that the holders do so many hours' practical work daily in the *abattoirs* That there is a field for a similar highly-skilled control over our own meat supplies is proved up to the hilt by the cases that crop up from time to time in the police courts. Only last week a dealer was summoned before the Guildhall Court for sending the carcases of three diseased pigs to the Central London Meat Market. It was sworn in Court that the carcases were not half the weight they should have been, that the animals had been diseased, and that the results to persons eating such meat might be disastrous. The Medical Officer of Health for the City stated it was one of the worst cases he had ever seen. On the strength of this and other evidence the Alderman said he had no hesitation in saying that the defendant stood in the light of a man who had sold poison. He had deliberately sent bad meat to the market. We are glad to say that the defendant was sentenced to two months' imprisonment.

A Novel Suggestion.

A CURIOUSLY novel suggestion has just been made by a correspondent to an American contemporary. It is to the effect that a large building should be erected in New York for the sole purpose of providing consulting rooms for "physicians." [We never seem to hear of "surgeons" in America.] The idea appears to be to have a very extensive general waiting room, and several floors of rooms, the rooms being used by "physicians" for seeing their patients in. Incidentally it is mentioned that the owner would have to adopt some rules for preventing undesirable tenants from becoming attached to the establishment. Certainly this proviso would be most essential under the circumstances; but it is difficult to see how the scheme could be worked harmoniously, even with the desirable tenants who patronised it. The risks, we should imagine, of the gravitation of patients in the wrong direction would be immense, and the small talk in the general waiting room might be well calculated to result in enabling some of the doctors to pay their rents with ease, and in causing a difficulty in this respect to others which might be serious.

Insanitary Dwellings.

THERE can be little doubt that the lack of a sufficient number of sanitary inspectors places very great obstacles in the path of public health progress. Without a strong administrative staff no scheme of legislation, however well considered and far-reaching, can be of any real efficiency. To take an instance, the Factory and Workshops Act, which is fairly comprehensive, is openly and constantly defied by the smaller tradesmen and manufacturers. Indeed, nothing but a house-to-house visitation could ensure the carrying out of that useful measure. A similar observation applies to many other of our more domestic laws, and perhaps most of all to insanitary house property. The British public has grown accustomed to "shocking stories" and "horrible revelations" dealing with the slums and rookeries. A tale of the kind was told at an inquest held last week in the East End of London. The coroner's officer declared the house to be unfit for human habitation. His testimony was borne out by the Parish Medical Officer, who emphatically said he should not like his dog to live in the room. When he reached the house it was daylight, but he had to borrow a light to see where the patient was lying. The staircase leading to the room was positively dangerous to walk on, and in going up he had to use his hands as well as his feet. Other witnesses concurred as to the filthy and dilapidated state of the premises. And this is in the richest city in the world! Sanitary matters in the East End of London are notoriously bad, and its staffs of inspectors miserably and totally inadequate to the work they are supposed to undertake.

The Organ of Corti.

THE organ of Corti has for long had the reputation of being one of the most beautiful examples of animal creation. It formed the subject of Dr. McKendrick's lecture at the Royal Institution recently, and he had much that was interesting to say about it. He agrees with Helmholtz's theory respecting its mechanism, which presupposes the existence in Corti's organ of many vibrators tuned to all the tones the human ear is capable of hearing, and passing through a range of eleven octaves. Moreover, he showed that the basilar membrane on which Corti's organ rests contains at least 24,000 delicate fibres running parallel side by side, and he added that the fibres of the cochlear division of the auditory nerve have been found to number no less than 18,000! The lecturer further pointed out that the ear feels the touches of different kinds of sound waves, while it analyses them into their constituents, and he concluded by saying that this harp, not of a thousand, but of ten thousand strings, must always excite our wonder and admiration.

Christ's Hospital in 1877.

IN view of recent revelations as to the sanitary arrangements in Christ's Hospital, it is of interest to learn what was the state of affairs seventeen years ago. From a report issued in that year we learn that extensive alterations had been made in the system of drainage, in consequence of four cases of typhoid which had lately occurred among the scholars. It is stated that all drain-pipes were carefully and effectually ventilated, and all waste-water carried off by a system separate from the soil-pipes. The writer of the report was apparently satisfied with the state of the drains in 1877, a fact which is in startling contrast from the recent wholesale condemnation the the same drains have received in 1894. The explanation is probably to be found in the higher sanitary standard of the last decade of the century. After all, judging from the rate of recent advances, a period of seventeen years is ample for an extended crusade by the army of preventive medicine.

American Quack Cures for Inebriety.

FURTHER particulars have oozed out about the cases of drunkenness treated in Dundee, several people having written to say that to their certain knowledge in many instances the "cures" had only been very temporary. One of the Edinburgh lay papers has taken up the subject with commendable zeal, and has collected a number of facts intended to show the public what utter frauds these American systems are. Tyson's cure seems to be run by a company, Messrs. L. B. Tyson and Co., Limited, of which a Mr. George T. Stephens is an assistant secretary and agent in this country. The latter gentleman is connected with B. W. Hair and Co., chemists, High Holborn, London, whose names will be remembered in connection with a recent prosecution, and who in the present instance, after the first article appeared in the Edinburgh paper, wrote an extraordinary reply to it, in which he tried to explain away the fact that Tyson's agent in Australia was fined under the Colonial Poisons Act for selling without a licence a poisonous drug. As we have stated before, a committee of rabid teetotallers in Edinburgh has been gathered together to boom the great discovery in that city: they are to commence work, we believe, this week if enough sufficiently debased drunkards can be obtained to make it worth while. Some curious details, also, have been published lately about a "Glasgow Metabolic Institute," run by an A. J. Currie, M.D., Cinn., O., in conjunction with a Dr. A. Nairne, who is entered in the Medical Directory as L.R.C.P. Edin. 1874, and then in brackets "Currie and Nairne." Dr., Nairne is further stated to have been one of Currie's cures, and his position in connection with an unregistered practitioner is at present, we believe, under the consideration of the Royal College of Physicians. Several cases reported at the time with a flourish of trumpets as having been cured at this Metabolic Institute lapsed in a few days, as we only could expect. It is not known by which method "Dr." Currie treats his patients—some say that it is Tyson's, others Keeley's. The doctor himself does not seem to mind which it is called by, and we do not suppose it really matters. Keeley's people in London have, however, written to say that it is a fraud to say that the metabolic cure is the same as theirs, but that they intend shortly to allow the Glasgow people the opportunity of the only true and genuine cure.

The Vivisection Controversy Revived.

The cause of the experimental physiologists—known to fanatics as "Vivisectors"—has always had an able champion in Mr. Victor Horsley, and in an interview which a representative of an evening London journal had with him the other day, the case for "Vivisection" was once again distinctly stated. Probably it is not generally known that Galen played a prominent part in advancing our knowledge by experimental physiology. From Aristotle downwards it was believed that the function of the brain was to cool the passions of the heart, because when a brain was dissected it was found to be cold. Galen showed by the simple plan of feeling the living, and not the dead brain, that it was as warm as the rest of the body. That upset the elaborate theories of the ancient anatomists. By dividing the spinal cord Galen next discovered that the brain was the source of intellectual energy, and developed the impulses which descended to the spinal cord to reach the muscles. Galen also made valuable discoveries as to the structure of the cord itself. There is a famous story which tells how Galen alone of all the doctors in Rome, by his experimental knowledge, was able to cure a sophist of disease of the spinal cord, which he recognised to be at fault, though the symptoms were referred to the hand. Lastly, Galen also found out that the nerves were motor and sensory, and were the means of conduction of impulses from the brain to the muscles, and from the skin to the brain—and all this took place as long ago as 140–190 A.D., when penalties were likely to fall upon people who found out too much!

The Dublin Students.

We understand that the memorial of the students of the College of Surgeons' School, referred to in our last issue, was considered by the College Council on last Thursday, and as it was temperate and reasonable, was received by the Council in a conciliatory spirit. The matter was referred to the School Committee of the College, and the Students' Committee was requested to nominate three delegates to confer with the College Committee. Meanwhile the organisation of the Students' Association has made progress, representatives having been appointed from the School of the Catholic University to co-operate in the movement. The Royal College of Science, which is the teaching centre in Dublin of the Science and Art Department, is also the *locus* of a very serious students' *émeute*. One of the professors has given much dissatisfaction to the class in the performance of his duties, and the result was the presentation by them to the Council of the College of a round robin in which grave charges were made. The Council appear to have shelved the memorial, and the anger of the students thereat took the form of remarks of a very emphatic sort made within the College and in the presence of students and teachers. The Council, on this being reported, suspended the student who made the remarks, and fined him £10. The adjustment of the matter now rests with the Science and Art Department.

Illegal Operations.

The attention of the public has lately been drawn in a pointed manner to the frequency of the offence of criminal abortion. Several cases of a tragic nature have occurred in the metropolis, and others are reported with monotonous regularity from other parts of the country. Last week a Huddersfield offender was convicted of murdering a woman on whom she performed an illegal operation. Mr. Justice Collins sentenced the prisoner to ten years' penal servitude, a term of imprisonment which does not err on the side of severity, in fact, it is not altogether easy to understand why in this case the jury made a recommendation to mercy. The prisoner had committed a felonious act, which resulted in death, for which by English law she became responsible. The fact that the deceased was a consenting party is not material to the issue, for in all such cases the operation must necessarily be performed with consent. It is to be hoped that the justice meted out to this class of offenders will not err on the side of clemency.

A Sensible Order.

In the House of Commons last week, on a vote for Public Education in England and Wales, the Education Department was taken severely to task by an honourable member for insisting upon certain alterations—described as "fads"—being carried out in voluntary schools. On the question being asked by the Vice-President what these "fads" were, the reply was that one of them consisted in the Department requiring pegs to be placed in the lobby of a school for the children's hats and cloaks. "That is a fad, is it?" was the contemptuous rejoinder of the Vice-President. Subsequently the latter explained that "nothing was more unsatisfactory and more likely to lead to infection than to have the clothes of the children thrown together on a rainy day." We quite agree; the order for the pegs to be placed was both sensible and necessary. Apart altogether from the chances of infection, nothing could be more opposed to the principles of hygiene than to allow the damp overcloaks of children to lie for hours upon a table seething in their moisture until they were again required.

The New Order of Midwifery Practitioners.

DR. ROBERT RENTOUL gained a great victory at the recent meeting of the Lancashire and Cheshire Branch of the British Medical Association against the promoters of the "Midwives' Registration Association." The meeting was a special one, called for the express purpose of considering certain resolutions brought forward by Dr. Rentoul condemning the policy of those who are advocating the registration of midwives. No less than one hundred members of the branch attended in response to the summons. The opposition was represented by a certain number which was just large enough to add zest to the proceedings. After the resolutions had been duly proposed, seconded, and well supported, a long list of amendments was brought forward by the opposition. But the result of the voting revealed a melancholy state of affairs so far as the amendments were concerned. Only 12 could be found to vote in favour of them, and they were consequently rejected by 58 against. The original resolutions, therefore, on subsequently being put to the vote, were carried with only 12 dissentients. The result of this special meeting clearly shows that the members of his branch are quite prepared to follow Dr. Rentoul's lead in the organisation of the opposition against the proposed new order of midwifery practitioners. A victory such as this should be made the most of; it will encourage other medical societies to follow suit with the view of bringing under the notice of the Legislature the active feeling which still prevails throughout the profession against any registration of midwives. Parliament will be very loath to act, as previous experience in the same matter has shown, in accordance with the wishes of the promotors of the scheme when evidence is forthcoming of the widespread opposition of the profession.

Amendment of Notification Law.

DR. CAMERON, of Leeds, writes with reference to the complaint of Dr. Leslie Phillips, published in our issue last week, that the difficulties of administering the Notification law may be avoided by "give and take" between the notifying practitioner and the Medical Officer of Health. Quite true. If we lived in Utopia every patient would be delighted that the doctor should notify—every practitioner would be charmed to do so, and every medical officer of health would be proud and happy to advise his Authority to pay out fees without stint, because every notification would be genuine. In fact, if our lot were cast in Utopia, these matters would not concern us, because in a year or two there would be no infective disease to notify. But, unfortunately, we reside in a commonplace mundane sphere in which every man, woman, and child, without any exception, is influenced by personal interest. The patient will not be notified if he can help it; the practitioner will not notify him if it is to his interest to do the other thing; and the medical officer of health does not like either to allow infection to remain undetected or to ask his sanitary authority to pay for notification of cases which are not infective. What we say is that a law which totally ignores these influences and requires the whole world to do what it does not want to do, and provides no method for detecting or punishing evasion, is simply impracticable. It could not work, it never did work, and it never can work, and our advice has always been, break it up and make a new law.

The Chelsea Hospital for Women.

WHATEVER the nature of the public inquiry may be with respect to the allegations against the Chelsea Hospital for Women, we quite agree with certain members of the staff that the mortality records of the operations should not have been compiled from simply one year's statistics. Undoubtedly, in order to arrive at a more accurate estimate in the matter, the ratio of deaths in the operation cases should have been taken for the past five years at least. The injustice of taking only one year's statistics is obvious; an operator, for example, might have had a successful run of cases of, say, ovariotomy till last year; then he might have lost two or three, thus making his record appear very unfavourable. And the reverse would hold good. With reference to the report of the medical staff of which mention was made in our issue last week, a correspondent has drawn our attention to an entry respecting the death of one of Dr. Leith Napier's cases. We here quote the passage *verbatim.* "Abdominal section, emptying broad ligament cyst; death on the fifth day from septicæmia; operation to save life, but thwarted by sepsis!" "*Thwarted by sepsis*" appears to be quite a novel way of explaining a fatal result after an abdominal section. Whoever is responsible for the introduction of this new phrase should take credit to himself for suggesting a way out of a difficulty which few could have conceived.

Trained Nurses for Villages.

NOW that nursing has become so popular an occupation amongst women, the danger of overcrowding becomes more and more apparent. The supply of highly-trained nurses turned out yearly from our hospitals must in the aggregate amount to a very large number indeed. Many of them find lucrative employment among the wealthier classes of the community, while others devote themselves more especially to the service of the poor. Among the latter, too much praise cannot be bestowed on the district nurses, who do a large amount of valuable and self-sacrificing work in our alleys and by-ways. It has lately been proposed to provide a service of nurses in the County of Derbyshire. The Bishop of Southwell lately addressed a meeting on the subject, and in the course of his remarks said that they wanted trained nurses who would be always in reach in the neighbouring districts, ready for the manifold minor illnesses of a non-infectious character, for the accidents, bruises, and sores which were so constantly happening, and especially, he might say, for the arrival of babies in both village and urban districts. Not only should they be ready to discharge these duties effectually, but in cases where families were disabled by the temporary suspension from duty of the house-mother, they should be ready to take her place and keep the house in order, and look after the children. The list of duties thus detailed by his lordship is sufficiently comprehensive. Can anyone familiar with district nursing in the country, where long distances have to be covered in all weathers, and often over bad roads, imagine the nurse attending confinements? Besides, the medical men of the district would have something to say on the subject of subsidised competition of that sort. Under proper conditions, a district nursing scheme would be certain of a hearty welcome among local practitioners.

A Proposed Society of the Royal College of Surgeons of England.

A curious topic of inquiry during the past few days has been the statement contained in a circular letter addressed to all the Fellows of the Royal College of Surgeons, England, intimating that a movement was on foot to form a "Society of the Royal College of Surgeons, England." Numerous communications have been addressed to the Honorary Secretary of the Association of Fellows, seeking information in respect to what this announcement means. But we are informed that this circular carries with it its own explanation, namely, that, covertly, the object of this proposed society is to endeavour to throw discredit upon the Association of Fellows, to counteract its influence, and to form a combination of Fellows by which certain of those attached to London schools who have hitherto failed to be successful in gaining seats on the Council will be enabled to attain their desired ambition. An important meeting of the Committee of the Association of Fellows will be held to-day (Wednesday) at 18 Great Cumberland Place, Hyde Park, W., at 5.30 p.m., when the matter will come forward for discussion.

The Cost of Small-pox Patients.

The Kidderminster Board of Guardians has been much disturbed by a bill presented to them for the care of two small-pox patients. Two tramps were attacked with the disease and were sent off to be treated at the Borough Infectious Hospital. In the course of time an account was sent in to the Guardians by the Health Committee, who demanded £27 10s., at the rate of four guineas per week for each patient. On the Board demurring this charge was reduced to three guineas weekly, but several members insisted that half that sum, or thirty shillings, was ample payment. The chairman pointed out that on a previous occasion a case of small-pox treated at the workhouse cost there £30. Their population was 500, and isolation would have to take place in a dangerously exposed shed, besides entailing a special nurse. Eventually it was decided to pay the bill, and immediately afterwards three scarlet fever patients were sent off to the Borough Hospital. Four guineas a week certainly seems an excessive price to pay for the maintenance of a pauper patient, even when suffering from small-pox. It was stated that private patients had to pay more than that sum.

The Congress of the British Institute of Public Health.

The Lord Mayor has issued a circular letter to the sanitary authorities throughout the Kingdom intimating that the Annual Congress of the British Institute of Public Health will be held this year in London, from Thursday, July 26th, to Tuesday, July 31st, both inclusive. The Congress will be arranged in five sections, namely:—(*a*) Preventive Medicine. (*b*) Chemistry and Climatology. (*c*) Engineering and Building Construction. (*d*) Municipal and Parliamentary. (*e*) Naval and Military Hygiene. Moreover, the present position and requirements of sanitary legislation will be specially considered, and the subjects dealt with will be so grouped as to admit of convenient consideration, and the opinions of the Congress will be so formulated and recorded as to render them serviceable in strengthening the hands of local sanitary authorities and others, as well as to favourably direct the course of future sanitary legislation and administration.

Small-pox in a Lunatic Asylum.

It is to be feared that not a few of our large lunatic asylums are without adequate arrangements for the isolation of infectious disease. When an epidemic invades an institution thus imperfectly equipped it is likely to play havoc among the inmates. Something of the kind appeared to have taken place at the Essex County Asylum, where the occurrence of an alarming outbreak of small-pox has been reported. There are 1,400 patients under treatment in this place, which is said to have no proper means of isolation. The disease has hitherto been confined to the attendants and patients on the male side, and 8 deaths have occurred out of 38 cases. The fact of attendants having been attacked points to the necessity of inquiry into the medical inspection of applicants as regards their vaccination.

The estimate has been made that according to the latest returns rather more than 30 persons out of every 10,000 in this country are of unsound mind. Of course this does not include the anti-vivisectionists, the anti-vaccinationists, and some others!

According to the *New York Medical Record* a considerable number of cases of insanity have been observed by medical men occurring in persons who made pilgrimages to the World's Fair and became exhausted by sight-seeing and the excitement of Chicago.

The Royal College of Surgeons, England, and the New University Scheme for London.

A meeting of the Fellows of the Royal College of Surgeons of England, summoned by the Council of the College, took place on Monday last, for the purpose of considering the scheme of the New University in London, as embodied in the report of the Gresham University Commissioners. The proceedings commenced by the President, Mr. Hulke, reading a lengthy historical account of the part played by the Royal College of Physicians and Royal College of Surgeons in reference to the New University. All this was necessary in order to explain the decision at which the Royal Colleges had arrived in respect to the present Report of the Commissioners. The decision in question was as follows :—" That the delegates of the two Royal Colleges do cordially approve of the general provisions in the Report of the Gresham University Commission, particularly in so far as they relate to the said Colleges, regarding them as being in accordance with the principles which the Colleges have hitherto affirmed and accepted, and as constituting the most comprehensive and academic scheme hitherto proposed." Mr. Page moved "that the report of the Commissioners appointed to consider the Draft Charter for the proposed Gresham University in London, does in principle commend itself to this meeting of Fellows of the Royal College of Surgeons of England." There was a wonderful disproportion between the length of his resolution and the length of his speech; there was plenty of pathos in his discourse, but, if anything, the platitudes were in excess. As a member of the proposed new "reforming" society of the Royal College of Surgeons, it is quite evident that the Council has nothing to fear from him—his approval of the Council and its work, as expressed to the meeting, was almost described in affectionate terms. Mr. Godlee seconded the resolution, and after Dr. Collins had ably stated the case for his *alumnus*, the University of London, the Fellows were asked to express their opinion on the matter. About half held up their hands in favour of it, the other half abstained from voting. Mr. R. M. Craven, of Hull, then moved a resolution asking the meeting to agree to the suggestion that Diplomates of London "of good repute," and aged 65, should receive the degree of M.D. on the payment of "fifty-two pounds ten shillings." But no one having the presumption to second the resolution, the proceedings came to an end with a cordial vote of thanks to the President for his services in the chair.

We understand that the hearing of the probate case of the will of the late Mr. Gervas Taylor, of Dublin, will come off immediately after Easter. Mr. Taylor, it will be recollected, made, in October last, a codicil to his will by which he considerably reduced the bequests to the Adelaide Hospital and some other of the objects of his benevolence, and applied the money to other institutions and persons. It is suggested by the assailants of the codicil that he was, at the time, mentally incompetent to devise.

Dr. T. E. Thorpe, Professor at the Royal College of Science, London, and Examiner in Chemistry to the Department of Science and Art at South Kensington, has been appointed Chief of the Chemical Laboratory at Somerset House, in succession to Mr. Bell. As the appointment carries with it a salary of £1,500, it is expected that Dr. Thorpe will resign his other posts.

The Post-Graduate Course Lecture at the West London Hospital will be delivered to-day (Wednesday) at 5 p.m., by Mr. L. A. Bidwell. The subject will be "Lupus," and after the lecture several cases, treated by free excision combined with skin-grafting, will be shown. Sections of lupus, and of the new skin formed from Thiersch's grafts, will be exhibited under the microscope.

A question as to the legality of the ruling in a recent case of a medical man keeping a lunatic in an unlicensed house, for gain, was raised in the House of Commons on Monday, and the Home Secretary promised an investigation.

By the will of Mr. Henry Boys, who died on Friday last, the medical and other charities of Walsall and Wolverhampton come in for legacies amounting to £20,000.

During the construction of the Manchester Ship Canal 150 workmen were killed; 50 lost their lives over the construction of Tilbury Docks; and 500 in the erection of the Chicago exhibition buildings.

The date of the ordinary meeting of the Clinical Society, clashing this week with Good Friday, the meeting is postponed until Friday, March 30th, at 8.30 p.m.

Mr. W. R. Salmon, M.R.C.S., of Cowbridge, Pontypool, the oldest member of the Royal College of Surgeons, England, completed his 104th year on Friday last.

Mr. Hopwood, M.P., has given his annual notice of a Bill in Parliament for the total abolition of Compulsory Vaccination.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

Glasgow University Court.—Glasgow University Court, with regard to the teaching of operative surgery to women students, have approved of the institution of a separate class, to be conducted by Professor Macewen's assistant in the recess during March and April.

Reunion of Glasgow University Graduates.—A dinner of Gilmorehill graduates of the year 1888, for which nearly 200 intimations have been issued, is to take place in the Windsor Hotel, Glasgow, on the evening of Thursday, 29th inst.

The Human Voice.—Dr. McIntyre, on the evening of the 13th inst., delivered an interesting and instructive lecture on "The Human Voice," particularly in its relation to singing, to the members of the Society of Musicians, Glasgow. The lecture was illustrated by numerous drawings, and also by enlarged sketches of the vocal organs as seen when put upon the screen by the use of the limelight.

Glasgow University Medico-Chirurgical Society.—At the annual business meeting held on the 16th inst. the following office-bearers were elected :—Honorary President: Hector C. Cameron, M.D. President: James F. Gemmell, M.A. Senior Vice-President: W. H. Lang. Junior Vice-President: A. Young, B.Sc. Corresponding Secretary: J. Eric Wilson, The Union. Minute Secretary: S. Sloan. Treasurer: Joshua Ferguson, M.A. Librarian: A. B. Anderson.

Habitual Drunkards — Conference in Glasgow.—A Conference convened under the auspices of the Committee on Petty Criminals and Vagrants of the Association for Improving the Condition of the People was held on the 14th inst. for the purpose of considering a proposal for the amendment of the Habitual Drunkards Act. The Chairman remarked that it was necessary that pressure should be brought to bear upon the Government so that a matter which was of such urgent importance should be allowed to remain no longer on its present footing. Professor W. T. Gairdner moved the following resolution :—"That your memorialists desire to express their general concurrence in the recommendations contained in the report (dated April 22nd, 1893) of the Departmental Committee appointed to inquire into the best mode of dealing with habitual drunkards, and are of opinion that it is desirable that the provisions of the Inebriates Act of 1879 and 1883 should be supplemented and extended by further legislation, based upon the recommendations of the Committee, with the view of making persons coming within the definition of habitual drunkards in these Acts amenable to the jurisdiction of justices, and that (subject to such safeguards as may be deemed necessary) justices should be empowered to send such persons for a limited term without their own consent to authorised retreats established for their protection and reformation, where work would be provided for them. Your memorialists have heard with much satisfaction that you have expressed your desire to bring in a bill during the next session of Parliament to give effect generally to these recommendations, and they earnestly pray you to introduce such measure into the House of Commons at the earliest possible date." In speaking to the resolution Dr. Gairdner said he should have no hesitation whatever in so adjusting the law that every drunkard in the community, habitual or not, would feel that his drunkenness was an offence against society, and that the multiplication of instances of drunkenness, even though the drunkard did nothing else but get drunk, was enough to bring him into collision with the law, but the present state of the legal arrangements with regard to drunkenness was to him an inconsistency which it was the duty of society to remove. He would like that the law should be made automatic.

Presentation to Dr. Ritchie.—Dr. A. Ritchie, who has served the Community of Pollokshaws in its municipal affairs for seventeen years, of which time he was ten years Provost, has been presented with an address in a silver casket and a deposit receipt for £100, which he intends handing over as a nucleus to a fund for forming a branch of the Queen Victoria Institute of Nurses.

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MEDICAL SOCIETY OF LONDON.

At the meeting on Monday evening last (March 19th) the new President, Sir William Dalby, took the chair, and votes of thanks were accorded to the retiring officers of the society. After this ceremony Dr. Wethered read a paper on "The Diagnosis of Diphtheria by Bacteriological Investigation." He had examined 26 cases of diphtheria, in 15 of which he had met with the Klebs and Lœffler bacillus, and 16 cases of follicular tonsillitis. He proposes shortly to continue his researches from a different point of view. So far, his observations bore on the morphological characters of the bacillus. He hopes to show that the recognition of the specific bacillus may prove a valuable aid in establishing the differential diagnosis between diphtheria and follicular tonsillitis, for in none of the latter did he come across any bacillus that could be mistaken for the diphtheria bacillus.

Dr. Ralfe read a paper giving the results of a series of observation carried out on patients suffering from various forms of nephritis under a milk diet. Briefly summarised he found that a milk diet is most markedly beneficial in acute nephritis, its effects being to increase the excretion of urine and the amount of solids and urea, the amount of albumen undergoing a corresponding diminution. In the chronic cases the effects on the urinary secretion were less marked, and if uræmic symptoms were threatening, the effect of a milk diet might be to increase the tendency.

Dr. Hale White referred to some investigations of his own on this subject, but his cases were all of the chronic form. He agreed in the main with the author's conclusions and observed that rather than condemn all patients with chronic nephritis to an exclusively milk diet, he would prefer not to order it at all.

Dr. Solomon Smith suggested that the milk might not be digested, in which case, not only would it not produce the usual effects, but it would virtually be a process of slow starvation.

Dr. Kelson mentioned some cases in which the addition of eggs to the dietary caused disastrous results, two of the patients dying.

Dr. Shuttleworth asked whether the milk of other animals gave the same results, and as to the precise method of analysing the urine.

Dr. Ralfe insisted on the necessity of filtering the urine before estimating the deposit of albumen, and he explained the steps of his analyses. He pointed out in conclusion that in chronic cases a milk diet was often not well borne, and that a more solid, but not a more stimulating, diet might advantageously be given in such cases.

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LATEST ARRANGEMENTS FOR THE CONGRESS AT ROME.

Whilst at press we received the following official record from the Secretary-General in Rome, and this may be taken by those of our readers who intend taking part in the International Congress as containing the latest arrangements in connection therewith :—

The Congress Week.

Wednesday, 28th March.—At 10 o'clock: Inauguration of the International Medico-Hygienical. At 2.30 p.m.: Reception of the Members of the Congress and their ladies in the Exhibition Palace Via Nazionale.

Thursday, 29th March.—At 10 o'clock: Inauguration of the Congress in the presence of their Majesties, the King and Queen of Italy, at the Costanzi Theatre. General Assembly of the Members of the Congress for the election of President. At 3 p.m.: Reunion of the Sections for the election of Presidents and Officers of Sections. At 9 p.m.: Illumination of the Platea Archeologica.

Friday, 30th March.—From 8 a.m. to 3 p.m.: Sittings of the Sections. At 4 o'clock: General Sitting, Conferences. At 9 o'clock: Gala at the Costanzi Theatre.

Saturday, 31st March.—From 8 to 3 o'clock: Sittings of the Sections. At 4 o'clock: Sittings of full Congress.

Sunday, 1st April.—Left free for Excursions.

Monday, 2nd April.—From 8 to 3 o'clock: Sittings of the Congress. At 4 o'clock: Sittings of full Congress—Conferences. At 9 o'clock: Reception to the Capitol, reserved to Members of the Congress and their ladies.

Tuesday, 3rd April.—From 8 to 3 o'clock: Sittings of the Sections. At 4 o'clock: Sittings of the full Congress—Conferences.

Wednesday, 4th April.—From 8 to 3 o'clock: Sittings of the Congress. At 4 o'clock: Sittings of the full Congress—Conferences. At 7 o'clock: Banquet Sections.

Thursday, 5th April.—At 9 o'clock: Sittings of the full Congress—Close of same. At 12 o'clock: Lunch at the Terme of Caracalla. At 4 o'clock: Corso des Fleurs, the Moccoletti.

The above itinerary of the Congress week may be slightly altered by eventual contingencies: such alterations will be published in time. It may be as well to remind intending members that they must procure tickets for the banquet beforehand of the Secretaries. The following is the Executive Staff:—Prof. E. Maragliano, Secretary General; Prof. L. Lucatello, Vice-Secretary General; Dott. F. Mariana, Secretary of the Executive Committee; Dott. A. Crotto, Chief of the Secretaryship Offices; Prof. E. Pagliani, M.D., Treasurer; Comm. G. Ferrando, Manager.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE NEW FORM OF OATH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You have done good service in giving your readers (Med. Press, May 7th) the full text of the Oaths Act, 1888. But I fear that you will have to add to this by giving the form of words which the Act does not give.

To-day I was called before the Grand Jury at the Assizes now sitting. When the book was handed to me by the grand juror, whose duty it was to administer the oath, I claimed to swear with uplifted hand. He asked me if I would affirm, and when I answered no, he said he did not know the form of oath I meant. Fortunately I did, and so raising my hand as high as my head I repeated, "I swear by Almighty God that the evidence I shall give the Grand Jury shall be the truth, the whole truth, and nothing but the truth."

The circular sent by Mr. Asquith to coroners and justices' clerks ought certainly to have been sent to sheriffs, under sheriffs, and their officers, to be passed on to their successors. For grand jurors perform all their functions unassisted by any official except the police officer who sends in the witnesses.

The form used at our police court is: "I swear by Almighty God that the evidence I shall give touching this charge shall be the truth, the whole truth, and nothing but the truth."

The form used by our coroner is: "I swear by Almighty God, and as I shall answer to God at the Great Day of Judgment, that the evidence which I shall give to this inquest on behalf of our Sovereign Lady the Queen touching the death of ——— shall be the truth, the whole truth, and nothing but the truth."

I need not give the form used in the higher courts, as it is well known to all judges' clerks, and raising the right hand is sufficient to show them that the witness claims this form of oath.

Personally, I have the greatest dislike to be singular or to give anyone the slightest trouble or inconvenience, and no doubt these feelings are shared by the majority of medical witnesses. But, as soon as all the officials who have to administer oaths have ceased to be ignorant of what they ought to know, and the sooner the better, there will be an end of trouble or inconvenience.

The new form is as lawful as the older one. Surely it is more honest to use it than to make a pretence of kissing the book. Is it wise to wait until infection by means of the book has been proved by actual experiment?

I am, Sir, yours, &c.,
Fred. W. Lowndes.
Liverpool, 12th March, 1894.

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A CASE OF BELLADONNA POISONING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—On March the 6th, I saw Miss C—, a young lady, æt. 18, who twenty minutes previously had swallowed about an ounce of a liniment composed of three parts of liniment belladonna and one part of sulphuric ether, prescribed for an attack of sciatica from which she was suffering. When I saw her she was delirious, rigid, pupils dilated to their fullest extent, the eyes bright and prominent. The pulse was feeble and intermittent, skin cold and dry, constantly moaning and vomiting. The vomited matter appeared to be gastric fluid tinged with the liniment, of which it smelt strongly. I at once gave her a subcutaneous injection of one-third of a grain of sulphate of morphia combined with 1-100 of a grain of digitalin. About half-an-hour after this the efforts at vomiting became less frequent and the pupils showing a tendency to commence contracting, I got her to swallow a small quantity of warm milk. Shortly after she vomited this, smelling strongly of the liniment. I now gave her a dose of a mixture composed of tinct. opii, ♏v., liquor ammon. aromat. ♏xx, mag. carb. gr. x to the ounce, which I ordered to be repeated every hour. From this forward recovery was uninterrupted, and to-day, March 11th, she is fairly well, though too weak to leave her bed. She had suppression of urine for 24 hours.

When the pupils had become normally sensitive to light the secretion was restored. Miss C— says she was conscious all through, and though she could not control her speech, knew what she said and did. I did not think it necessary to use the stomach pump as the vomiting was doing the needful. No doubt the digitalin did good, as after its use the pulse became stronger and gradually less frequent. For some days there was soreness of the throat and difficulty in swallowing.

I am, Sir, yours, &c.,
William Donovan, M.D.

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THE FLAP-SPLITTING OPERATION (COLLIS'S).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In Mr. Tait's reply to my letter on the above subject he states I do him "scant justice" whatever that means?

I never wished in the slightest degree to detract from the value of his application of the flap-spitting operation to perinæorraphy; and there is no modern surgeon in my speciality I have a greater respect for, but as Mr. Tait states that he immediately "wrote a letter to the journals pointing out the fact," may I venture to ask him what journals he alludes to?

So far as my memory serves me he wrote *one* "disclaimer" and *one only* to the *Dublin Journal of Medical Sciences* (published monthly I may remark, and having only a comparatively small circulation) not at all likely to be widely read either in England or America where Mr. Tait's operation of flap-splitting had already been published far and wide.

If Mr. Tait was "delighted to render a tribute to one of his most esteemed friends" (Mr. Maurice Collis) surely the disclaimer would have appeared in either of the leading journals, *The Lancet*, *British Medical Journal*, or The Medical Press.

I am, Sir, yours, &c.,
Cheltenham, Alexander Duke.
March 16th.

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THE STATUS OF ASYLUM MEDICAL OFFICERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—During a short residence in a minor medical asylum post, I was once privileged to see somewhat behind the scenes, and may perhaps be allowed to make a few comments on the able leader which appeared in your issue of the 14th. Official life in the asylum, as presented to my observation, was indeed a tangled drama. The superintendent was a kindly and scientific man, but weak and vacillating outside his professional duties. The senior medical officer, a man of extensive acquirements, lived for his profession alone. After passing the best years of his life in earnest work he was fast drifting into the melancholy and hopeless state of the "senior resident who will never become a superintendent." Why? Because the system is carefully constructed to scotch its best men, to rob them of their originality, to sap their energies, and then to cut them adrift when they have at length succumbed to their bitterness. The two remaining residents in the asylum of which I speak may be dismissed shortly. Both were intellectually far below the level of the senior officers. One of them was sharp enough to make the most of the superintendent's good-natured weakness, and through him to toady the guardians, and doubtless his reward will in a few years be the coveted promotion. The other was a man of good instincts but of little judgment, so that he acted habitually from prejudice rather than from reason.

Let me advise all who contemplate entering this service to turn to any sort of drudgery in preference. The outlook in lunacy is as bad as it can well be. Nor is it likely to improve until the matter is taken vigorously in hand by the Local Government Board and the medical officership put on a proper basis as to pay, promotion, and pension. Meanwhile, many a good intellect and many a fair hope lies wrecked in the shoals of the asylum medical service.

I am, Sir, yours, &c.,
Fiat Justitia.

Literature.

BASTIAN ON HYSTERICAL PARALYSIS (a).

The nucleus of this work was published in the *Lancet* in the form of four lectures. The subject is a most important one, and to the general practitioner in particular it conveys advice and caution that is well justified by the experience of the author and that of all neurologists. As Dr. Bastian observes, "It may be safely said that the more slender and insecure is the practitioner's knowledge of nervous diseases, the more prone is he to regard what may be to him strange or puzzling cases, as instances of 'hysterical paralysis.'" The writer guards on every side against hasty diagnosis, and takes pains to discriminate every point with precision. Thus he eliminates emotional weakness of certain nervous patients from a diagnosis of hysteria, and emphasises the fact that restitution of function has been known to occur in cases of experimental section of the spinal cord in monkeys. In short, he would impress on his readers this important truth that speedy recovery in obscure cases may not indicate functional disease, and that tardy recovery or imperfect recovery need not indicate organic disease. The difficulties of localisation are next dealt with, and the problems and theories of the pathology of functional paralysis are afterwards stated and discussed with clearness and suggestiveness that helps the reader considerably. The two possible explanations are (1) imperfect blood supply, and (2) primary nutritive failure in the nerve elements themselves. Much can be said on both sides, and as functional paralysis exhibits a variety of symptoms, and one case cannot always be classed with another in respect to apparent cause, these two explanations may both have value, and the two causes operate separately or in some instances in concert. One important truth laid down here is that the activity of nervous elements varies in different individuals, and that the standard of nutrition may become degraded locally at times in some individuals. These facts, especially the latter, are important as bearing on the question of local weakness, *e.g.*, of facial expression, which may be mere expressions of neurasthenias; and which are sometimes hastily assumed to be premonitory of the onset of organic disease. The cases related are grouped in two great divisions: (1) Cases of Functional Paralysis of Cerebral Type; and (2) Cases of Spinal Type. Under the first division he leads off with a remarkable case of kinæsthesia and monoplegia, the result of injury in which the clavicle was fractured. This case Dr Bastian views in the light of his own theory that the so-called motor areas do not exist as stated by Ferrier and others, but that the so-called motor area is the *locale* of a special class of sensory centres—namely those registering kinæsthetic (sense of movement) impressions. This interpretation is now accepted by Victor Horsley, and the author states it with clearness and point. Space will not permit us to enlarge further. There is here a well-arranged system of clinical facts bearing on the subject of functional paralysis which is a valuable and authoritative contribution to the literature of the subject. There are also three appendices on the muscular sense, on the neural process underlying attention and volition, and on double representations of touch and common sensibility in the cerebral hemispheres. The work altogether is well considered, eminently practical, and certainly worth the thoughtful study of the neurologist and general practitioner.

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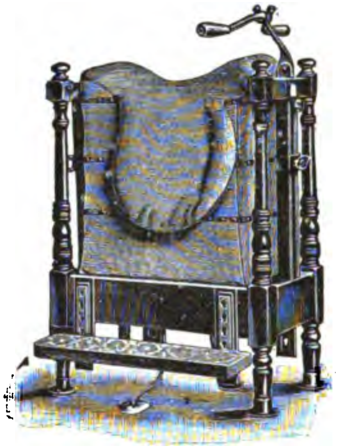
New Inventions.

THE HERCULES HORSE ACTION SADDLE.

This most ingenious machine is intended to supply a substitute for riding on horseback. It consists of a broad and comfortable saddle mounted on a kind of compound box in which are concealed several layers of strong springs. The saddle rests on a fore and aft axle which plays up and down in a couple of vertical slots. Its action is simple. The rider first determines the exact range of up and down motion he may require by tightening a couple of adjustable clamps. He then mounts in the ordinary way and starts on his ride by pressing his feet against a pair of side stirrup boards. The pace, from a gentle amble to a hard gallop, can be regulated at the will of the rider. From actual trial we can testify that the imitation of the various paces of the horse is of a realistic nature. Further, from subsequent symptoms we can assert that a ride in the Hercules saddle calls into action the same sets of muscles as those brought into play on horseback. As everyone knows, horse riding, although a most desirable form of exercise, is *caviare* to the general public on account of its costliness. The Hercules horse saddle, however, meets that difficulty by offering a good practical substitute at a price which brings it within the reach of all. Medical men, therefore, need no longer be in doubt where to apply if they wish to prescribe an equivalent for horse exercise. Dr. Fleming, the well-known veterinary authority, speaks enthusiastically of the cleverness and merits of this machine. This really remarkable mechanical invention is placed in the market by Messrs. Vigor, of 21 Baker St., Portman Sq., London. We are informed that the proprietors will be pleased to explain the details of the Hercules saddle to any medical men who may care to call and inspect it at their premises. It should be added that the apparatus can be instantaneously adapted as a side-saddle for ladies' use.



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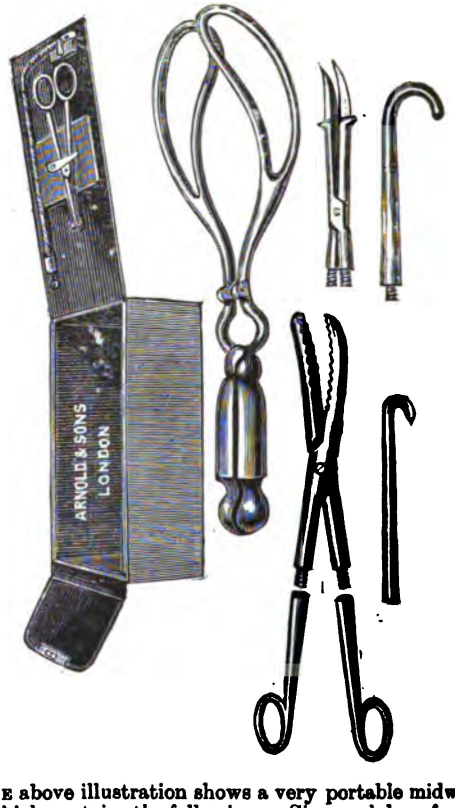
THE "COMPACTUM" MIDWIFERY CASE.



The above illustration shows a very portable midwifery set which contains the following:—Simpson's long forceps, (folding); craniotomy forceps and perforator to fit into the same handle; blunt hook and crotchet (jointed); framing scissors and female catheter. All the instruments are nickel-plated and fit into a morocco leather case measuring 8½ × 3½ × 3½ in. The makers are Arnold and Sons, of West Smithfield, London.

(a) "Hysterical or Functional Paralysis." By H. Charlton Bastian, M.D. London: H. K. Lewis. 1893.

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Medical News.

Irish Medical Schools' and Graduates' Association.

The annual general meeting was held on Saturday last, March 17th, under the presidency of Dr. Richard Heath, when the election of the Officers and Council for the ensuing year resulted as follows:—President: Richard Heath, M.D. President-elect: Henry Heygate Evatt Phillips, M.D. Vice-Presidents: Alexander Macalister, M.D., F.R.S., Richard Fegan, M.D., George Hugh Kidd, M.D., Thomas Gilbart-Smith, M.D. Honorary Treasurer: Charles Wells, M.D. Council: Phineas S. Abraham, M.D., William Barter, M.D., Campbell Boyd, Richard Maitland Coffin, James Davison, M.D., Thomas Michael Dolan, J.P., M.D., Henry Grier, Surgeon-Major A.M.S., John Hadden, M.D., Charles Henry Hartt, Archibald Hamilton Jacob, M.D., John Joseph Lough, M.D., George Stoker, Richard Jocelyn Swan, Francis John Waring, M.D., William Dakin Waterhouse, LL.D. Honorary Auditors: William Henry Bourke, M.D., and John Joseph Redfern, M.D. All unanimously elected.

The Dinner.

After the close of the business meeting, the annual dinner was held at the Café Monico, and from every point of view was perhaps the most successful of all the festive gatherings of the Association since its establishment. Upwards of one hundred members and guests sat down to the repast. The speeches were of the most felicitous character, the music of an attractive and enjoyable kind, the hon. secs. and the dinner committee were most assiduous in their attention to the visitors, and last, though not least, of the contributory causes to the end attained may be mentioned the unobtrusive geniality of the president, Dr. Heath. He appeared content to subjugate his own personality in making the shortest of possible speeches, in order to give free scope to the post-prandial oratory of his guests. Among these may be specially mentioned Sir Raymond West, K.C.I.E., Mr. R. O'Lane, Q.C., Mr. Robert Anderson, LL.D., and Inspector-General Lloyd, R.N. The other speakers were members of the Association, and were Dr. H. W. Maunsell, Surgeon-Major Grier, R.N., Dr. Mapother, Surgeon-Major Carte, and Dr. Cagney, each of whom acquitted himself of his allotted *rôle* most creditably. It should be added that the latter gentleman paid a well-deserved and eloquent tribute to the memory of their late *confrère*, Surgeon-Major Parke, of African fame, at the same time making an earnest appeal to the members present each to contribute something to the memorial about to be erected in Dublin, adding that Signor Nachez, the eminent violinist, who had favoured the company that evening with some exquisite music, had volunteered his services for a concert in aid of this object, which Dr. Cagney himself undertook to arrange. The Association now numbers 719 members, and there is no reason, as the President remarked, why even this satisfactory number should not be doubled in process of time.

The Proposed Veterinary College for Ireland.

The movement for the establishment of a College, for which, it will be recollected, the Chief Secretary promised £15,000, has assumed a practical shape, and, at a meeting of the promoters last week, the draft charter was considered and approved. The Royal Dublin Society is to send delegates to the Board of Governors, and the Board of National Education has already named representatives. Meanwhile, certain of the veterinary surgeons have taken umbrage because they think that they have not been given a sufficiently important part in the organisation, and they have written to the newspapers denouncing the movement. It is a pity that they should take the churlish position of looking the gift-horse in the mouth, but we hope that their abstention will not interfere with the successful realisation of the object in hand. The promoters are fortunate in finding, ready to their hand, premises very suitable for the purpose of the College, in the vacant Carmichael College, which, we believe, the College of Surgeons would be glad to sell for the purpose. These buildings cost the Carmichael proprietors £8,600, and were, a couple of years ago, valued by an expert at £6,150, but it is understood that the College of Surgeons, which has no use for them, would accept £3,500 for them. It would cost the promoters nearly three times that amount to build suitable premises, and, in any case, there would be much difficulty in procuring a suitable site.

Dispensing Prescriptions in Ireland.

It will be recollected that recently we called attention to the fact that the Irish College of Physicians had abrogated the rule which prohibited their Licentiates from compounding medicines. The Pharmaceutical Society thereupon referred to its Law Committee to consider whether the rights of Irish pharmaceutists and apothecaries have been thereby infringed, and a letter has been received from the College of Physicians to the effect that "the amendment of the rule conferred no rights on the Licentiates which they did not previously possess." A very judicious reply.

The Countess of Dufferin's Fund, Calcutta.

The ninth annual report of the Countess of Dufferin's Fund has just reached us, and from which we gather that the record of the year is one of steady progress. There has been, we find, an increase in the number of lady doctors, of assistant surgeons, and of hospital assistants. Additions have been made to the number of scholarships for women; their value has also been raised, with the special object of attracting Hindoo and Mahomedan students to the work. The number of female students in the various schools and colleges of medicine shows some diminution. This, however, is a matter of no moment, as numbers are expected to fluctuate year by year in all our schools of medicine. But what is far more important to our Indian population is that several new hospitals have opened during the year, and many more are either under construction or will shortly be commenced. The number of patients treated shows a very considerable increase, and there is evidence that the advantages offered by the Lady Dufferin Association are becoming more and more appreciated by that large class for whom they are especially intended, the Purdar women of India.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 34, Bombay 37, Madras —, Paris 24, Brussels 21, Amsterdam 19, Rotterdam 20, The Hague 19, Copenhagen 20, Stockholm 18, Christiania 19, St. Petersburg 28, Moscow 34, Berlin 17, Hamburg 18, Dresden 20, Breslau 27, Munich 24, Vienna 28, Prague 36, Buda-Pesth 24, Trieste 45, Rome 24, Turin 26, Venice 26, Cairo 49, Alexandria 51, New York 23, Brooklyn 19, Philadelphia 22, New Orleans 28.

Vital Statistics.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19·9 per 1,000 of their aggregate population, which is estimated at 10,458,442 persons in the middle of this year, and were—Birkenhead 20, Birmingham 17, Blackburn 23, Bolton 20, Bradford 18, Brighton 18, Bristol 20, Burnley 18, Cardiff 22, Croydon 17, Derby 16, Dublin 30, Edinburgh 18, Gateshead 14, Glasgow 22, Halifax 20, Huddersfield 11, Hull 16, Leeds 17, Leicester 19, Liverpool 25, London 20, Manchester 21, Newcastle-on-Tyne 19, Norwich 14, Nottingham 14, Oldham 18, Plymouth 22, Portsmouth 14, Preston 19, Salford 22, Sheffield 19, Sunderland 21, Swansea 20, West Ham 20, Wolverhampton 23. The highest annual death-rates were—From measles, 5·4 in Birkenhead; from scarlet fever, 1·1 in Gateshead; from whooping-cough, 2·4 in Plymouth; and from fever, 1·1 in Burnley. The death-rate from diarrhœa did not reach 1·0 per 1,000 in any of the towns. The 89 deaths from diphtheria included 53 in London, 6 in Glasgow, 5 in Manchester, 4 in Liverpool and in Cardiff, 3 in Wolverhampton, 2 in Salford, and 2 in Sheffield. Four deaths from small-pox were registered in Bradford, 3 in West Ham, 2 in Birmingham, and one death each in Bristol, Oldham, and Leeds, but not one in any other of the towns.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

A LEONINE PATIENT.

THE staff of the New York College of Veterinary Surgeons must be allowed to take the palm for a "bold" piece of surgery. The term "bold" must be taken in a different sense, however, to that with which it is usually associated in the practice of our art, inasmuch as the staff of the College was called upon to operate upon a lion. This was clearly reversing the usual order of things, because lions have always displayed a marked facility for "operating" themselves. Happily, in this instance the leonine patient was successfully made to forget what his natural predilections were by an injection of morphia. Under the influence of the morphia the operation—by the staff—was performed without difficulty. It consisted in reducing and setting a fracture of the lion's femur. Just at this interesting point, however, the narrative ceases. Nothing is said of how the porters acted who came with the stretcher and removed the lion from the operating theatre to his ward—that is to say—cage. It is to be trusted that the full notes of this interesting case will be subsequently published, giving a careful record of the lion's pulse and temperature during the progress of the treatment, without which, of course, no clinical record could be complete. A photograph, too, of the surgeon and the clinical assistant might be subjoined, showing how they looked before the treatment was begun. Of course, in the case of certain eventualities arising, the photographs would also be useful as a record of the lion's medical attendants.

SANITARIAN.—The question of the two *versus* the three-gallon flush for water-closets has passed the stage of justification, and is now being considered in the light of expediency. We have little doubt that the present vexatious restrictions will shortly be modified or abolished.

A QUACK IN COMIC OPERA.

THE following passage is taken from the new play, "Wapping Old Stairs," at the Vaudeville. It gives an amusing sketch of the smattering of science which characterises the modern medical charlatan:—

I've read Gerard and Doctor Dee, herb-dealers astrologic.
I've studied hard Histology, a subject hypnogogic.
I've also been a teacher of caliginous Psychology,
And make a special feature of Phytophagous Zoology;
I lecture, when requested, on the purifying oxidants,
I've personally tested all the better known intoxicants;
By very strict attention paid to special Scotch analysis,
I know all things worth mentioning of public-house paralysis;
Too hard no subject have I found to master that I take up!
No medicated compound, nor a plaster I can't make up.
For tho' I boast of no degree, and never went to college,
My mind is an epitome of pharmaceutic knowledge!

DR. G. M. (London).—We should certainly decline the doubtful honour of publishing a contribution written under such questionable auspices, and we are of opinion that you would be well advised in declining to give it the support of your name. If legally admissible, it would be morally indefensible.

HOME-MADE SHERRY.

THE Public Analyst for Glamorganshire gives in his last report an analysis of a British sherry which he had examined. It was found to contain no alcohol whatever, but was composed of sugar, a little essence and bisulphite of lime.

MR. S. RICHARDSON.—The necessity for telephonic communication between hospitals has been discussed in former numbers, but we are not in a position to say what steps, if any, have been taken to carry our suggestions into effect. The most efficacious plan would probably be to interest one or two individual governors in the matter.

STUDENT (London).—The scale of fees varies with some of the schools, but our correspondent will find all the information he requires in our Students' Number, issued in September last. Apply to the Publishers.

PENSATOR.—The Report of the Commission on Tuberculosis has not yet appeared, despite the anxious inquiries which have been made.

XERXES.—The names of candidates must be sent to the Pralector of whichever college you select on or before Saturday, April 7th. We would advise you to write before hand for full particulars.

LEATHER SUPPOSITORIES.

OUR genial contemporary the *Chemist and Druggist* comments upon the notion possessed by certain physicians that tannin and gelatine go well together in the following prescription:—

Acid. tannici, gr. x;
Massæ gelatinæ, q.s.
Ft. supposit.

NEMO (Belfast).—We cannot publish scurrilous correspondence of the kind you desire to place at our disposal.

L. M. P.—We have, at times, felt doubts as to our correspondent's sanity, but we have not felt at liberty to make our views known. Our duty, we take it, ends when we have consigned his incoherences to the waste-paper basket.

DR. L. V.—We have received the article, and will write you later in reference thereto.

SPES.—From inquiries we have made there do not appear to be any grounds for the allegation.

Vacancies.

Bethlem Hospital.—Two Resident Clinical Assistants. Apartments rations, and attendance provided. Applications to the Clerk, Bridewell Hospital, New Bridge Street. (See advert.)

Birmingham and Midland Free Hospital for Sick Children.—Resident Medical Officer and a Resident Surgical Officer. Salaries £70 and £50 respectively, with board, washing, and attendance. Applications and testimonials to the Secretary on or before April 4th.

Birmingham General Dispensary.—Resident Surgeon. Salary £150 per annum, with furnished rooms, attendance, &c. Applications and testimonials to the Secretary on or before April 11th.

Carnarvonshire and Anglesey Infirmary.—House Surgeon. Salary £70 per annum, with board and lodging Applications and testimonials to the Secretary on or before April 7th

County of Northumberland.—Medical Officer of Health. Salary £500 per annum and travelling expenses. Applications and testimonials to the Medical Officer on or before March 24th.

Metropolitan Hospital, Kingsland Road, N.E—House Physician, House Surgeon, and Assistant House Surgeon. Salaries £60 per annum each. Applications and testimonials to the Secretary on or before March 26th.

National Hospital for the Paralysed and Epileptic.-(Albany Memorial), Queen Square, Bloomsbury.—House Physician. Salary £100 per annum, with board and apartments. Applications and testimonials to the Secretary on or before March 31st.

Sheffield School of Medicine.—Tutor. Salary £125 per annum. Applications to the Secretary on or before April 2nd.

Suffolk General Hospital, Bury St. Edmunds.—House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary on or before March 26th.

Taunton and Somerset Hospital.—Qualified Assistant House Surgeon. No salary, but board, washing, and lodging. Applications and testimonials to the House Surgeon on or before March 24th.

Appointments

AINSWORTH, H., M.R.C.S., L.R.C.P., House Surgeon to the Manchester Royal Infirmary.

BYERS, A., M.B., Ch.B.Vict, B.Sc.Lond, House Physician to the Manchester Royal Infirmary.

DOUTY, E. H., M.A., M.B., Lecturer on Midwifery in the University of Cambridge.

ECCLES, W. MCADAM, M.B., B.S.Lond., F.R.C.S.Eng., Assistant Surgeon to the City of London Truss Society.

FLETCHER, J. H., M.R.C.S., L.R.C.P., House Surgeon to the Manchester Royal Infirmary.

HICKEY, G. A., L.R.C.S., L.M.Irel., Consulting Medical Officer for the Borough of New Ross, county Wexford.

MCDOUGALL, A., M.R.C.S., L.R.C.P., House Surgeon to the Manchester Royal Infirmary.

MCKERRON, R. G., M.B., C.M., D.P.H.Aberd., Chloroformist to the Aberdeen Hospital for Sick Children.

MARSH, J. H., M.R.C.S., L.R.C.P., House Surgeon to the Manchester Royal Infirmary.

MORGAN, O. W., L.R.C.S., L.R C.P., L.M.Ed, L.F.P.S.Glasg., Visiting Surgeon to the Newport and Monmouth Infirmary.

MORGAN, J. H, M.A., F.R.C.S., Special Lecturer on Clinical Surgery at Charing Cross Hospital School.

PATERSON, D. R., M D Ed., M.R.C.P.Lond., Lecturer on Materia Medica and Pharmacy, University College of South Wales.

ROSE, G., M.B., C.M., D.P.H.Aberd., Assistant Surgeon to the Aberdeen Hospital for Sick Children.

THOMPSON, A. E., M.B., B.S., Visiting Medical Assistant to the Newcastle-on-Tyne Dispensary.

WESTMACOTT, F. H., M.R.C.S., L.R.C.P., Medical Officer to the Manchester Royal Infirmary Convalescent Hospital at Cheadle.

WILKINSON, W. A., M.B., C.M., Ch.B.Vict., House Surgeon to the Manchester Royal Infirmary.

Births.

BULLOCK.—March 16th, at Eastgate House, Warwick, the wife of Roger Bullock, M.R.C.S., of a daughter.

GARDNER.—March 15th, at Mountain Ash, Ore, Hastings, the wife of the late C. Gardner, M.R.C.S., L.R.C P., of a son.

MIDDLETON-GAVEY.—March 13th, at Lingwood, Weybridge, the wife of E. H. Middleton-Gavey, M.R.C.S.Eng., of 94 Wimpole Street, W., of a daughter.

Marriages.

PYE-SMITH—FOULGER—March 7th, at Christ Church Lancaster Gate, Philip Henry Pye-Smith, M.D, F.R.S., of Brook Street, London, W., to Emily Gertrude, youngest daughter of the late Arthur Foulger, of Chigwell Row.

ROSE—ENGLAND.—March 17th, at the Parish Church, Hampstead, F. Septimus Rose, youngest son of H. Cooper Rose. M.D., to Edith, youngest daughter of the late J. England, Esq., of Alfreton.

Deaths.

BIGGS.—March 8th, at Egmont, Dulwich Wood Park, James Strange Biggs, M.D., M.R.C.P.Lond., M.R.C S., L.S.A., aged 66.

BROXHOLM.—March 19th, at Belmont, Woodside Avenue, North Finchley, Frederick Giles Broxholm, M.D., aged 72.

DEVENISH.—March 16th, at Queenborough, Cleveland Walk, Path, Samuel W. Devenish, M.D.

PILCHER.—March 11th, at sea, near Suez, Mary, wife of Surgeon-Colonel J. G. Pilcher, Bengal Medical Service.

PRICE-JONES.—March 18th, at 7 Claremont Road, Surbiton, Helen Louise, wife of Cecil Price-Jones, M.B.Lond., after a few hours illness, aged 24.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Clinical Demonstrations

By JONATHAN HUTCHINSON, F.R.S., LL.D.,

Ex-President of the Royal College of Surgeons, England, Consulting Surgeon to the London Hospital, &c.,

(*At his Clinical Museum, London.*)

ON Tuesday, February 20th, the following cases were demonstrated :—

(1) *A man, the subject of Primary and Secondary Syphilis, in whom Inoculation from his own Chancre appeared to have taken place.*—The primary sore had been present (on the prepuce) three months, and there was now a plentiful papular eruption over the trunk and limbs. The sore was indurated, but attended by considerable secretion. On the inner side of the left thigh, just below where the extremity of the prepuce touched, were three sores in a line upon a dusky and somewhat indurated base. Mr. Waren Tay, who had sent the patient, stated that the induration had been more marked a few days ago, and was already diminishing under treatment. It was quite certain that these sores (which were confluent) were no part of the secondary eruption. They were primary, and the alternative was whether they should be considered as resulting from simultaneous inoculation or from infection after the sore on the prepuce had formed. The man's own statement favoured the latter hypothesis, for he had not observed them until some time after the first sore was recognised. Their position was also very suggestive, being exactly where secretion from the penis might have touched. The next question was, should they be regarded as "soft sores," or as true chancres. Their appearance was that of the latter. The precise dates in this case were :—Infection three months ago; sore observed on the penis one month later; those on the thigh two weeks later still; and the secondary eruption a fortnight afterwards.

(2) *Chancre of the Conjunctiva.*—A man who had attended a week previously came again, in order that the diagnosis might be substantiated by showing a plentiful papular eruption which had since come out. The sore on the eye was healing, and the swelling less. There could now not be the slightest doubt that the case was one of syphilis, and as the man had a large bubo under his jaw, and no sore elsewhere, there could be equally little doubt that the conjunctival sore was an infecting chancre. It was of interest to note that the man had in the first instance been admitted into an ophthalmic hospital as a case of ulcer of cornea, where scraping had been practised. It was only when the glands enlarged that the true diagnosis was suspected. It was then found that the man had been in risk of infection, and that he had a gonorrhœa on him.

(3) *A Patient the subject of Lentigo-Melanosis.*—It was explained that under this term was meant a condition of melanotic staining of the eyelids, which had developed from freckles. The patient was a lady of sixty-two, whose portrait has already been given in Archives. The condition had been in progress for almost six years. Gradually from the coalescence of freckles and serpiginous spreading of the patch, the whole of the upper and lower lids had become involved in a coal-black stain. The conjunctiva had also become involved, and the lower half of the eyeball, as also the corresponding part of the arcus, was of a deep bistre tint. About six months ago an ulcerated malignant growth had been excised from the edge of the lid. This growth was not black, and was proved by the microscope to have a sarcomatous structure. Mr. Hutchinson stated that he had seen at least six examples of this curious malady, and that in three a malignant growth had resulted some years after the melanoid staining. The latter, in itself, showed no tendency either to ulcerate or to form a thick growth. The disease was quite distinct from the ordinary forms of melanotic sarcoma. It afforded a most interesting example of a physiological process—assuming, first, infective powers; and, lastly, tending to malignancy.

(4) *A Large Ossified Tumour of the Femur in association with Brittle Bones and Congenital Dislocation of the Radii at the Elbows.*—This was a case of extreme interest. It had been brought from Reading by Mr. Hastings Gilford, of that place. The patient was a woman of thirty. From birth she had presented peculiarities at the elbows. The head of the radius in each rested above the condyle (dislocation forwards), and was just under the skin. The olecranon was in normal relations with the humerus, but the shaft of the ulna, a little above it, presented a deep hollow as if bent. The rest of the forearm, wrist, and hand were well formed, but short. At the age of one the patient fell and broke the left femur, and during the next few years one rib and both humeri were broken in falls. At the age of twelve a very large softish swelling formed about the left femur, with much pain. She was then an in-patient at St Bartholomew's, and amputation was strongly and very properly advised. The parents, however, refused, and took her home, and after a year from the beginning the tumour ceased to grow, and became hard. At the present time the tumour involves the whole shaft of the femur, and increases the thigh to three times its normal girth. Sir James Paget, who had examined the patient before the demonstration, concurred in the opinion that it was probably an ossified enchondroma. Both tibiæ were much bent, one as the result of fracture united with overlapping. The problem was to find any bond of connection between the congenital dislocations, the childhood-fractures, and the tumour.

(5) *A Case of Severe Bromide Eruption in an Infant.*—The child was fourteen months old. Doses of bromide from two to six grains had been given every four hours for three weeks. The eruption consisted of thick tuberous papules, which had formed on the face and limbs. There were none on the trunk. Those on the legs were ulcerated, and covered with thick pus crusts. The medical man who brought the patient, stated that since leaving off the drug the eruption had still increased. This, however, was only for a few days. The skin between the tubers was, as usual, quite healthy. Some portraits, showing precisely similar conditions, were shown. In reference to the fact that the eruption had not been immediately arrested by leaving off the drug, Mr. Hutchinson remarked that a certain time must be allowed for elimination. In certain cases, however, if the drug had been used for some time, the process of morbid growth was not stopped by removal of the exciting cause, but went on to a fatal termination. In illustration of this, there were, he said, several portraits in the Museum. It

was chiefly the iodides, however, which produced these fatal cases; the bromides were seldom or never actually fatal.

(6) *A Patient in whom a most severe form of Psoriasis had been almost cured by Thyroid Feeding.*—This patient had attended a month ago to show a most severe form of psoriasis. He was then covered over trunk and limbs by psoriasis crusts so closely placed that they, although not of large size, were almost confluent. He had been entirely disabled from all employment. Much treatment had been tried, but no permanent benefit obtained. He now came to show the very remarkable results of thyroid feeding. His trunk was almost clear, and the skin soft. On his limbs some scaly patches still persisted, but they were all fading. The result of the treatment as a whole was wonderfully good. The treatment had been by a tabloid of extract three times a day. It had been carried out by Mr. Waren Tay at the London Hospital, by whom the patient had been sent.

(7) *A man, æt. 37, in whom a Rodent Ulcer had been present Six Years.*—The chief interest of this case consisted in the fact that the disease did not look at all formidable. It consisted of a patch the size of a half-crown on the cheek just above the whisker. It had been called "lupus" by most who had seen it. Attention was directed to its rolled, sinuous edge, characteristic of rodent ulcer.

[Three very similar cases in comparatively young subjects have been produced for demonstration at the Museum during the last two months. In all the same region was affected.]

(8) *A Patient the subject of General Pruriginous Dermatitis.*—This case had been diagnosed as "pruriginous lichen," and as "dermatitis herpetiformis." The patient was a man, æt. 19, who had been sent from the London Hospital by Mr. J. Hutchinson, jun. He was covered on the trunk and limbs by a papular and slightly scaly eruption, so abundant as to almost cover the whole surface. There were no vesicles, and no moist eczema. It had resisted all treatment, and been present more than two years. It had been worse in winter. Its beginning had been papules on the shoulders. There was a statement that vesicles had been present, but none had been demonstrated. Mr. Hutchinson stated that it was a type of dermatitis which he knew well, but could not name. It was, in his experience, usually incurable. He did not think that it had any close alliance with dermatitis herpetiformis. He suggested a trial of thyroid feeding.

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THE
PLACENTA IN ECTOPIC GESTATION
AND
ITS GROWTH AFTER THE DEATH OF THE FŒTUS.

By ALFRED S. GUBB, M.D. Paris, &c.

There are several points still imperfectly elucidated in relation to the growth and *rôle* of the placenta in cases of ectopic gestation which seem worthy of particular attention, partly because of their intrinsic interest and partly on account of the importance of their bearings on the prognosis and treatment of this curious abnormality. Adopting the view that ectopic gestation is usually, if not invariably, primarily tubal or interstitial, I shall confine my remarks mainly to these forms.

The behaviour of the placenta in these cases has during the last few years come to be recognised as a subject of special interest to gynæcologists, not only because of the difference of opinion that prevails with respect to the best manner of dealing with it, but also on account of various developmental abnormalities which tend to complicate the situation. Moreover, the great danger accruing to the patient in operations for the removal of ectopic gestation cysts is mainly due to causes connected with the subsequent behaviour of the placenta.

The shape and structure of the ectopic placenta vary within wide limits, owing to circumstances connected with its unnatural situation. According to Dr. Herman ("Obstetrical Transactions," vol. xxiv.), two varieties are met with—one, thin and spread out, having very extensive attachments, and the other, a solid, thick lump, denser and closer in structure than a normal placenta, looking not unlike hepatised lung. In the latter kind the vascular connection is much less extensive and intimate, and the placenta can be removed without great fear of consequences. It is surmised that this change into a fleshy mass takes place after the death of the fœtus, but I shall have occasion to discuss this question further in reference to the possibility of actual growth.

In the classical case recorded by Dr. James Braithwaite ("Obstetrical Transactions," vol. xxviii.) the placenta had spread itself out on the peritoneal surface of the uterus. He left it alone for obvious reasons, and he supposed that it ultimately underwent absorption (?).

In a case brought before the British Gynæcological Society by Mr. Howard Barrett, in which the patient had succumbed to hæmorrhage consecutive to the rupture of a five months' ectopic (ovarian?) gestation (*British Gynæcological Journal*, Nov. 1891), he states that at the autopsy no true placenta was found, but the interior of the cyst wall showed three or four large patches of purple, and apparently placental, tissue with sharply defined margins. Two of these patches had slight vascular connection with each other, while the others were quite isolated. One patch was situated at the extremity of the cyst where the ulceration had commenced, and the hæmorrhage had proceeded from the laying open of its vessels. It was not with this patch that the cord was connected, but with a large one in the centre of the long axis of the cyst. These patches were not appreciably raised above the surface, but the structure dipped down into the cyst wall.

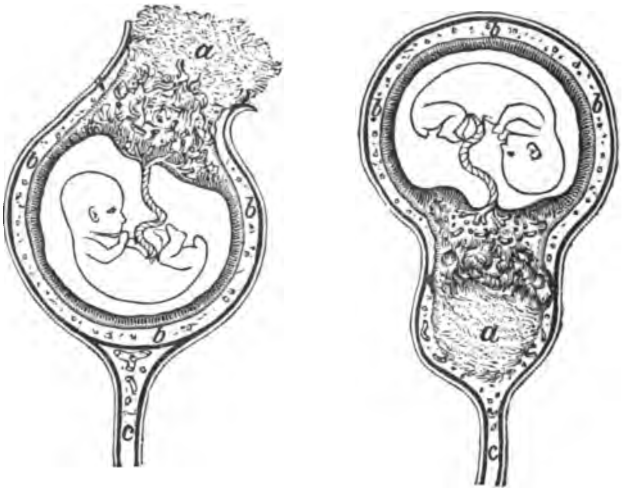
Let us however pass in review the causes which are at work and tend to modify the structure of the ectopic placenta. After primary rupture of the tube the embryo and placenta (when the development is sufficiently advanced) gradually occupies a sac formed by the expanded tube and separated layers of the broad ligament, the floor of the space being formed by connective tissue and the levator ani muscle. The ultimate effects of this gradual dislocation of the embryo and placenta depend mainly upon the original position of the placenta. Dr. Berry Hart points out that if the embryo lies above the placenta the latter becomes depressed downwards between the layers of the mesometrium until it is arrested by the pelvic floor. If, on the contrary, the embryo lies below the placenta the embryo and its membranes burrow between the layers of the mesometrium and the placenta becomes pushed up by the growing embryo until it lies high in the abdomen. When the placenta is displaced into the mesometric tissue (a gradual process) the placental tissue is exposed to very serious damage. The villi become less perfect in contour, blood extravasation is present and the decidual cells are fewer in number and less regular. The result of Dr. Berry Hart's observations led him to conclude that the displacement of the placenta from mucous membrane to connective tissue gradually reduces the placenta to a mass of compressed villi, the serotina being destroyed and replaced by organised blood clot. The least damage is sustained by the placenta when the embryo is situated above it, because under such circumstances it undergoes the minimum amount of displacement. It is of the utmost importance to correctly appreciate the structural alterations which occur in the placenta consequent upon these remarkable displacements as they exert a great influence upon the subsequent history of the pregnancy, placing the life of the mother in peril and being in most cases destructive to the life of the fœtus. The constant tension to which the peritoneum covering the gestation sac is subject may at any time cause it to yield and so lead to partial detachment of the placenta, and, as a consequence, give rise to severe hæmorrhage either into the sac enclosed by the layer of the broad ligament or into the peritoneal cavity. A woman with a broad ligament pregnancy with the placenta situated above the fœtus runs a far greater risk of losing her life than she would even in a case of placenta prævia.

When the progress of the fertilised ovum along the Fallopian tube is arrested the walls of the oviduct undergo more or less thickening and vascularisation. The tube becomes distended and the chorionic villi of the fœtal sac penetrate the substance of the mucous membrane down to the muscular layer, which, although absolutely increased in amount, is locally thinned out, but, according to Leopold, the villi never break through the walls of the maternal vessels. The vascularity of the walls of the tubes and of the broad ligaments in which they lie is greatly increased. In all forms of ectopic gestation the connection between the ovum and the abnormal surface upon which it is grafted is established by a vital adhesion between the chorionic villi and the tissues with which they come into contact. This has been demonstrated by Braxton Hicks and Engelmann. As there is here an entire absence of decidua the process differs from that met with in the uterus where the serotina fulfils an important and active part in connecting the ovular and maternal tissues by proliferating cell activity. At the same time, according to Bland Sutton, the tubal mucous membrane plays a very insignificant part in this form of ectopic gestation, the tubal placenta being mainly, if not entirely, derived from the fœtal tissues.

Ultimately the continued development of the ovum within the tube invariably determines laceration of its walls, due probably to the fact that the excavations resulting from the ingrowth of the chorionic villi weaken their powers of resistance to the continuous and increasing strain. Moreover, this weakened portion of the duct wall is immobilised by the adherent placenta and is unable to expand in proportion to the rest of the tube wall. As the tubal sac dilates it drags upon the thinned placental site and a tear results. The ovum escapes from the tube, its ultimate destination (whether the peritoneal cavity or the potential cavity of the broad ligament) being determined by the relationship in point of position between the tear and the folds of peritoneum investing the tube.

As Mr. Tait long since pointed out, if the rupture occur immediately opposite the folds of peritoneum which come into apposition to form a sort of mesentery, after enveloping the tubes, the layers will be violently separated and the blood extravasates into the broad ligament. If the rupture occur at any other part of the circumference it opens directly into the peritoneum. As, however, my subject is the placenta I need not pursue further this interesting topic.

The escape of the ovum may be followed immediately by detachment of the placenta, and symptoms of profuse internal hæmorrhage. In cases where the hæmorrhage does not prove immediately fatal, either because the rupture is only partial or because the blood being effused between the folds of the broad ligament there is a mechanical obstacle to a continuous and fatal outpour, neither the placenta nor the fœtus may be destroyed. Cases are reported by Mr. Tait and others in which a portion of the placenta covered with freshly detached chorionic villi has been seen protruding through the laceration. One such case is that recorded by Mr. Tait in which the tubal sac had evidently ruptured some time before, and the fœtus had gone on growing among the intestines to which, and to the omentum, the placenta had contracted secondary adhesions. In this specimen the omentum has still adhering to it fragments of chorionic villi. This case was shown at the Birmingham meeting of the British Medical Association, in July, 1890, and I have had an opportunity of personally examining the specimen. The fœtus measured about six inches in length, and an examination of the lacerated tube showed that there had been previous ruptures with associated hæmorrhage, but insufficient to kill the fœtus which was being developed among the intestines to which the placenta had evidently contracted fresh adhesions. This fact is interesting because it may serve to explain the appearances which are still held by many observers to prove the existence of primary abdominal pregnancy. There does not seem any *a priori* reason for denying the possibility of a partially detached placenta contracting fresh adhesions. Indeed the continued development of the fœtus which not unfrequently survives the rupture is *prima facie* evidence of the ability of the partially dislocated placenta to seek pastures new. In some cases the fœtus alone may escape through the laceration in the tube walls, leaving the placenta *in situ* where, in the course of further development, it protrudes and engrafts itself on to adjacent surfaces.



1.—Diagrammatic section of Fallopian tube showing the direction of the rupture (1) into the peritoneal cavity, and (2) between the layers of the broad ligament.

Alternatively, after the death of the fœtus the placenta may (1) become devascularised and disappear by absorption (?)

(2) It may become hepatised with subsequent atrophy and even calcification, or

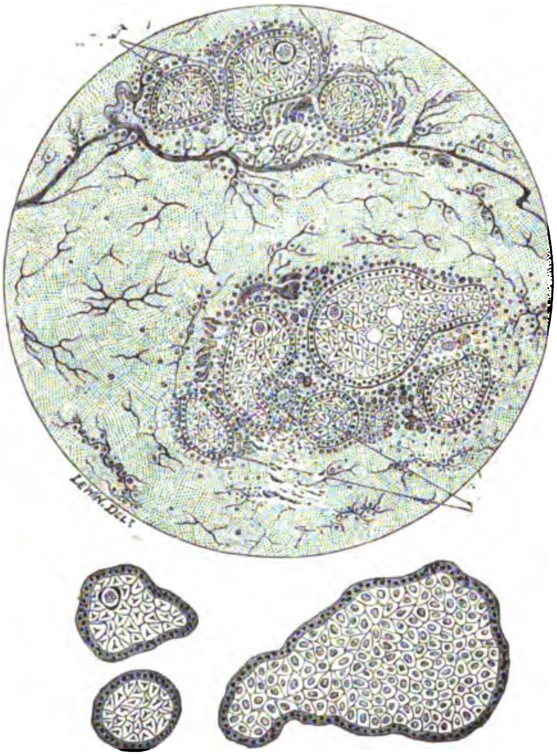
(3) It may continue to grow.

A review of the literature of the subject leads one to the conclusion that the usual sequence of events in advanced cases is as follows :—

After the death of the fœtus, from whatever cause, the blood supply of the placenta is gradually reduced and its structure consequently undergoes fatty degeneration. Extravasations of blood take place into its tissues and it becomes hepatised. If sufficient time elapses the blood-clot may undergo more or less organisation. The particular point to bear in mind is that within from six to twelve weeks of the death of the fœtus the vascular supply of the placenta is so far reduced that its removal may usually be attempted without material risk of hæmorrhage to the patient.

This train of reasoning has led to the practice of postponing operative interferences until sufficient time has elapsed for these changes to have come to pass, though the wisdom of leaving the patient exposed to the dangers inseparable from the presence of an ectopic gestation sac in the abdomen for an indefinite period on a hypothetical assumption, is certainly open to criticism.

There is, however, reason to suppose that in cases in which the fœtus perishes at an earlier period in the history of an ectopic gestation, this prompt devascularisation and degeneration of the placenta may not take place, and that, instead, it may undergo further development. This possibility is evidently of the greatest practical importance, because if it can be proved to occur even occasionally it must modify current views as to the propriety of certain procedures.



2.—Section of ectopic placenta showing the chorionic villi. (Bland Sutton).

In a certain proportion of cases of extra-uterine fœtation in which abdominal section has been performed large masses of tissue have been removed, evidently composed of placental structure more or less altered in character. Sometimes the size of the placental mass is merely out of all proportion to the size of the fœtus. In other cases no trace whatever of the fœtus can be detected. Years ago, when the pathology of these abnormal gestations was enshrouded in mystery, the absence of the fœtus and the more or less unusual appearance of the placental tissue caused doubt to be thrown upon the accuracy of the diagnosis, and even at the present time there are surgeons who decline to accept anatomical proofs of ectopic gestation which do not comprise some indication of the present or past existence of a fœtus. It is, however, generally admitted at present that the discovery of a mass of tissue presenting microscopic evidence of chorionic villi is sufficient proof of the case being one of ectopic gestation.

The disappearance of the fœtus, indeed, has nothing in itself calculated to excite surprise or doubt. The existence of this frail mass of scarcely differentiated protoplasm is menaced from the very commencement. The abnormal situation and relations of the fœtal sac expose it to a large number of accidents any one of which may interfere with the blood supply and determine its death. During the first few weeks of fœtal life, the anatomical elements of which it is built up are peculiarly fragile, and in the event of an arrest of development they undergo degeneration and absorption with corresponding ease and rapidity leaving only the placenta, the vitality of which is not necessarily impaired, and which may even arrogate to itself the developmental energy left free by the death of the fœtus.

Let us consider for a moment what we sometimes observe under somewhat similar circumstances inside the uterus. In intra- as in extra-uterine gestation, the death of the fœtus is soon followed by more or less complete detachment of the placenta, along with the fœtus and membranes. When, however, the fœtus dies from some fault inherent to itself, abortive or vicious development or mere asthenic weakness, the vitality of the placenta, still in full vascular and physical connection with the uterine decidua, is not necessarily impaired. In a certain proportion of these cases therefore, the death of the fœtus does not bring about such a disturbance of the process of gestation as to call into play the vaso-motor changes preliminary to retrogression of the placenta, nor to set in movement the reflex expulsive mechanism of the uterine muscle. Under these circumstances a young and actively growing placenta may conceivably continue to thrive. In virtue of conditions as to the precise nature of which we are still in the dark, its further development may bear principally upon the connective tissue resulting in the formation of a carneous mole, a dense fleshy mass not unlike liver substance, and frequently quite free from any trace of fœtal remains, or the developmental energy liberated by the death of the fœtus may expend itself upon the fœtal part of the placental structures, that is to say, the villi, which become enormously hypertrophied, forming the peculiar product of conception known as the hydatidiform mole. The fact that the fœtal part of the intra-uterine placenta can thus indulge in proliferative vagaries after the death of the fœtus is a point upon which I wish to lay stress in view of subsequent events.

In neither of these varieties of mole is any trace of the fœtus usually found, yet they are undeniably irregular products of conception. Sooner or later, however, either because the abnormal intra-uterine placental growth has reached the term of its development, or because its irregular and rapid increase in size excites the uterus to contraction, the mass is expelled and the matter is at an end. Moreover, the form of intra-uterine polypus known as placental polypus, is believed to result from a proliferative growth of an adherent fragment of placenta. Adhesion implies close vascular connection to the uterine substance, and this evidently enables the torn off fragment of placenta to resist degeneration and to take on a low form of growth, or at any rate to increase in size. The prime factor then would seem to be the maintenance of a sufficient vascular connection, and given this, the placenta, or even a piece of the placenta is apparently enabled to continue to develop.

Now, there is no reason why, a placenta which, instead of occupying its usual position in the uterus has contracted adhesions to some intra-abdominal structure, and has secured an adequate and possibly luxuriant blood supply, should not recapitulate outside the uterus what I have shown not unfrequently to take place within that organ. The delicate nervo-muscular apparatus of the pregnant uterus which, under ordinary circumstances, usually brings the whole process to an end when the fœtus has succumbed, is lacking when the fœtal sac is outside and independent of the uterus. Hence the vascular changes and the muscular contractions which lead to the detachment of the placenta, and its expulsion *à la suite* of the blighted ovum, do not and cannot effect similar changes when the gestation is ectopic. *Ceteris paribus* then, the placenta would seem to be much more likely to retain its developmental activity outside than inside the uterus.

The death of the fœtus in ectopic gestation and the retrogression and absorption of the placenta is at first sight the easiest way out of a position of exceeding danger for the unhappy victim of this abnormality. Acting on this assumption, various methods of treatment have been devised, having for object to bring about the death of the fœtus, in the hope that the fœtus having succumbed, all further risk would be obviated. Thus we hear of aspiration of the fœtal sac (never a very successful procedure), the injection of toxic substances into the sac and more recently, the passage of a current of electricity through the sac, of successful instances of which our American *confrères* have been exceedingly lavish. Indeed, all these methods, if one may believe their adepts, have given excellent results, but, unfortunately for their statistics, the diagnosis in the successful cases has always been, and must necessarily be, a matter of doubt. If the diagnosis has been confirmed in some unsuccessful cases, the fact may fairly be used as an argument in favour of the view that the lack of success was a logical sequence of a correct diagnosis, in other words that in genuine cases of ectopic gestation the treatment was either useless or absolutely mischievous. I may further observe in this relationship that the diagnosis in the early stages of extra-uterine pregnancy is always more or less a matter of conjecture. Indeed, Mr. Lawson Tait seems disposed to deny its possibility, except as a matter of guess-work. In any event, although his experience of such cases has been enormous, he only once had opportunity of making the diagnosis in the pre-rupture stage, and that one he overlooked. Moreover, there is in reality very little opportunity for studying the clinical signs of the early stages for the simple reason that, as a general rule, there is nothing in the symptoms calculated to induce the woman to seek skilled advice. It is usually not until copious and terrible hæmorrhage suddenly occurs that a suspicion of something wrong is entertained.

Theoretically, if by any of the foregoing means the death of the fœtus could be brought about, the most pressing danger to the fœtus will have been averted, but there remains the danger, among many others, that the further development of the placenta may expose the woman to all the risks inseparable from rupture of the sac and dangerous, possibly fatal hæmorrhage. The fact of the death of the fœtus having taken place independently of any concomitant impairment of placental vitality renders possible, if not probable, what I am prepared to admit is certainly a rare condition.

Some of the unsuccessful cases of extra-uterine gestation that have been treated in America by the use of the electrical current have subsequently been operated upon and the fœtal sac removed by laparotomy. In some (though in what proportion I have for obvious reasons been unable to ascertain) the characteristic large placental mass has been found and removed showing either no fœtus at all or one disproportionately small. It is quite possible that in these cases the electrical treatment effected what nature does in others, viz. the death of the fœtus, leaving the placenta to grow until pressure symptoms led to an operation for its removal.

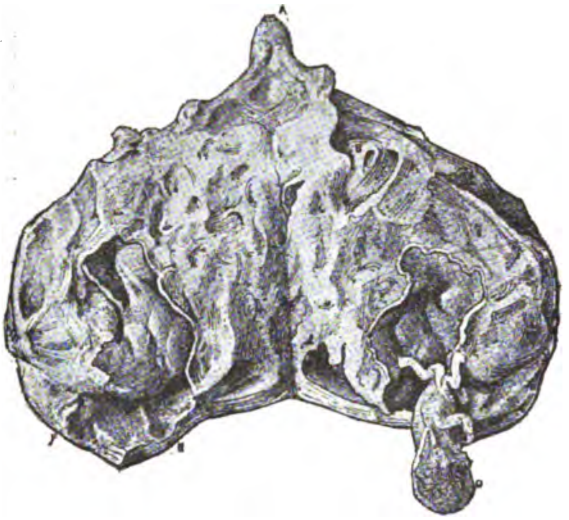
There is no lack of cases diagnosed previously to operation to belong to this category in which only placental tissue was found or in which the disproportionate size of the fœtus and the placenta respectively, justify the assumption of the subsequent growth of the latter.

Dr. Recamier of Paris, has kindly placed at my disposal the following notes of a case successfully operated on by him. A. D—, æt. 40, admitted to the hôpital St. Michel complaining of copious hæmorrhage and uterine pain. Menstruation had always been regular but abundant and painful. She had had two miscarriages after her first marriage and two children of a second. On Sept. 8th, she was suddenly attacked with severe pain in the abdomen, her menstrual period being at that time eight weeks overdue. The pain lasted all night and was followed in the morning by an escape of blood per vaginam which gave immediate relief. Since that time she had suffered from recurrent floodings and pain in the right side increased by walking. By abdominal palpation he made out a rounded mass in the right iliac fossa adherent to the parietes. The tumour was felt per vaginam to be joined to the uterus only by a thickened cord comprised in the right broad ligament. He diagnosed hemato-salpinx or ectopic pregnancy. On Nov. 10th he opened the abdomen by means of an abdominal incision and having cut into the peritoneal cavity he came upon a tumour the size of a child's head, extensively adherent to adjacent structures. Having removed it he identified the right Fallopian tube, much dilated, and tied it level with the uterus. The tumour consisted of the dilated tube with thickened walls filled with dark blood clots and containing a cystic cavity likewise filled with clots. On the upper and posterior part of the sac was a three or four months' placenta but no traces of a fœtus nor of fœtal structures could be found even after the most careful examination.

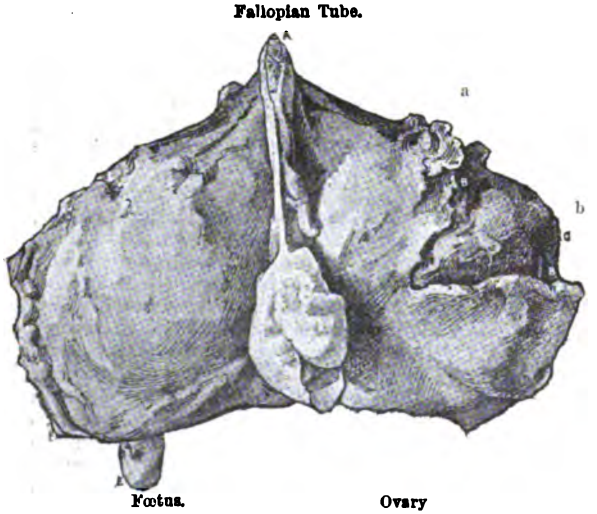
Dr. John Williams ("Obstet. Trans." vol. 29) relates a case of ectopic pregnancy in which abdominal section was performed during the life of the fœtus at the 35th week of gestation. In this case the child was removed and the placenta left *in situ*. For two weeks after the operation it maintained its fluctuating character and then became solid. A month after the operation portions of it contained blood which was still fluid.

A very interesting case is recorded in Dechambre's *Dictionnaire Encyclopédique des Sciences Médicales*, under the heading of "Grossesse," which seems to support the hypothesis of the persistent growth of the placenta after the death of the fœtus. It shows, moreover how serious are the dangers to which the patient is thereby exposed. The case was that of a woman who was admitted to the service of Prof. Pinard at the Lariboisière Hospital, and succumbed in his wards to an attack of peritonitis caused by the rupture of an ectopic gestation. Post-mortem, in the right iliac fossa, behind the uterus and to the right of the fœtal cyst on which it appeared to be grafted, was seen a mass the size of two fists, nodulated, of a dark colour, and apparently of spongy consistence, surrounded by clots. On a level with the lower part of the mass, just at the spot where it rested on the floor of the iliac fossa the clots were more abundant than elsewhere. This was evidently the starting-point of the hæmorrhage, indeed, on carefully removing the clots, it was seen that the mass contained a cavity the size of a walnut. It turned out to be a placental hæmorrhage, the mass in question being the placenta, markedly hypertrophied. The placental mass, perfectly distinct from the fœtal cyst, was surrounded by a slightly adherent membrane which seem to be part of the cyst wall, from which, however, it could be easily detached. It was then seen that the wall of the cyst, at a point corresponding with the insertion of the placenta, presented an irregular laceration with clearly defined edges, through which passed the umbilical cord, still connected with the placenta. The latter weighed 425 grammes (one English pound). On section, hæmorrhagic foci could be seen disseminated here and there. One of them more superficial than the others opened into the peritoneal cavity, and was obviously the source of the final hæmorrhage. The fœtus weighed 625 grammes, and measured 30 cm. long. Although in this case one does not meet with the disproportion between the size of the fœtus and the placenta to which I have called attention elsewhere, it is evident that the placenta had preserved its vitality subsequently to the death of the fœtus, and that its continued growth had in all probability determined the rupture of the sac, the cause of the fatal hæmorrhage. The death of the fœtus must have taken place some time previously, yet we find that the placenta showed no indications of undergoing the changes in the direction of devascularisation which usually follow that event.

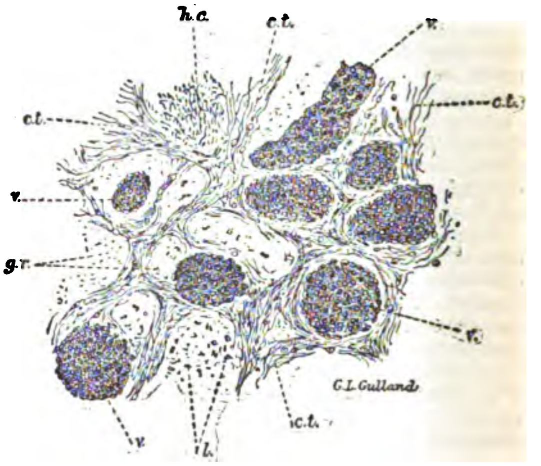
Quite recently MM. Lawson Tait and Christopher Martin communicated to the Royal Medical and Surgical Society the notes of a case which have an important bearing on this much disputed point. The patient was a married woman, æt. 38, with one child, born two years before. The patient declared that menstruation had always been perfectly regular. Two months previously to her admission to the hospital she was seized with violent pains in the lower abdomen, followed by syncope. The temperature soon after rose rapidly, and the abdomen became very tender. Fifteen days later the attack was repeated, the pain being most acute in the left iliac fossa. On vaginal examination the ute[illegible] was found to be heavier and less mobile than [illegible], but no other indication of pregnancy could be detected. Laparotomy was performed, and the peritoneal cavity was found filled with clots, some of old standing, others of more recent formation. The uterine appendages on the right side were adherent but healthy, but the left Fallopian tube contained a gestation sac the size of an orange. The amniotic membrane was torn, and through the rent the fœtus, which measured about an inch in length, had passed into the peritoneal cavity. The swelling in the Fallopian tube was formed chiefly of placental tissue infiltrated with blood. The placental chorionic villi had contracted adhesions to the tissues of the Fallopian tube. The authors were of opinion that the case was one of rupture at about the second month of pregnancy of an ectopic gestation, and that in all probability the placenta had continued to grow after the death of the fœtus. In any event, it had attained the size of a seven months' placenta, while the size of the fœtus apparently did not exceed that of a fœtus at seven or eight weeks.



3.—Tubal pregnancy cyst split open to show amniotic cavity and placenta. (a) Fallopian tube; (c) fœtus; (f) fœtal surface of the placenta; (g) muscular coat of Fallopian tube. (Tait and Martin).



Posterior aspect of same showing rent in Fallopian tube (a.) The protruding placenta is seen at(b). (Tait and Martin).



4.—Extra-uterine placenta at 4½ months. X, 200; v, chorionic villi; h.c., crystals of hæmatoidin; g.r., granular *débris*. (Berry Hart.)

It may not be without interest to recall that Morgagni ("De Sectibus et Causis Morborum") was of opinion that, "In cases where the placenta is larger than the fœtus the organ has probably continued to grow after the death of the latter. In many cases the small size of the fœtus may explain how it is that it often escapes observation."

In a case reported by Dr. Herman ("Obstet. Trans.," vol. 28) the fœtus weighed three and a half pounds, and the placenta 28½ ounces.

Dr. Bantock (*B. Gyn. Jour.*, 1891) mentions having operated upon a lady for ectopic gestation in the right Fallopian tube, which formed with the placenta a tumour nearly as large as the adult head. The fœtus had been extruded, and was found in the left iliac fossa free from any connection with its placenta. The latter, however, was as large as at term, yet it was evident that the fœtus had died at three or four months, so that he found himself constrained to admit that the placenta must have gone on growing.

Dr. Mendes de Leon (Amsterdam) in a case of ectopic gestation, contributed by him to the *Brit. Gyn. Jour.*, for November, 1891, mentions a somewhat similar condition of things. He does not, however, appear disposed to admit that the placenta in these cases is at all likely, as suggested by Mr. Tait, to take on further development after the death of the fœtus, and to give rise later on to fatal hæmorrhage. Probably, he says, it is not a question of the development of real placental tissue, but rather of the anomaly known as placental polypus, a degenerative form of placental growth frequently observed after incomplete abortion. I must confess I do not follow him in this assumption, for he does not explain how he distinguishes between the placenta proper, and the outgrowth to which he accords the name of polypus, a designation which is etymologically and pathologically incorrect when applied to any portion of an extra-uterine placenta.

(*To be continued.*)

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FORCED RESPIRATION.

By GEORGE FOY, F.R.C.S.,
Surgeon to the Whitworth Hospital; and formerly Lecturer on Anatomy and Forensic Medicine in the Carmichael School of Medicine.

During the past eight years I have from time to time drawn the attention of the medical profession to the value of oxygen gas passed in a full stream, from the bottle containing the compressed gas, into the lungs of patients suffering from asphyxia.

In "Anæsthetics: Ancient and Modern," I recommended it as a remedy for anæsthetic narcosis, and I demonstrated the value of the forcible pouring into the lung of oxygen in the asphyxia supervening in double pneumonia in the Whitworth Hospital, Drumcondra, on the 11th of June, 1891. The idea, has, however, been independently and more efficiently carried out in America by Dr. George E. Fell, of the City of Buffalo, N.Y., whose paper on "Forced Respiration," (the *Canada Medical Record*, January, 1894), read before the section of General Medicine at the Pan-American Medical Congress, September, 1893, advocates forcibly passing atmospheric air or oxygen gas into the lungs in cases of narcotic poisoning, drowning, and still-birth.

At first Dr. Fell used the apparatus which he used for forcible respiration in physiological experiments on dogs; he afterwards devised a more suitable one and which could be used by laymen for the resuscitation of persons apparently drownded.

Up to this Dr. Fell has published forty-four cases in all of which unmistakable evidence of the value of forced respiration is given.

His first case, which occurred in July, 1887, is that of a man who took "chloral to produce sleep, but finding this unsuccessful, he added twenty grains of morphina." Ten hours elapsed before forced respirations were commenced, and after they "had been under way two and one-half hours, the ordinary tracheotomy tube was substituted for the tube of the apparatus, and the patient allowed to breathe for himself."

The second case occurred under the care of Dr. Boehm, of Vienna, the patient, an adult, took eight grains and a half of morphia dissolved in water. Artificial respiration was tried for four hours and a half. "As it was now apparent that artificial respiration was not sufficient to restore normal breathing, tracheotomy was performed. A canula connected with a bellows was introduced and forced respiration kept up for three or four hours. At 5 p.m. the use of the bellows could be dispensed with, and our attention entirely devoted to watching the natural respiration."

Case III, under Dr. Fell's care, was narcosis from two ounces of laudanum and an unknown amount of chloral. Forced respiration commenced six hours after the opium was taken. "After nearly fifteen hours of forced respiration the patient began breathing for himself."

His most remarkable case is No. IV. A man, æt. 45, who took two ounces of laudanum and cut his throat, "severing the trachea and the anterior jugular vein." The patient was hours in this condition before he was discovered. "Some twelve hours after we had been at work, the satisfactory result of forced respiration, as a means of breathing for a human being, was demonstrated in the passive condition of the patient. During the forenoon the effect of the narcotic gradually passed away."

The case in which Dr. Fell used oxygen gas was that of a man who took "a large poisonous dose" of a mixture of phenacetine, morphine, and cocaine. "In this case oxygen gas was administered in connection with the forced resqiration apparatus. . . . . . . The results were satisfactory but the odds against which we were fighting—the combination of deadly drugs which had been taken—were too much for even an expectation that success would crown our efforts."

In the great majority of the cases enumerated in the paper, Sylvester's method of artificial respiration and the usual antidotal remedies had been unsuccessfully tried, and in almost every instance the patient appeared to be at the point of death when Dr. Fell was called on to try his method of forced respiration. The good results obtained are the best evidences of its great value, and there is little doubt but that forced respiration of atmospheric air, or oxygen gas will become more and more used.

As an antidote to opium, chloroform, ether, chloral, and narcotics generally I believe it is unequalled.

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A PLEA FOR SYMPHYSIOTOMY. (*a*)

By Dr. ROBERT P. HARRIS,
Philadelphia.

Symphysiotomy is an operation with a somewhat early history. Too many of the women died, too many that did not die were disabled, and far too many children were lost. The first historical period of the operation extends from 1777 to 1858, and during this period some 150 symphysiotomies were performed. We have the full results in 114, under which 74 women and 41 children were saved. This gives a mortality of about 35 per cent. for the women, and nearly 64 per cent. for the children. These figures are a sufficient explanation why the operation was abandoned. Under Professors Morisani and Novi, in 1866, the mortality was reduced to 20 per cent. of the women (10 out of the first fifty) and 18 per cent. of the children. These two operators began a new era in 1886, and by a more rigid adherence to the sub-osseous method of section, aided by strict antiseptic precautions, they, with their followers, have shown that 50 women could be operated upon so as to save 48 of them and 44 children, a mortality of 4 and 12 per cent. respectively. Of the six children lost, one was immature. Both the women that died had been a very long time in labour, one of them 96 hours. With such a measure of success it is folly to decry the operation, or to assert that it is not founded upon a rational basis. The operation is now under test in twelve countries, and will probably be performed as many as 200 times during the current year (1893); but several years must elapse before we shall be in a position to judge of its dangers and of its real mortality. With many trying it for the first time never having witnessed its performance, we shall be encouraged by the fact that only 9 cases proved fatal, out of the 83 operated on in 1892. In the United States there has been but one lost out of the last 15, although delivered under 12 different operators, ten of whom operated for the first time. Professor Pinard in Paris did not have a death until the twentieth case.

Outside Italy better progress has been made in saving the lives of the mothers, than in respect of the children. Two lives are at stake in the operation, and if both are not saved, there should be good and valid

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(*a*) Read before the Obstetrical Society, March 7th, 1894.

reasons for the failure. Italy has reduced the fœtal mortality to 12 per cent., and a mortality not exceeding this should be aimed at in other countries. Of the 83 children born in 1892, 10 were stillborn, 2 were destroyed by the cranioclast, and ten died within three days of delivery, leaving 61 recorded as "saved," or 73·3 per cent. To save the fœtus the woman should be operated upon in good season, the size of the pelvis should be carefully ascertained, the child should be very carefully, and not hurriedly, delivered by the forceps applied to the sides of the head, and if asphyxiated appropriate measures should be taken for its restoration.

The first symphysiotomy in the United States was the third of its kind, the first and second having been performed by Professor Pinard. It was done by Dr. W. T. Coggin, March 12th, 1892. The patient was the wife of a miner, a primipara, aged 23, 5 feet 7 inches high, with a contracted pelvis and a very large fœtus. Dr. Coggin opened the symphysis, and delivered by the aid of the forceps a fœtus weighing 11¾ lbs. The sacro-iliac synchondroses were uninjured, as also the soft parts, and the woman made an excellent recovery. Both she and the child are now alive and well, the latter being close on two years old. This was the first of 31 operations in the United States. Of the children thus delivered, 21 were males and the average weight was 7¾ lbs. Of the women, 18 of the 31 were primiparæ.

The time in labour may be given as follows: Labours induced 2; for 6 hours or under 2; from 7 to 12 hours 5; from 13 to 18 hours 4; from 19 to 24 hours 7; from 25 to 36 hours 1; from 37 to 48 hours 5; from 49 to 60 hours 2; from 61 to 72 hours 2; and 4 days, 1. It will be seen that 22 of the 31 women were allowed to be in labour more than half a day and one half of these more than one whole day. Morisani gives 67 millimetres as the minimum conjugate measurement, but we give it at 70 millimetres, because of a greater average weight of the fetus. There have been 4 deaths among the cases in the States, numbers 10, 14, 16, and 26. No. 10 was in labour 25 hours, and was taken to the hospital with a pulse of 150; she died in 12 hours. No. 14, in labour 16 hours, died of septic peritonitis in 12 days; believed to have been infected prior to the operation; No. 16, in labour 20 hours, taken to Maternity in an emergency on a cold rainy day, had been drinking whisky, and died of pneumonia attributed to exposure. No. 26 had been in labour three days before going to Maternity. She died on the 11th day from sepsis, originating in the sub-osseous wound.

The occurrence of 9 fœtal deaths cannot be wondered at. No. 1 was in labour 22 hours, death in 24 hours; No. 5, labour 24 hours, death on third day from meningeal hæmorrhage; No. 10, labour 25 hours, death in 17 hours from injuries prior to admission to hospital; No. 14, labour 16 hours, stillborn; No. 17, labour 50 hours, stillborn; No. 20, labour 28 hours, stillborn; No. 22, labour 21 hours, death soon after delivery; No. 29, labour induced conjugata vera 67 mm., death from injuries in delivery by the feet; No. 31, labour 4 days, stillborn. Early operations should have saved nearly all these children with the exception, of course, of Case 29.

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Selected Prescriptions and Therapeutic Notes.

89.—For Congestive and Inflammatory Conditions of the Ears the following will be found useful:—

℞ Resorcin, gr. iss;
Cocainæ hyrdochlor, ʒvij;
Morphini hydrochlor, gr. 1-6th;
Aq. destill, ʒiiss.

M. For external use by instillation.—Dr. Stein.

90.—Epistaxis of the Nasal Septum.—Dr. V. Cozzolino speaks of a new hæmostatic antiseptic medication in epistaxis of the nasal septum, and surgical hæmorrhage of the same, of the turbinated bones, aural cavities, etc., in the *Rivista Clinica e Terapeutica*, Oct. 1893. The remedy which the author recommends and praises, and to which he attributes the above-mentioned properties, is trichloracetic acid, with which he, by accident, was led to experiment. He prefers a solution of one part of acid in thirty or forty of sterilised water, with the addition of a small quantity of cocaine. A small pledget of cotton is moistened with the solution (which may be weaker—one in eighty or one hundred), and applied *in situ*. He extends the application also to other hæmorrhages of different origin, and adds an application of direct compression of the septum, made by means of Jurasz's forceps for deviation of the nasal septum, and placing between this and the blades iodoform or sublimate gauze.—*Pacific Medical Journal.*

91.—A Good Antiseptic for the Urinary Tract:—

Potassium Permanganate solution (1 to 1,000) is an excellent local antiseptic for the urinary tract. One of the advantages it has over other agents is that so long as pus or other excrementitious matter is present the fluid will be changed in colour from the deoxidation. For acute gonorrhœa it is particularly applicable, and in the preparation of cases for operation.

92.—An Antiseptic Varnish.—Dr. Berlioz, of Grenoble, gives the formula for an antiseptic varnish which he calls sterisol:—

℞ Gum lac (purified, very
soluble in alcohol, ℥ix;
Powdered benzoin, ʒijss;
Tolu balsam, ʒijss;
Crystallised phenic acid, ℥iij;
Essence of cinnamon,
Saccharine, āā, ʒjss;
Alcohol, ad. Oij.

The employment of this varnish is indicated wherever there is an abrasion of the mucous membrane, as in diphtheria, mucous patches, herpes, &c. It adheres to the mucous membranes as well as to the skin, over which it forms a thin pellicle.—*N.Y. Medical Record.*

93.—For Sea-sickness:—

℞ Antipyrin, gr. lxxv;
Cocainæ hydrochlor, gr. iss;
Caffeini, gr. iv;
Strychninæ sulph, gr. 1-30th;
Sp. vin. gallici, ʒijss;
Aq. destill, ad. ℥iij.

M. A tablespoonful before embarking, and others during the day, or three during the twenty-four hours.—Rouqette.

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Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Meeting held Wednesday, March 7th, 1894.

The President, Dr. G. E. Herman, in the Chair.

Dr. R. P. Harris (Philadelphia) read a paper on "A Plea for Symphysiotomy," which will be found under Original Communications.

In the discussion which ensued,

Dr. Lewers could not explain why the operation had failed to become popular in England, a good claim having been made out for symphysiotomy in suitable cases. He explained the very different conclusions arrived at in respect of the possible gain of available space by the operation, pointing out that division of the symphysis did increase the available space to the extent described, if performed on the bodies of women who had died in labour, but that if performed two or three weeks after labour, the increase of the available space was not nearly so great. Both sets of observations were therefore correct, so far as they went, but in discussing symphysiotomy it was necessary to bear in mind that they were operating upon women in labour. The heavy mortality in the first period, alluded to by the author, was probably largely due to a want of antiseptic precautions, and the adoption of the operation in many instances of extreme contraction of the pelvis for which it was altogether unsuitable. Moreover, the last ten cases of this first period showed a mortality of 50 per cent., mother and fœtus, so that it was not a mortality which decreased with experience. The special indication for the operation was failure to effect delivery by other means *at an advanced stage of labour*, that is to say, at a time when turning would not be available.

Dr. **Horrocks** pointed out that not only mortality of the operation, but the possible and ultimate effects to the woman had to be taken into account. Personally he would prefer Cæsarian section, or turning, to symphysiotomy.

Dr. **Griffith** said the reason why symphysiotomy was still an unpopular operation in this country was because it deserved to be unpopular, judged on its own merits, and because it was not the best operation under the circumstances. He commented on the fact that in Paris they were actually giving up the forceps, premature induction of labour, and turning, and were, in fact, going to such extremes that their conduct, was, in itself, enough to damage the reputation of such an operation. He himself had had under his care 3,000 cases of labour, and since symphysiotomy was reintroduced he had not met with a single case in which he considered it would have been justifiable. To justify recourse to this operation there must be a living fœtus and a moderate degree of pelvic contraction (not absolute, but compared to the size of the fœtal head). In most cases premature labour would be induced with every prospect of saving both mother and child. When the child was dead then of course symphysiotomy was out of the question. Although there was undoubtedly a certain group of cases in which symphysiotomy might properly be resorted to. He said that if he were a woman he would sooner run the risk of Cæsarian section, skilfully performed, than try symphysiotomy.

Dr. **Leith Napier** raised the question as to how far symphysiotomy could be relied upon to obtain an increased diameter of the pelvis. The minimum conjugate diameter for the operation had been given at 2¾ inches, but in such a case, he urged that it would be better to try turning. It had been shown that cases which were not amenable to forceps may often be delivered by turning. Possibly the French prefer symphysiotomy because they lack the "sixteen stone behind the forceps," which had been said to be necessary as a *vis a fronte*. He asserted that it was impossible to find practitioners all over the country who could be expected to perform symphysiotomy with credit to themselves or safety to their patients. The measurement of 2¾ inches, moreover, was the diameter given by Leopold, of Dresden, as that for Cæsarian section. If really they could obtain 2¾ inches extra diameter by symphysiotomy, they had been making a dreadful mistake in the mechanics of labour, for it had all along been taught that 1 inch was the most that could thus be gained. Personally, I do not believe that this amount of additional diameter could be obtained. They had 4,000 deliveries a year, without having come across a single case during the last two years in which, in their opinion, symphysiotomy would have been justifiable.

Dr. **Herman** observed that the thanks of obstetricians were due to the gentlemen who have been bold enough to try the new method, for new it practically was, but he himself was convinced that symphysiotomy had not yet justified its claim to take its place as a method which ought to be received as one of the ordinary means of effecting delivery in difficult cases. The author had shown a mortality of 10 per cent. and Pinard's mortality was about the same. With Cæsarian section in selected cases, the operation being performed at a selected time, in hospital, and by experienced surgeons with proper assistance, the mortality was not greater than 10 per cent. Therefore, in point of mortality, symphysiotomy had no advantage. As to sterilising the patient, this could be done by removing the ovaries, but it remains to be seen whether this could be surely accomplished by tying the tubes. He asked what was the condition of the patients operated upon by symphysiotomy in respect of laborious work. Dr. Lewer's patient could walk, but she had stated that she was unable to scrub, and the other records were silent on that point. He asked also whether the operation could be safely repeated in the event of subsequent pregnancies? In a case reported by Dr. Smyly, of Dublin, the urethra was lacerated, and he asked whether this was a frequent accident. On the whole, he thought Cæsarian section offered the best prospect of success and of survival where the patient wished a living child, which could not be born without some operation of the kind.

ON THE RELATION OF HEART DISEASE TO MENSTRUATION.

Dr. W. J. Gow—Particulars with regard to menstruation were given of fifty cases. In twenty-eight the menstrual flow was unaltered. In seventeen the flow was absent or scantier than before. In five the flow was either more profuse or recurred more frequently than before. In no case was there good evidence that heart disease gave rise to severe menorrhagia. It would seem that either amenorrhœa or scanty menstruation was a far more common accompaniment of heart disease than menorrhagia. A further analysis of these cases seemed to point to the fact that heart disease led to relative sterility, and also that it greatly increased the tendency to premature expulsion of the ovum. In conclusion, it was pointed out that a large number of women, suffering from valvular disease of the heart, pass safely through the period of pregnancy and labour.

Dr. **John Phillips** said he had given this subject a good deal of attention before he was aware that the author was engaged on the same study. His method of examination was to examine the heart in all women who were menstruating, in all some 656 cases. Only 17 proved to have valvular disease of the heart, and of these 11 came because they were pregnant. He had followed 9 of these through their confinement to ascertain the effect of the heart disease in menstruation. Six were not pregnant; and of these 4 had mitral and 2 aortic disease. The tendency in all was towards amenorrhœa, and not towards menorrhagia. As a matter of fact, he had never seen a case of menorrhagia in connection with heart disease. He was of opinion that women with heart disease were just as likely to become pregnant as others, though there was probably a greater tendency to abort.

Dr. **Horrocks** said he had approached the subject from another point of view, viz., by looking over the post-mortem records of cases of heart disease, and then referring to the clinical records to observe what had been noted in respect of menstruation. Unfortunately, these records were often silent as to menstruation, and this was a point to which he desired to call attention. The author's statistics were founded on cases observed during life, so that he could have had no information with respect to the condition of these viscera. There might have been present some condition of the other viscera, or of the uterus, which might account for either the menorrhagia or the amenorrhœa independently of the heart disease. His observations tended to confirm his and Dr. Phillips' conclusion that heart disease does not cause any increase of the flow. He pointed out as a noteworthy fact that in very few of the author's cases was there œdema or other indication of circulatory breakdown. He accused the text-books of promulgating the assertion that heart disease tended to the production of menorrhagia, the assumption being based on the fact that valvular disease tended to produce congestion of the viscera.

Dr. G. **Herman** recalled that a paper on this subject was brought before the Royal Medical and Chirurgical Society not long since, in which the author based his conclusions on the auscultation of patients applying in the obstetrical out-patient room. He pointed out that such a method was evidently faulty, because the women in many cases would be applying in consequence of their being something wrong with the uterus. The author's conclusions appeared to him to be unassailable. He himself had made some observations on the effect of heart disease along with disease of the liver and lungs on menstruation, and he had found that they tended more to the production of amenorrhœa than menorrhagia. The late Matthews Duncan, in his "Clinical Lectures," long since stated that his experience did not bear out the alleged association of heart disease with menorrhagia.

Dr. **Griffith** referred to the case of a young servant girl who came to the Samaritan Hospital complaining of severe menorrhagia. After giving various remedies which failed to procure relief, he proposed a vaginal examination, but he discovered that she had valvular disease of the heart, whereupon he relinquished the use of ergot, &c. She subsequently married and had a child. The menstrual period in her case lasted ten or twelve days, and the menorrhagia only dated from two or three years, so that it not improbably had some connection with the cardiac lesion.

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ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Medicine.

Meeting held Friday, March 2nd.

The President, **Dr. Walter G. Smith**, in the Chair.

THE SEQUEL OF A CASE OF MYXŒDEMA TREATED BY THYROID JUICE.

Dr. Little gave an account of the subsequent progress of a case of myxœdema which had been treated successfully by the hypodermic injection of thyroid juice, and the notes of which he had communicated to the Academy in April last.

Dr. A. **Paton** mentioned the case of an old lady who suffered from enlarged face, hands, and feet, and whom he treated with 10-minim doses of the extract of the thyroid gland three times a day. The swelling diminished very much, as well as a hæmatoma present in the left ear. Her expression is still heavy and drowsy, but there is no return of the swelling in the hands and feet.

Dr. **Hawtrey Benson** said that last April he had narrated the history of a case of myxœdema cured by the internal administration of thyroid juice. He was happy to state that his patient was in perfect health still. She had taken small doses of the extract continuously since he had seen her. He thought that it was well always to begin the treatment of these cases by the internal administration of the juice, and if, after a fair trial, this method did not prove efficacious, to resort to the hypodermic method. It was not always possible to obtain the juice in a sufficiently aseptic condition for hypodermic injection.

The **President** remarked that it was interesting that it did not seem to matter much whether the juice were given by the mouth or under the skin. If it owed its activity to some body belonging to the class of nucleo-albumen, it would naturally be imagined that gastric digestion would have some influence on its action.

Dr. **Little**, in reply, stated that some evidence existed as to harm being sometimes done by these extracts. A doctor in the Queen's County informed him that he had cured a patient of a large bronchocele by means of the extract, but that his patient had become greatly emaciated. He had himself noticed some rather alarming symptoms in two ladies, patients of his own. One of them, a hysterical girl, became very nervous and hysterical, and necessitated some nurses being engaged to watch her. In the other case the lady, after a few days, developed violent headache and pain in her abdomen, and similar symptoms came on after a fresh trial.

ON THE TREATMENT OF BRIGHT'S DISEASE.

Dr. **Michael F. Cox** submitted a report of two cases of acute Bright's disease which he had successfully treated, commenting at the same time on the generally unsatisfactory results obtained in the treatment of Bright's disease. The first case had occurred nearly eighteen years ago. It was that of a gentleman, æt. 47, who, from exposure to wetting and excessive indulgence in alcohol, suddenly developed symptoms of Bright's disease, complicated with uræmic convulsions, maniacal excitement, coma, amaurosis, and who, chiefly by free purgation and copious leeching, ultimately recovered perfectly, and still remains well. The other recently occurred, and was attended by oligura and a great amount of albuminuria and extensive anasarca. Improvement being tardy under ordinary diaphoretic and other such treatment, the patient was put on 15 gr. doses of diuretin three times a day, with the result that the urine which was reduced [illegible] one pint a day was doubled every succeeding day until it nearly reached sixteen pints in five days, maintaining its specific gravity, whilst the albumen and dropsy entirely disappeared, and the patient was soon enabled to leave quite well.

The **President** asked had the urine of Dr. Cox's first patient been frequently tested since his illness. It was not an uncommon experience for patients to recover from uræmic convulsions and to live and pursue an active life for many years. With regard to diuretin he had not been favourably impressed. It was an unstable and costly compound, and there was not much clinical evidence to show that it acted well. In treating acute nephritis our great aim should be to do nothing to injure the patient. Chronic nephritis he believed to be scarcely ever, if ever, cured.

Dr. **James Little** said that he had tried diuretin in a case of ascites from contracted liver, and had not found it of use. With regard to the hot-air bath in the treatment of cases of nephritis, he said that he had watched several very intelligent patients, and inquired from them whether they were relieved by it, and they said they were not, but were less comfortable. Theoretically it would seem that the removal of a large quantity of water through the skin would make it more difficult to wash out the tubules of the kidney. In only two cases had he seen a hot-air bath do good, and in these the patient's life was endangered from the accumulation of a large quantity of fluid in the pleural sacs. He had seen many patients much disimproved by being given iron too early. Where uræmic symptoms threatened, a free purging with calomel seemed to give relief.

Dr. Cox, in reply, said that his first case had been examined several times by a medical friend in the country, and that his urine had been tested. No albumen was found. He could not say whether any albumen was occasionally present, as he had not the opportunity of testing it; but the patient was alive, and to all appearance healthy. He had seen diuretin relieve a patient of his suffering from dysuria, and another patient of a scrofulous diathesis who had occasional attacks of dropsy. In some other cases he had not found it so successful. He had seen minim doses of croton oil and pilocarpine in from quarter to half grain doses relieve a patient who had suppression of urine and uræmia with maniacal symptoms following the introduction of instruments into the urethra and bladder.

The Section then adjourned.

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THE HUNTERIAN SOCIETY.

Meeting held Wednesday, March 14th.

The President, Mr. **F. C. Symonds**, F.R.C.S., in the Chair.

Cast of Hunter.—**Dr. Braxton Hicks** presented to the Society a framed cast of Tassie's medallion portrait of John Hunter. The original portrait was "done from life" by Tassie in 1791 in wax and then in "Tassie's paste," a readily fusible opaque glass. An engraving of it appears as the frontispiece to the new edition of the "Treatise on the Blood. Inflammation and Gunshot Wounds," 1828.

Multilocular Fibroid Tumour of the Uterus.—The **President** in showing this specimen said he had found enucleation an impossibility, and had removed uterus and appendages. He had used the clamp and the patient made a good recovery. He had had two similar cases, in one he had used the clamp and in the other had divided the cervix and had sutured the peritoneum over the stump. Both cases recovered.

Tubal Gestation.—Dr. **Galloway** showed a specimen of tubal gestation which had ruptured half an hour before death. He judged the age of the gestation was about two months. The patient died of hæmorrhage and shock.

The **President** narrated a case on which he had been asked to operate. The patient had had three attacks of sudden internal abdominal hæmorrhage. Exploration was undertaken with a successful result. He remarked upon the early stage of the gestation, and asked whether in the experience of any Fellow of the Society tubal gestation in the lateral parts of the tube was more likely to rupture than one close to the uterus.

Dr. **Percy Warner** mentioned a case where there had been four attacks of severe hæmorrhage, accompanied by a shock. The diagnosis was difficult; exploration was performed and the tube excised, the patient making a good recovery. A point of interest in these cases was whether the sexual appetite was lost after removal of the tubes. He had noticed that in one case the sexual appetite had been lost.

Dr. **Herman** said he considered that it was undoubted that the gestation went on longer when the sac was situated in the outer part of the Fallopian tube. He could not see what a sudden intra-abdominal hæmorrhage in a woman who presented signs of pregnancy could be except a ruptured gestation or a ruptured varicose vein of the broad ligament. The treatment of both was the same.

Dr. **Braxton Hicks** remarked that the diagnosis would be difficult because the tumour was so small in this case.

Dr. W. **Eccles** exhibited a case of "Monoculus Fœtus."

The Organisms of Malaria.—Dr. **Manson** exhibited under the microscope the blood of a malarious patient containing specimens of the organisms of malaria. He remarked that the organism existed in several forms, the relations of which to each other had not yet been decided. Two forms were well known, the intracorpuscular form, consisting of corpuscles with pale black pigment in the centre, exhibiting amœboid movement at the edge. When mature, the cell burst, and allowed the spores of the parasite to fall into the blood-stream. These were immediately attacked by leucocytes, or re-entered the red cells again to develop. Another form consists of a central spherical mass of black pigment, to the periphery of which cell there are flagellæ attached. A third form consists of egg-shaped oval red bodies.

Dr. **Manson** also exhibited microscopical specimens of sputum containing ova from a case of pulmonary distomiasis. He said the disease was common in China and Japan. The parasite lived in burrows in the lung substance and bronchial walls. The ova were deposited and coughed up in the sputum in myriads. The parasite gave rise to signs which simulated aneurysm, spasmodic cough, and sanguineous expectoration. Dr. Manson remarked that aneurysm was especially common in the East, as common as phthisis in London.

Secondary Carcinomata.—Dr. **Galloway** exhibited an uncommon form of secondary carcinoma from a patient who died of dyspnœa. Both elbow-joints were enlarged, and the lower ends of the humeri were involved in carcinomatous growths. In one arm there had been a spontaneous fracture of the humerus. Dr. Galloway thought the case important as showing how intimate was the relation between adenoma and carcinoma.

The **President** remarked he had seen secondary carcinoma of the lung associated with tumour of the thyroid.

Thoracic Aneurysm.—Dr. **Fyffe** exhibited a specimen of thoracic aneurysm with ulcerative endocarditis, patches of ulceration in the aortic valves, in which diplococci had been found. He remarked that until micro-organisms were found, ulcerative endocarditis ought not to be diagnosed.

Dr. **Hadley** asked how long the patient lived. In most cases he had seen, three or four months was the duration of life from the time the disease was diagnosed.

Dr. **Chaplin** mentioned a case which he had exhibited where a huge vegetation on the pulmonary valve had caused death. He thought the valve affected was an important item.

Dr. **Fyffe**, in reply, said he thought about six weeks was the duration of life. He had once seen the tricuspid valve affected in a case of congenital heart disease. In one case of ulcerative endocarditis, there was a residual abscess in the neck, from which, although opened with a sterilised knife, diplomucocci were cultivated. He thought, therefore, that residual abscesses were infective.

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LIVERPOOL MEDICAL SOCIETY.

Meeting held Thursday, March 15th.

The President, Mr. C. Puzey, in the chair.

MEDICAL ELECTRICITY.

Mr. **Bark** read a note on "apparatus by which the ordinary electric current, used in lighting houses, can be employed for medical purposes,"

Followed by a demonstration by Messrs. **Bark** and **Larkin**, Electrolysis, Re-action of Degeneration, Trans-illumination, &c.

THE VALUE OF ABDOMINAL OPERATIONS IN THE TREATMENT OF MALIGNANT DISEASE OF THE ALIMENTARY TRACT.

Mr. **Damer Harrison** opened a debate on "The Value of Abdominal Operations in the Treatment of Malignant Disease of the Alimentary Tract." He brought forward statistics, and discussed the operations of gastrostomy, gastro-enterostomy, colotomy, and pylorectomy.

Dr. **Alexander** said that a few days ago he turned up accidentally a passage in Ranking's Abstract (vol. v, p. 283) where the following words are applied in regard to the advisability of ovariotomy:—"It cannot be defended, as we must not only take into consideration the accidents resulting from it, but the important fact that dropsy of the ovary may exist for a series of years without the health being materially compromised, who, under these circumstances, would dare to place the patient in danger of rapid dissolution!" The statement is only amusing to us now because we have learned how to perform ovariotomy. About fifteen years ago Dr. Alexander performed his first hysterectomy for cancer of the uterus by Freund's method, and the patient died from the operation. That was the general result then, but now-a-days by improved experience of his own and by taking hints from others he has had a succession of ten recoveries and the operation is so safe that surgeons do not think it worth while to report their cases. Surgeons are now engaged in a determined contest with disease of the alimentary tract, and their initial operations will probably be as unfavourable for a time as in the above mentioned instances and in other diseases that could be named, but the issue will, no doubt, be successful, and adverse opinions expressed to-night may sound as ridiculous in the future as the opinion I have quoted about ovariotomy now does. Dr. Alexander said the endeavour should be to diagnose and remove intestinal cancer early, and to perfect our methods of suture of the bowels so as to do it with more safety than at present. Palliative operations, on the other hand, are only justifiable by urgent necessity, they cannot arrest the fatal course of the disease, and although they sometimes relieve, not unfrequently they make the last state of the patient worse than the first.

Dr. **Carter** said he would confine his remarks to pyloric cancer and its treatment, and that these remarks should be founded on his own references only, as he believed that in the practical affairs of life the judgment was much more influenced by what one had actually seen and done than by statistical statements of the seeings and doings of other people. After relating three cases of pylorectomy with two deaths and one recovery, Dr. Carter went on to say that unfortunately he could not share the hopes just expressed by Dr. Alexander that we should soon have the means of accurate diagnosis at such an early stage as would permit of operation being undertaken before extension and adhesion of the growth should render its results doubtful. The grounds for such early diagnosis hitherto suggested were absolutely unreliable. The absence of hydrochloric acid from the gastric secretion as suggested by Van der Hadden the presence of enlarged inguinal glands as mentioned by Jaccoud; or of enlarged subclavicular glands as relied upon by Henoch were untrustworthy guides; and we had to wait for the appearance of a tumour with the conviction that in nearly all cases operation would then be too late; and he himself did not look forward with any degree of confidence to a near future in which either the patient would be willing to submit to abdominal section, and the surgeon would be willing to undertake that operation for the mere purpose of clearing up a doubtful diagnosis.

Mr. **Robert Jones** had very little faith in the utility of gastrostomy and gastro-enterostomy. He however differed with Mr. Banks by believing that a distinct future was in store for pylorectomy. The point of clinical value to the surgeon was that the glands in connection with the pylorus were not early affected in cancer.

Mr. **Paul** said that palliative operations for the relief of cancer of the alimentary canal were of much less importance than radical operations, and in the future would probably to a large extent be replaced by them. In cancer of the œsophagus so long as the way could be kept open by a bougie he never advised gastrostomy, but when the patient was starving he thought there could be no question that an operation successfully performed afforded relief. In cancer of the stomach, when a physician suspected the disease, he should allow a surgeon to make an exploration as this was the only means by which an early diagnosis could be certainly made, and a small exploratory incision had never in his experience led to harmful results. When surgeons had more experience in operating on early cases of pyloric cancer, pylorectomy would become an established success, gastro-enterostomy he considered still *sub judice*. There were certain objections to Senn's method which he tried to overcome by a method previously submitted to the Society. Cancer of the bowel above the rectum he could speak of with more confidence as he had performed colectomy six times. The first three patients died, but the last three, owing to an improved method, all recovered. Colectomy had yielded him much greater satisfaction than Mr. Banks, but he much preferred to excise the rectum or part of the colon than simply to adopt the palliative treatment of colotomy, in fact he felt sure there was a good future for both pylorectomy and colotomy.

Mr. **Mitchell Banks** gave details of four cases of gastrostomy, two cases of gastro-enterostomy, and seventeen cases of colotomy. He had come to the conclusion that he would not perform gastrostomy any more, as the condition of the patients was most deplorable. In cancer of the stomach and œsophagus he thought that the patients' sufferings were in many cases coloured too darkly, for he had often seen people die from phthisis and heart disease whose distress was even greater. Not having any personal experience of pylorectomy he could only say that at present it seemed as if the cases suitable for it were so very rare that gastro-enterostomy would for the present be the most useful procedure in well selected cases. He entirely objected to the surgeons throwing upon the physicians the responsibility of their want of success because the latter do not hand over cases sufficiently early. If it is difficult to get patients with cancer of the mouth and breast (which are visible and tangible) to come early enough, how much more difficult will it always be to get them to submit to operation when there is nothing to be seen or felt! One cannot subject every case of severe dyspepsia to laparotomy, so long as the impossibility remains of diagnosing whether its cause is simple or malignant. On the other hand he would urge the more frequent performance of exploratory operations to determine whether anything can be done or not. What he desired to see was a less purely mechanical and a more philosophical way of looking at cancer of the abdominal intestinal tract. The sole question at present about any one of the operations under discussion seemed to be whether it was anatomically possible, and what was the best technique to be employed, while too little regard was paid to the general condition of the patient and his power of resisting the shock of a severe operation or to the possible value of the operation to him, even if successful. He thought it a very unfortunate matter that in the present day surgeons seemed only to bring forward their brilliant and successful cases in journals and at societies, while too little information was given about their failures. The result was that the general medical public conceived a most erroneous view of the value of many surgical proceedings, while the compiling of statistics from such sources was most misleading, and could give no sound basis from which to form a useful formula as to their worth. He would be one of the last to throw any obstacle in the way of the advance of legitimate surgery, and personally had always struggled to keep abreast of the times, but he desired to put in a plea for more judgment and care in the selection of appropriate cases for the operations under discussion, so that the reproach of recklessness and want of regard for human life which had too often stained the annals of Continental surgery might never attach itself to the work of Englishmen.

Messrs. Barr, A. Davidson, Glynn, A. Hamilton, Larkin, Rawdon, Stansfield, and others also took part in the discussion.

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Dr. Donald Macalister, of St. John's College, has been elected Linacre Professor of Physic in the University of Cambridge.

France.

(From our own Correspondent.)

Paris, March 24th.

Strangulated Hernia.

At the Société de Chirurgie M. Chaput read the history of two cases of strangulated hernia complicated with gangrene. The first was that of a woman, æt. 50, who suffered for five days from strangulation of a voluminous umbilical hernia; fæcal vomiting and collapse had already set in when seen by one of his *confrères*, who immediately practised a long median incision and opened the sac, giving issue to a quantity of fœtid liquid. The protruding omentum was resected and the intestinal folds detached from their adherences, on one of which a long ribbon of gangrene was discovered. By pinching up this portion of the intestine and turning the diseased part inside, leaving to Nature the care of discharging it, the operator sutured the edges of the artificial fold together and completed the operation in the usual manner. The second case reported by the same surgeon was that of a strangulated crural hernia in a woman, æt. 58, and operated on the sixth day. At first taxis was tried, but it was soon evident that an operation was necessary. The strangulated intestine was found to be sphacelated to an extent of four inches, and became detached on very gentle traction. Both ends were sutured and the intestine returned. A stercoral fistula was the immediate result, but in a few days it closed spontaneously, and in three weeks after the operation the patient was quite well.

In reflecting on the case, M. Chaput said that taxis in such cases was bad surgery, and should be absolutely proscribed. A few weeks previously he was called to a man, æt. 50, who had a right inguinal hernia strangulated. Trying taxis, to his satisfaction he succeeded in reducing the hernia, but the following day his colleague was obliged to operate, as the hernia had returned. The intestine being sphacelated to a certain extent, an artificial anus was made, but the patient sank in a few days from exhaustion. M. Chaput said that if he had not tried the taxis, but operated, the man would have recovered. One of the most difficult questions, continued the speaker, in surgical therapeutics was to decide between suture of the intestine and artificial anus. The creation of an artificial anus is extremely simple, and can be effected with ease and without aid or chloroform. It presents the considerable advantage of emptying rapidly the upper end of the intestine of products which contribute to poison the organism, but it presents, on the other hand, numerous disadvantages, resulting from the flow of matter, which provokes frequently the development of phlegmon of the walls, inoculating the peritoneum, forming septic thrombosis of the femoral vein with pulmonary embolus and death, as has happened in some cases to his knowledge. The mortality in any case of this operation is placed by a very high authority at 76 per cent., and even if he patient survives all complications he remains afflicted with a disgusting infirmity which cannot be cured but by a series of grave operations.

Resection, on the other hand, followed by suture of the intestine, does not present the same drawbacks; the mortality is less, and the operation susceptible of being rendered much easier to perform. It is true that with the suture secondary gangrene or perforation of the upper end s to be dreaded, but this accident can be avoided *à la* *rigueur* by not reducing the intestine, and if gangrene supervenes an artificial anus can be made.

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Germany.

[From our own Correspondent.]

Berlin, March 23rd.

Tissue Juices and Therapeutics.

At the last meeting of the Medical Society, Hr. Fürbringer gave an address on Treatment by Organic Extracts, excluding however bacterial products and blood serum. In the first rank stood glandular material which was indispensable in our economy and for the blood. At present the predominant view was that the glands were antidotic; they carried away the poisons from the blood, rendered them harmless, and thereby prevented auto-intoxication. There were two principal representatives of this group that had caused a good deal of lively commotion, and had already been the cause of a good deal of literature. The first was spernum or testicular extract, and the second thyroid extract or juice. After these came pancreatic juice and nerve substance, and lately attempts at treatment had been made with nephrine and cardine. As regards spernum he had already in the year 1891 given an address on the value of the Brown-Séquard treatment of impotence, and had arrived at the conclusion that as regards the regenerating power of the remedy in old men, and its potential action in the sexually weak, there was nothing at all. His prophecy of an early death for the method of treatment was premature however, for there followed a brilliant series of further reports of wonderful successes proceeding from the Brown-Séquard method in France.

The failures in Germany Brown-Séquard explained as the resultant of the misfavour of the experimentors, &c. More than 1,200 of Brown-Séquard's pupils had employed the remedy more than 200,000 times without doing harm, and had obtained wonderful results with it in paralysis, tabes, epilepsy, neurasthenia, and even in tuberculosis, cancer, malaria, &c. How extensively the remedy was used in Germany was shown by the fact that there were then several depôts there that obtained their Séquardine from Paris and distributed it. The active principle according to its discoverer, circulated in all the tissues of the male animal. In 1886 Mattei had already published a similar report on the action of sperma. Montané pleaded for the introduction of the remedy *per oz.* It was further reported by Pliny that impotent Romans and Greeks had fed on the testicles and sperm of asses.

As regards belief of its usefulness in impotency, that had already diminished considerably. Various authors spoke of suggestive action, especially Massalongo and Féré. The latter could not prove that any benefit had ever accrued from the use of Brown-Séquard's fluid in epilepsy. He reported the case of one of his patients who suffered from relative impotence, who, in order to increase the quantity of sperma in the blood, frequently practised incomplete masturbation. This patient became gradually completely impotent. Brown-Séquard denied that he had recommended this procedure, and said that he only meant contact with young women and kissing them. With Pöhl of St. Petersburg the movement again passed into a channel worthy of consideration. It was known that sperm crystals, of which material Pöhl's sperma was composed, were nothing more than the prostatic crystals of Fürbringer, and the cause of the odour of sperma. It had been shown in recent years that spermine was by no means identical with piperazine; on the other hand, it had been determined that Schering's piperazine was completely identical with Ladenburg's æthylenimine, or diathylendiamine. As regarded the clinical achievements of Pöhl's spermine, they were identical with those of Brown-Séquard's testicular fluid, only the Russians had been a little more critical. Pöhl had asserted that spermine was a constituent of all other parts of the body, and that therefore it must act wherever the quantity of spermine in an organ was below the normal. According to Gautier, it was a leucomaine with a special function. The latest construction of Pöhl was very remarkable; he based it on the magnesium experiment. As very small quantities of spermine sufficed to oxidise the metal in large quantities, Pöhl assumed that a catalytic action took place, in spite of intra-organic oxidation. He therefore recommended the remedy in all diseases in which oxidation of the blood was deficient, such as auto-intoxication, diabetes, anæmia, cachexia, neurasthenia, &c. He claimed to have proved that the nitrogen in the urine was greater than when no spermine was taken. As to a catalytic action of the drug during life, the speaker had made experiments on which he would report later.

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Austria.

[From our own Correspondent.]

Vienna, March 23rd.

Carcinoma Œsophagi.

At the Gesellschaft, Ullmann showed a man, æt. 62, on whom he had operated for carcinoma of the œsophagus with apparent success. In order to close the fistula the stomach was slightly twisted and fastened in the wound as advised by Gersung.

Foreign Bodies.

Topolanski showed a man who got a stroke on the eye in 1872 with a piece of iron, some of the fine particles penetrating the outer coverings. One large piece of iron could be seen in the anterior chamber when the patient lowered the head, evidently having been there for twenty-two years.

Lens Removal for Myopia.

Two cases that had been operated on a few years ago were brought forward to show the utility of ophthalmic surgery.

Prof. Schreiber, at the last Heidelberg Congress, endeavoured to give a new impetus to this operation, but Topolanski thought a very strong point against the operation was the dissatisfied state of the patient ever after. In both cases the eyes were hypermetropic and saw as presbyopic with glasses. Instead of the extraction operation he thought the "discission" should be practised.

Laryngeal Tuberculosis.

Hajek gave an exhaustive description of having successfully cured a case of laryngeal tuberculosis after having removed the morbid epiglottis which he considered rarely accomplished by endo-laryngeal surgery. The patient came to the policlinic in July, 1893, after two years' treatment in various institutions for laryngeal tuberculosis. He was feeble, weak, and greatly emaciated at this time with great difficulty and pain in throat.

The laryngoscope revealed a wide area of inflammation, over-hanging epiglottis and ulceration. The ulcerative surfaces were covered with white granulation cells as usually exist in tuberculosis. The aryepiglottic folds were one mass of intumescence. After cocainising, insufflations of iodoform and morphia, &c., no relief was obtained, and Hajek was induced to perform endo-laryngeal extirpation. It was removed in two portions by means of the snare by which means the hæmorrhage was easily controlled, and the patient retained eight days in the Policlinic. The carbolic spray (one per cent.) and iron pills were the after medicaments. After his dismissal from hospital the surface was regularly bathed with an 80 per cent. of lactic acid solution till cicatrisation was complete, after five weeks. Other infiltrations were treated in a similar manner with the lactic acid. A tubercular sore took place on the left angle of the mouth, as well as a lupous eruption on the face, and was healed by the acid. It might be assumed that the ulceration in the larynx was of a lupoid character, but the circumscribed notes with the peculiar appearance and infiltration was strong presumption of tuberculosis. The operation was not of large magnitude as the epiglottis has no large trunk vessels to stem.

Krankenhaus Extension.

Again the want of space for this Institution was brought before the House of Parliament when discussing the budget, but the proposition of Menger and Beer was lost by a very small majority, who asked the privilege of Alserkaserna to the now extensive Alg. Krankenhaus. The necessity of extending the accommodation of other medical schools in the empire was discussed as well as the propriety of teaching medicine in Italian at Innsbruck.

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The Operating Theatres.

ST. MARY'S HOSPITAL.

Enlargement of a Colotomy Opening.—The case in which left inguinal colotomy had been performed some two years previously by Mr. Norton, and which by cicatrisation of the parts around the aperture had become sufficiently constricted to be a cause of obstinate constipation, was operated on by the same surgeon for enlargement of the aperture. The first operation was on account of sudden and acute obstruction of the bowels due to the presence of a large tumour in the pelvis, probably fibrous, situated on the right side of the rectum and immovably fixed. When the patient first came under observation the abdominal cavity was highly distended by the flatus, and the pulse was scarcely to be felt. Immediate operation was a necessity, and as above stated left inguinal colotomy was performed, from which the woman, æt. about 50, made an excellent recovery. The artificial anus had not been a source of much trouble to her as the fæcal escape had been prevented by the application of a plug in the shape of an infant's bottle teat supported by a pad. The present operation was performed in the following manner:—The mucous membrane was encircled by an incision which separated it from the cicatricial tissue and freely drawn up out of the wound; then the cicatrix in the line of the original operation was carefully dissected down to a depth free of all hard tissue, and the finger was then inserted to feel that the gut was no longer pressed upon. In doing this a few fibres of hardened tendon in the deeper parts were found to be largely a cause of the obstruction, and these having been cut through, the mucous membrane which had been freed at the commencement of the operation was drawn laterally and fixed in the new wound; it was found that the aperture into the gut admitted the thumb without difficulty. Mr. Norton remarked that in counteracting the constriction of such an aperture it would be, of course, impossible to carry the knife at once through the constriction and so dilate the aperture to the extent required, and that for two reasons; first, because on penetrating the mucous membrane of the gut there would certainly be danger of entering the peritoneal cavity; and secondly, such an incision would heal up to its former constriction; therefore, the only way that the aperture could be successfully dilated was the manner in which the operation had been performed.

MIDDLESEX HOSPITAL.

Ventral Hernia occurring in the Scar of an Old Operation.—Mr. **Hulke** operated on a woman, æt. 40, the subject of a ventral hernia presenting through the scar of an old abdominal operation. The hernia had become so large and troublesome that it absolutely prevented the woman from following her occupation. After cutting down and opening the sac it was found necessary to remove a considerable quantity of omentum, there were no adhesions however; the sac itself which was multilocular was cut away on a level with its wide neck; the cut peritoneal surfaces being brought together by strong deep sutures, another row of smaller sutures was put through the muscular fibres of the rectus, and finally the skin wound united after a good deal of the redundant integument had been snipped away by the scissors. Mr. Hulke remarked on the tedious length of the operation, but gave a very graphic demonstration on the blackboard of the way in which he had dealt with the sac.

Removal of Breast for Soft Rapidly Growing Scirrhus.—Mr. **Pearce Gould** operated on a very fat woman whose left breast was affected with a soft rapidly growing scirrhus. Mr. Gould's incision for the removal was vertical, and he demonstrated during the operation the ease with which he took away all the glands from the axilla without making any incision in that region, this was done by pulling the external flap outwards, the glands being freed by the finger and the knife, and being eventually taken out attached to the breast, the lymphatic attachment from them to the mamma being kept intact; the wrist of the patient was kept under her neck during the operation. The hæmorrhage which was free was entirely arrested by torsion; the wound was sewn up by the continuous suture, no drainage was employed, adhesive plaster being tightly applied over the first light dressings to keep everything in apposition.

UNIVERSITY COLLEGE HOSPITAL.

Soft Infiltrating Sarcoma growing on and around a Rib.—Mr. **Barker** operated on a man, æt. 44, who, some months ago, had received a blow on his left side from a cricket ball. He had noticed a lump in the situation of the blow for the last two or three months; there was no history of tubercular disease nor of syphilis, therefore, as Mr. Barker remarked, the swelling was probably a new growth affecting the rib; it could not be a gumma nor an abscess bursting from within; it was about the situation of the tenth rib; it might, he thought, be necessary to take away a piece of the rib. The surgeon made an incision of about six inches long following the course of the rib and going across the tumour; he dissected down by the careful use of the fingers, the knife, blunt scissors, and of the periosteal elevator; but after exploration he said he did not think he should be able to get away all the growth, as he should probably be carried through the diaphragm, the tumour having a tendency to infiltrate all parts around it. He took away the outlying lobe of the growth with comparative ease, although it was adherent to the rib. Mr. Barker remarked that what he had done was practically little more than an exploration; the growth, he pointed out, went through the ribs to the diaphragm, and if he pursued it more than he had done there would be considerable danger to the patient's life, and this risk, he thought, the surgeon was not justified in taking.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 28, 1894.

A PLEA FOR SYMPHYSIOTOMY.

THE discussion on a paper bearing this title by Dr. Harris, of Philadelphia, at the last meeting of the Obstetrical Society, an account of which we publish elsewhere, shows that this operation, which has been disinterred from oblivion within the last year or two by sundry enterprising Continental surgeons, is far from having acquired the freedom of the obstetrical world, or at any rate of that portion of it which inhabits the United Kingdom. Dr. Harris wonders why it has not "taken on," but perhaps when he reads the report of the discussion he will understand why this is the case. The most remarkable feature about the discussion was that each speaker seemed to ignore the remarks that had fallen from those who had preceded him. Dr. Lewers explained on the one hand how the erroneous impression had gained ground that not more than one inch could be gained by division of the symphysis pubis, viz., that the experiments upon which the measurements were taken were carried out on the bodies of women who had not actually died in labour. As might be expected, the amount of space thus gained differs greatly according as the subject was or was not in labour at the time of death. Yet this question of measurements was brought up again and again and dissected as minutely as if it had not already been threshed out. Symphysiotomy, we are told, is indicated in cases of moderate constriction of the pelvis, cases in which the conjugate diameter does not fall below two and three-quarter inches. Most practitioners would probably prefer to try what they could do with the forceps or turning, but however favourable to the mother, the results of either procedure in respect of the child's life are of course likely to be disastrous. Dr. Lewers said, it is true, that the operation was specially adapted for cases in which labour was advanced. By this we presume he meant after the escape of the amniotic fluid, for in the event of a very narrow conjugate the head must still be above the brim, or at most but slightly engaged. At this stage the forceps having failed, and turning no longer being available, the only alternatives, if the child's life be taken into account, are Cæsarian section and symphysiotomy. In hospital, with the requisite skill and appliances, the former gives results which compare favourably with symphysiotomy, but we doubt whether this is likely to be the case in general practice, in fact, we commonly see practitioners deliberately sacrifice the child rather than subject the mother to the risks inseparable from Cæsarian section, especially in the hands of inexperienced operators, and in order to appease any scruples about killing the fœtus, operative interference of a drastic kind is frequently postponed until it may be supposed to be dead, thereby exposing the mother to the grave dangers inseparable from an exhausting and protracted labour. There can be little doubt that symphysiotomy is not only a less dangerous operation than Cæsarian section, but is less likely to frighten the friends and the practitioner, very few of whom would be prepared to incur the grave moral responsibility of such an operation. It is as yet too early to attempt to deduce the real mortality of the operation. The proportion of fatal cases is rapidly diminishing all over the world, and the figures at present available cannot be accepted as a fair estimate of the necessary mortality following symphysiotomy, seeing that most of the operations have been performed by men whose experience of the procedure was *nil*, and who were constrained to take the published descriptions of the operation as their sole guide. If symphysiotomy does not conquer for itself a place in the obstetrical arsenal it will be mainly because when friends are called upon to decide between additional risk to the mother and safety for the child, they usually decide without hesitation in favour of the former, and few will gainsay the humanity of such a course in view of the relative social values of the two lives. There are, however, cases in which the life of the child possesses exceptional importance, and in such cases, provided the conjugate diameter is not unduly impinged upon, and provided always that the fœtus is living, symphysiotomy will be indicated. If, however, it is to be restricted to these cases its utility will be insignificant.

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THE EMEUTE OF DUBLIN STUDENTS.

The effervescence of dissatisfaction on the part of the students of the Irish College of Surgeons shows no sign of abatement, and we are sorry to say that the agitation is not being conducted on their part with that tact and calmness which we have earnestly counselled. When we last wrote, the Council of the College had agreed to meet the representatives of the students and to talk over their complaints quietly and reasonably. The conference took place on Monday the 19th, and, in the next morning's papers, an inaccurate report appeared, which wound up with the statement that a subsequent meeting of the students had been held and that a threatening notice had been agreed to, to the effect that all students should pledge themselves to resort for their summer lectures to other schools until the College shall accede to their demands. In the interest of the students themselves we say that the publication of this report and threat was one of those blunders which was worse than a crime. We are quite certain that the Council of the College never contemplated the communication to the newspapers of the conversation which took place at one of the private committees, and that it would never have invited the students to conference if it had thought that the occasion was about to be used for such purpose. Moreover, we are equally certain that if the members of the Committee had suspected that there was someone present noting down their words, they would have been much less candid and the interview much less satisfactory, and it is only natural to conclude that the course pursued by the students on this occasion will have the effect of making the Council less willing to yield to their demands, and certainly less ready to enter into friendly conference with them in future. We ought not, and do not, hold the students responsible for a large quantity of nonsense written in the newspapers by irresponsible correspondents, who seem to know as little of their subject as of the discreet method of conducting such a controversy, but we may remind them that it is unwise to make threats which the organisers are unable to carry into effect, and that it is scarcely in their power, at a moment's notice, to "boycott" the Royal College of Surgeons in Ireland. Parents who pay the lecture fees, and hospital surgeons and teachers who advise parents in such matters, will have something to say before their sons run off to a new centre of teaching; moreover, those who give utterance to this threat ought to recollect that, if they should be able to carry it into effect, they would only succeed in damaging the Professors of the Coll[illegible] School who receive the lecture fees, and who have nothing whatever to say to the subject of complaint, and would not, in the least, inconvenience the College, which does not profit to the extent of one shilling from the student's lecture fees. As we wish well to the organisation of students in Dublin and elsewhere for protection of their own interests, which have long been insufficiently regarded for want of such organisation, we do not hesitate to warn them that this method of doing business won't pay. The "skittishness" of the student has always marred such movements. If they mean to produce a lasting result they must deal with their grievances as men, not as schoolboys—must ask nothing but what is attainable, and must seek to get it, as men would, not by making noise, breaking glass, and fulminating ridiculous threats which they are powerless to enforce, but by adducing solid reasons and talking quiet sense.

As to the grievances which the students have formulated on this occasion we should say a few words. These grievances are—(*a*) That a new rule has been published by the Conjoint Examination Committee to the effect that candidates rejected in a subject may be sent back, not only for re-examination in that subject, but for a further course of study therein, which would block the student in his professional progress. As to this, we have already expressed our sympathy with the student, and the hope that the rule will not be enforced, as it is bad both in principle and in practice. It is not, however, the rule of the Colleges, nor have they any power to refuse it. It is one of those evolutions of the impractical theorists of the General Medical Council, which can be enforced with much advantage when we reside in Utopia, and it will be quite time enough for the students to cry out when the Examination Committee puts it in action. In eight years the Committee has done so only in two instances, and, though it is obliged to promulgate the rule, we have no reason to suppose that it has any intention of compelling the examiners to use it. (*b*) That the examination fees are too high. In this contention there seems to be a general agreement, but the grievance is not so bad as it looks. The difference between the Dublin diploma fee of £42 and that of Edinburgh, £26 5s., looks considerable, but when it is borne in mind that the extra £16 is spread over at least five years it can scarcely be supposed that the additional impost of £3 4s. a year has much influence in determining the ultimate destination of the Irish student. It is, however, manifest that, in any case, a change cannot be effected in a moment, as the students seem to expect, inasmuch as the College of Surgeons has to make its own mind up and then to consult its Physician partner, and it is by no means certain there will be an agreement between the partners on the matter. Supposing that such agreement were effected, the realisation of the change would take at least three months, and, even then, it would be questionable whether students who entered under the existing contract should or could be allowed to parti cipate. Nothing shows the weakness of the student's information on such subjects, and his want of discretion, more than the declaration that the College must be "boycotted" because it could not give any definite answer on such a question in time for the April examinations. (*c*) That the re-examination fee shall be reduced from three guineas to one. The answer to this demand is simple. It is wrong that the Colleges should make any profit out of re-examinations (because in that case there might be an inducement in the examiners to send the candidate back), but it is also wrong that the Colleges should lose by the idleness or misfortune of the student. Therefore the equity of the thing is that the student should pay whatever the re-examination costs. But upon this there is a complete misapprehension. It is quite a mistake to suppose that a profit has been made by the Colleges upon re-examinations taken as a whole. When the re-examination was in one subject only, the Colleges certainly made a big profit, because they had to pay only two examiners, but when the examinations covered a group of subjects we believe that the fees to the six or eight examiners employed often amounted to more than the three guineas paid by the student, and the Colleges lost by the transaction. Regarded as a penalty on ignorance, the three guineas may also not be without its uses, for it is notorious that when the re-examination fee was on the lower scale, numerous candidates were found willing to "throw a guinea at the exam." and offer themselves without preparation on the off-chance of success. The other of the students' grievances are matters of detail and need not be discussed.

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PRIMITIVE TREPHINING.

An interesting contribution on primitive trephining is published in the last number of the *Bulletin of the John Hopkins Hospital.* It deals with the Muniz Peruvian collection of specimens which was exhibited at the World's Congress of Anthropology, held in connection with the Chicago Columbian Exhibition. The collection comprises nineteen skulls, representing those which were found to have undergone trephining out of a number of 1,000 skulls collected. It is worthy of note that the specimens largely tell their own story, and about half of them indicate the manner in which the operation was performed. Three types of operation are exemplified. In the first type four linear incisions were made in the cranium in parallel pairs intersecting each other at right angles so as to form a rectangular button, the incisions being narrow, V-shaped in cross section, and gradually increasing in depth from ends to centre, thus indicating that the instrument was a pointed bit of stone or arrow-head held vertically and operated by reciprocal motion. This type of operation is rude, and the resulting traumatism is jagged, each incision extending, perhaps, half an inch beyond the button at each extremity. There is no indication of the purpose of this type in any case, and nothing to suggest that if the operation was ante-mortem the individual survived. In the second type of operation the incision was evidently made also by a rudely-pointed instrument, probably of stone, held vertically and moved reciprocally; but as cutting reached and penetrated the inner table, the area of incision was moved forward and at the same time the direction of the sawing was changed so as to produce a rudely carved cut, and, when two such incisions were made, an irregularly elliptical button. The third type of operation was performed largely or wholly by scraping in such manner as to remove the outer table and diploë, and reduce the inner table to a feather edge. It is important to mention that several of the specimens showed that the patients had not survived the operations, one of them probably for a long time after two trephinings, but apparently dying about the time of the completion of the third. There was evidence pointing to the assumption that not all the operations had been performed for the relief of surgical conditions, although several examples were exceptionally noteworthy as proving that this had been the object in view. Among the examples of the latter was a cranium showing a depressed fracture of the left temple, such as might have been produced by impact of a sling-stone or blow from a spiked club, which are known to have been the weapons used among the ancient Peruvians. In this case the patient had plainly succumbed, probably during the operation. Another specimen showed a similar fracture in the posterior part of the left parietal, and again death seems to have immediately taken place. A third specimen displays a compound fracture involving the left temporal suture; the result, however, was the same as in the previous cases. Perhaps the most interesting specimen of all was a cranium in which the ankylosis of the sutures so far progressed as to indicate an age of twenty-five or thirty years, while the development of the teeth indicated an age not exceeding twelve years. The trephine operation was of remarkable size, extending from the frontal within three-quarters of an inch of the orbital cavity across the coronal suture nearly to the centre of the parietal, its length being fully four inches, and the width averaging an inch. In this case, the only one, a silver plate was known to have been used, having been found in position over the aperture in the mummy case. The presence of the plate, its seat in the skull, showed long wear, and the absorption and reparative growth all indicated that the operation was survived. The condition of synostosis present in this prehistoric skull was very interesting, and the trephining operation performed is suggestive of the operation of craniectomy as practised in the present day. Dr. W. J. McGee, the author of this valuable paper, concludes as follows:—"On the whole, the Munz Collection, which is by far the largest and most instructive assemblage of specimens of primitive trephining thus far brought together, is of special note in that it demonstrates certain points heretofore obscure with respect to primitive trephining. The most important conclusions are: (1) that the operation was ante-mortem, since five individuals out of nineteen represented certainly, and two or three more, probably survived one or more operations; (2) hat the trephining was surgical—two provisional deductions are also indicated by the collection; (3) that the operation was used in a medical way to relieve a general pathological condition; and (4) that the operation was, as indicated by the total absence of marks of metallic instruments, anterior in date to the Spanish invasion, and thus essentially prehistoric.

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Notes on Current Topics.

The Government and the New University Scheme.

Mr. Asquith stated in the House of Commons last week that the recommendations of the Royal Commission on the Gresham University draft charter were receiving the careful attention of the Government; but the question as to whether the Government would bring in a Bill to give effect to the recommendations must depend to some extent upon the unanimity shown by the different bodies interested in accepting them. So far the opposition has been mainly displayed by the existing University, the leading members of which must be held to know best in what particulars the scheme is mostly at fault. It is of interest to note that the following resolutions will be submitted to a special meeting of Convocation on April 10th next:—(1) That Convocation protests against the withdrawal without its consent of the charter of the University of London as proposed by the Gresham Commission, and notes with satisfaction that the Commission quotes and does not dissent from the praise which the Commission of 1888 accorded to the University in respect of the manner in which it has fulfilled all the functions hitherto entrusted to it. (2) That Convocation reaffirms its desire that power should be conferred on the University to make better provision for teaching, for the advancement of learning, and for original research in London according to the schemes of 1886 and 1893 adopted by Convocation or with modifications thereof. (3) That Convocation is of opinion that the scheme recommended by the Gresham Commisson does not contain sufficiently definite proposals for increasing efficient teaching in the Metropolis, would tend to destroy the present work of the University, and would operate injuriously on higher education throughout the Empire. (4) Convocation, therefore, although it would regret the establishment of a second University in London, is of opinion that it would be less disastrous to establish such a University with a distinctive title than to carry into effect the scheme of the Gresham Commission.

Paper Handkerchiefs for Consumptives.

The amount of phthisical infection conveyed to the laundry in the clothing and linen of consumptive patients must be in the aggregate something enormous. Fortunately, no doubt, the greater number of the specific bacilli are destroyed in the process of washing. Nevertheless, there can be little doubt that infection is at times spread from the laundry. Handkerchiefs are specially liable to be charged with phthisical sputa. There can be no excuse, however, at this time of day, for sending handkerchiefs to the wash charged in this way with dangerous seeds of disease. Long ago the use of soft paper handkerchiefs, sent from Japan, was introduced to the profession. They can be procured at trifling expense, at a less cost, indeed, than that incurred for the washing of an ordinary linen handkerchief. The paper substitute can be burned when done with, and the disease germs are thus effectually disposed of. Nothing can be more distressing to the zealous sanitarian than the reckless way in which the specific poison of phthisis is scattered broadcast among our communities. Prompt and absolute disinfection or destruction of all excreta should be the rule in all cases of consumption. Before we can hope to reach such a stage of enlightenment, however, the popular mind will have to be educated up to the requisite pitch. A crusade against so terrible a scourge as consumption might well be included within the scheme of any lay newspaper boasting of an advanced social programme.

Mr. Gladstone.

The truth respecting Mr. Gladstone's eyesight has at last been made public, and the ophthalmic surgeon under whose care the ex-Premier has placed himself is Mr. Nettleship. We understand that Mr. Nettleship was recommended to the aged statesman by Sir James Paget, who is a personal friend of Mr. Gladstone's. The rumour that cataract was present in each of Mr. Gladstone's eyes is confirmed, and there consequently remains nothing more to be done than extraction of the lens from one or both eyes, in order to restore vision. Report states, however, that no operative interference will be undertaken until the lapse of six months. Probably this course has been decided on with the view of allowing the good effects of rest from the anxious cares of the leadership of his party to become more manifest in Mr. Gladstone's health.

The Coronership for North-East London.

The contest for the important post of Coroner for North-East London is proceeding apace. Since our last issue several more candidates have come forward, among whom are three or four other medical men. The salary attaching to the post is sufficiently attractive to induce capable men to come forward, and it is quite certain that whoever the candidate may be who is successful in the election, the County Council will have done its duty in selecting the best man. As, however, we have always pointed out, a medical man possessing the advantage of having been called to the bar is the one whose qualifications for such a post as that of a coroner are the best. We must, therefore, repeat the hope that the County Council will give due weight to this important point when considering the claims of the various candidates.

The Officers of the Army Medical Staff in Ireland, under the presidency of Surgeon-Colonel Maunsell, are about to entertain Surgeon-Major-General Collis at a farewell dinner in the Ancient Concert Rooms on the occasion of his retirement from the position of Principal Medical Officer for Ireland.

The Lewisham Lunacy Inquiry.

The protracted inquiry into the accusations brought by Joseph Mariano Williams, a journalist, against the Lewisham Workhouse and Asylum authorities has resulted in a report which we print in full in another part of the Medical Press. It will be seen that the charges are refuted so far as the asylum is concerned, but that irregularities are shown to have taken place in the workhouse. One will be interested to learn the upshot of this report in the case of the officials of the latter institution.

The National Lying-in Hospital, Dublin.

This Hospital, which has been practically closed during the illness and since the death of the late Professor Roe, has been re-organised and re-opened under auspicious circumstances. Dr. P. J. Barry, formerly Assistant Master of the Coombe Hospital, and Dr. Andrew Horne, formerly Assistant Physician to the Rotunda, are its chief medical officers, and, though open to patients of all religious denominations, it will be under the special patronage and administration of Archbishop Walsh and the heads of the Catholic Church.

The late Medical Officer of Bristol.

The death has been announced of Dr. David Davies, who formerly filled the post of Medical Officer of Health for Bristol. As a result of 21 years of active official work he succeeded in rendering the large and important city which he served one of the healthiest in the Kingdom. This result was in no small degree remarkable, for Bristol, in spite of many modern improvements, still retains many of the drawbacks of an ancient fortified city, with its dense population, its narrow streets, and its slum tenements. Dr. Davies was a most popular citizen, and some years since was created a Justice of the Peace. He died at the ripe age of 76. His son, Dr. D. S. Davies, has for some time ably filled the post of Medical Officer of Health for Bristol.

A New Qualification in Irish Lunacy.

The election of an Assistant at the Carlow District Asylum, in substitution for the Visiting Physician (abolished to please the Residents), was attempted a fortnight since, and proved abortive, the votes being six to six. The race resulted, in fact, in a dead-heat between the Protestant landlord party and the Catholic Nationalist party, and if either of the candidates had been the greatest psychologist of the age, and the other the greatest booby on record, we imagine the result would have been exactly the same. Our purpose in noticing the contemptible little politico-religious wrangle is to object to the theory urged on behalf of one of the candidates, that he was specially qualified in psychology because he had attended a course of lectures on the subject, and had been questioned in the subject at his examination. This is, indeed, a special qualification of homœopathic dimensions, and, so far as it goes, the candidate should have the benefit of it, but, lest the same claim should be put in hereafter for other asylum appointments, we desire to record the opinion of the profession, as we estimate it, that the only person who can advance a special claim to appointment in an asylum is the man who has seen service in an asylum, and that all other candidates are practically on equal ground. We are not willing to see a twopenny course of lectures represented as a special qualification and perhaps put forth at a future time as a good reason for ousting a specially educated asylum officer from the promotion to which he is specially entitled.

The Eighth International Ophthalmological Congress.

The date fixed for the forthcoming International Ophthalmological Congress at Edinburgh is the second week in August. It is announced that owing to the death of Professor Donders, who has presided on previous occasions, the presidency will be entrusted to Dr. Argyll Robertson. Upwards of two hundred oculists, British and foreign, have intimated their intention of taking part in the proceedings. Intending visitors are requested to communicate at once with the General Secretary, Dr. Berry. The subscription is £1, and members receive a copy of the Transactions, which will not be sold separately. Arrangements are being made for a discussion on "Intra-ocular Therapeutics." It is hardly necessary to refer to the fact that Reception and Entertainment Committees are being organised in order to afford visitors every facility for thoroughly enjoying the social hospitalities and for inspecting the objects of interest in this most ancient and hospitable capital.

The Proposed Veterinary College for Ireland.

The three Principals of the Scotch Veterinary Colleges have issued a circular to members of, and to gentlemen interested in, the veterinary profession with regard to the proposed grant of £15,000 for establishing a similar college in Ireland. The chief burden of their complaint is that their own Colleges, which have been all established and conducted by private enterprise, and which are self-supporting, should have to compete against a Government establishment in Ireland, for they point out that an Irish College endowed by the Government will probably require an annual grant hereafter to keep it on its legs. A note from Lord Rosebery anent the matter points out that the money is not from Imperial sources, and that the foundation of an Irish College was clearly contemplated in Sect. 4 of the Veterinary Surgeons Act of 1881, provision being made to affiliate it to the Royal College of Veterinary Surgeons. We suspect that a very considerable amount of the opposition to the scheme which has arisen in Scotland is due to the fear of a diminution in fees received at the Scotch Colleges from the Irish students, who at present we believe number about 30 per cent. of the total. The Principals, however, in their circular say that they have no objection to the scheme provided the Scotch Colleges are placed on the same footing as regards Government support.

The Government and the Report of the Royal Commissioners on Vaccination.

Mr. Asquith has, to use a hackneyed expression, "climbed down"—in regard to his Bill to amend the Vaccination Act. That redoubtable champion of the idiotic movement against the compulsory clause—Mr. Hopwood, Q.C.—questioned the Home Secretary on the matter in the House of Commons last week. The reply was not reassuring. Mr. Asquith said that after the experience of last session he feared it would be impossible to hope that a bill carrying out the recommendations of the Royal Commission in favour of abolishing repeated prosecutions and ceasing to regard the parents as criminals, would be treated as non-contentious. If the bill was not so treated, there was no chance of it being passed into law this session. This plain statement of fact was probably very distasteful to Mr. Hopwood and his supporters. He and they have doubtless been under the impression for some time that an adherent to their cause had been gained in Mr. Asquith. But the Home Secretary's personal feelings on the subject matter but little. It was entirely a question for the Government to solve, and the Government have decided not to have anything to do with it. This under the circumstances was a very sound conclusion at which to have arrived. There can be no doubt that the day is yet far distant when the House of Commons will stultify itself by amending the Vaccination Act, despite the recommendations contained in the Report of the Royal Commission.

Typhoid Fever at the Guards' Depot, Caterham.

We learn that typhoid fever has for some weeks been prevalent at Caterham among the men of the Guards' Recruiting Depôt. Fourteen or fifteen cases have already occurred, and other suspicious cases remain under observation. Several of the men attacked have died. According to our contemporary, the *United Service Gazette*, the water supply is regarded as being defective, and as the cause of the outbreak. The usual precautions have been adopted, and later accounts tend to show that the local epidemic is subsiding. It is to be trusted, however, that full inquiry will be made into the matter, and that the authorities will lose no time in remedying those defects, whether in the water supply or drainage, which are alleged to be present. It is somewhat hard on healthy young recruits to be consigned to a certain station, and soon afterwards to be called upon to pass through the ordeal of an attack of typhoid fever.

Dr. Lambert Ott alleges that the blood of those who work in breweries and drink nothing but beer, becomes richer in red corpuscles and poorer in white corpuscles than normal blood. When the habit of beer-drinking is suddenly stopped the person loses fat, and the blood changes to the normal corpuscle standard. Beer-drinkers are also stated to acquire an enormous bladder capacity.

The "Eastbourne Lunacy Case."

The new access of zeal displayed by the [illegible] Commissioners in prosecuting those in charge of "sing[illegible] patients" without a licence may be regarded from two very different points of view. That taken by the *Daily Chronicle* may be the natural one for the lay press, but it is not to be commended by the medical press. The *Daily Chronicle* regards it as "desirable that the Lunacy Commissioners should prosecute on the slightest pretext, as otherwise the temptation to overstep the line would be very great, and would easily drift back into some of the horrors of the old private asylums." This is mere sensational pleading, and the writer is utterly ignorant of the matter. His ignorant assumption that "climacteric mania" and temporary nervous disturbance may be bracketed as uncertifiable is delightfully refreshing. We strongly advocate the putting down of abuses; but we repeat what has been said before in our columns, that the action of the Commissioners may be pushed too far, that it should be discriminative and considerate, so that all unnecessary publicity should be avoided, and that nothing should be done to stifle the legitimate treatment of incipient insanity in private houses. So far the action of the Commissioners has not been conspicuously successful, and it is to be hoped that while exercising all diligence in their calling, they will fully recognise that there is a medical and social point of view that must not be disregarded.

Defective Drain-pipes.

A curious case was brought before a London police-court last week, involving the defective laying of some drain-pipes by a workman, and the decision of the bench is certainly not calculated to lessen the difficulties already in the way of sanitary administration. A summons was taken out against a builder and his workman for having so negligently repaired a certain drain-pipe in a dwelling-house that the same was a nuisance and injurious to health. It appeared that the sanitary inspector went to inspect some work which the owner said had been carried out according to instructions. The inspector found a broken drain-pipe, which the builder protested had been put in unknown to him by his workman. The summons against the builder was dismissed, while the workman was fined 40s. The magistrate remarked, as well he might, that the proceedings were in the nature of a novelty. One had always imagined it to be an inflexible precept of English law that the master was responsible for the deeds of the workman acting under his directions. Certainly if the sanitary authorities find they have to prosecute men of straw they will not be anxious to interfere under such unsatisfactory conditions. What could be easier for a master than to lay the blame of defective work on his workman? The latter would be mulcted, on conviction, of a small fine, which his master would immediately pay. We suggest that the juster plan would be to punish both master and servant.

Dr. Leslie Phillips, of Birmingham, who has for some time past occupied the post of Secretary to the Medical Defence Union, has resigned that position.

Eskimo Obstetrics.

The *Brooklyn Medical Journal* for March contains a most interesting communication by Dr. Cook, Surgeon to the Peary Arctic Expedition with reference to the obstetricity of the Greenlanders of the extremest north. The tribe referred to are named the Arctic Highlanders, and they live for nine months of the year in a temperature of 20 to 50 below zero. Girls are married at twelve or thirteen years of age, but do not menstruate until nineteen or twenty, and do not menstruate at all during the long arctic night, four months long in this region, and look forward to the return of sunlight and menstruation to cure all disease. A woman who proves sterile may be cast off by her husband, and pass on to another, until finally the birth of a child becomes a bond of marriage. Very few, the author states, prove sterile. When about to give birth to a child a woman is put in a stone house, or, if this be not obtainable, in a snow hut, absolutely alone. She is given food enough to last two or three weeks, and she gives herself any attention she may. The cord is cut by grinding between pieces of stone, and is tied with sinews. After the cries of the child have been heard by those outside for about a week the house is opened, and visits are received from female friends. Death is a common result of this peculiar custom. Abortions are very rare, and the victim of one is an object of ridicule. Children are nursed by the mothers for five or six years. Diseases of children are few, and mortality among children is small. A little farther south the unfortunate effects of civilisation are seen, contact with missionaries has led to better care of mothers and children, but also to the use of civilised clothing, whisky, coffee, tobacco, tea and sugar, all unsuited to Eskimo manners of life. Two-thirds of these latter people are thought to be tuberculous, while not one case was known in the northern district. An interesting peculiarity is the presence of a layer of blubber beneath the skin in all parts of the body. Pictures of animals, people, &c., shown these people were held upside down, and sketches of animals made by them were made in the same way; but those who had been among the missionaries had lost this habit. This coincides with the theory of the inverted retinal image being mentally reversed, as a result of education. Syphilis is unknown among those who have had no contact with white people, but universal among the others. Sexual intercourse seemed only to take place during the period of sunlight, as at the approach of night the people lost strength, and became chloroanæmic, and the slightest exertion of any kind was fatiguing. This exhaustion in the absence of sunlight was felt by the exploring party also, and led to a condition of great depression.

A Workhouse Scandal.

For some time past the condition of things existing at Newton Abbot Workhouse (Devonshire) has been indignantly commented on at the meetings of the Board of Guardians for the district, and certain members of the Board have again and again insisted on the necessity of a searching inquiry into the irregularities which have been alleged to exist. Hitherto, however, attempts in this direction have met with only partial success; and the continued existence of the abuses complained of has at length led to a full exposure of the whole circumstances of the case by one of the guardians, who has been compelled to take this course in consequence of the failure of his efforts to obtain the necessary reforms by less public means. The whole question came under discussion at the last weekly meeting of the Board, when Dr. Ley, one of the members, read a lengthy communication dealing with the irregularities of the workhouse administration which formed the basis of his complaint. This mainly consisted of a statement, made on oath before a magistrate, by a nurse who had been engaged during the preceding three months in the wards of the workhouse, and whose revelations concerning the manner in which the affairs of that institution have been administered are of the most startling character. If these charges are true, a reckless disregard must have been paid to even the most elementary laws of cleanliness, for it is affirmed that the women coming into the union were sent into the wards unbathed, and commonly remained for a week without any change of the filthy clothing in which they arrived. One of the inmates, who had been resident in the house for twenty-eight years, had, the report stated, never once been bathed throughout all that time; and the most favoured paupers in this connection enjoyed the luxury of a wash only at intervals of two or three weeks. It is not surprising to learn that, as a result of this neglect of the commonest rules of hygiene, the evidences of filth were abundantly present in the shape of lice and other abominations on the bodies of the workhouse inmates; so universal, indeed, were the live attendants on the uncleanly surroundings that even the nurse herself found it impossible to keep her person and clothing entirely free of the loathsome pests. The report contains other charges of gross mismangement on the part of the workhouse officials, and also of certain acts of oppressive cruelty in the treatment of some of the sick inmates which are probably the outcome of the lax discipline that alone could permit of such occurrences as have been described. Poor-law administration is unquestionably surrounded by many difficulties and demands on the part of those who are entrusted with the executive work in connection with it—carefulness, tact, and unwearying devotion to duty; in the absence of these it is altogether impossible that satisfactory results can be achieved; and where they are wanting abuses will necessarily arise, with the direst consequences to the public welfare. It is satisfactory to know that the state of affairs at Newton Abbot will be now completely investigated, the guardians at the meeting referred to having decided to ask for a Local Government Board inquiry into the whole of the circumstances; and it may be hoped that a wholesome effect will be produced by the thoroughness with which the matter will be threshed out, not alone in the immediate district concerned, but wherever there may be any occasion to suppose that improvement in administration would tend to greater advantages.

"Penny-in-the-slot" Eyeglasses.

The craze for automatic machines shows no sign of abatement, and every now and then one is greeted with some novel application of the "penny-in-the-slot" principle. To the scientific observer there is no more curious machine than that which professes to test the sight automatically. That it is possible to roughly approximate the degree of hypermetropia or of myopia may perhaps be admitted, but it is decidedly open to question whether the adjustment of lenses should be settled by anything but accuracy. It is generally held by ophthalmic surgeons that the reading of the test types constitutes nothing more than a rough and ready method of testing errors of refraction. Nothing short of the ophthalmic mirror by a skilled retinoscopist can determine with exactitude either simple or compound ocular variations from the normal. If these propositions be established, then the use of a simply mechanical means of testing the sight will obviously be fallacious. Yet a well-known automatic sight-testing company has lately circularised the ophthalmic surgeons, inviting their co-operation and patronage. Scientific men, for the reasons above stated, cannot be expected to sanction any such claims on behalf of a business corporation. The correction of errors of refraction, we repeat, is a hightly skilled and difficult technical process, requiring not only special individual aptitude, but long practice for its acquisition. The attempt to substitute a machine worked by a penny-in-the-slot runs counter to modern ophthalmic teaching, and reduces the whole matter to the level of an absurdity.

The Irish Poor-law Superannuation Bill.

The completed memorials with reference to this Bill, which have been organised by the Irish Medical Association, to be presented by their medical constituents to all Irish Members of Parliament will go out to the local organisers throughout Ireland in the course of the ensuing week. Let us hope that not a moment will be lost in presenting them, in a proper influential way, to the M.P.'s concerned. If as much time is spent in doing this as has gone to waste in the Herculean task of dragging signatures out of the Poor-law Medical Officers (whose special interest it is to work this movement) we apprehend that the medical influence of Ireland will begin to take effect about next year. Two and three letters have been, in some cases, required to be addressed by the Association to local organisers before an answer could be got out of them, and many hundreds of reminders have been sent out to the Poor-law Medical Officers who have not even thought it worth their while to scratch their sign manual on a slip of paper and send it for attachment to the memorial. In some cases the County Councillors themselves, to whom was entrusted the duty of working up the movement in their own districts, would not take the trouble of answering a letter, and it has been necessary to take the matter out of their hands and to ask an outsider to do the work. The less we say in public about this sort of thing the better for the cause, but it will be readily understood that these facts are very disheartening to those who are, shall we say, wasting their time for the advantage of people who seem incapable of any effort save illimitable grumbling.

The International Congress at Rome.

By the time the Medical Press is in the hands of its readers, members of the Congress who intend taking part in this gathering will have arrived in the "eternal city" from all parts of the world. To-day (Wednesday) a formal reception of members will be held in the Exhibition Palace. To-morrow the inauguration will take place in the presence of the King and Queen of Italy. Upwards of 7,000 applications to attend the Congress have been received, which already exceed those of the last Congress, which was held at Berlin. Our Special Correspondent will furnish us next week with such details as will, we hope, interest readers unable to be present. We have also promises of several important papers to be read in the Sections, which will appear in our columns in due course. Meanwhile, a brief note informs us that among the distinguished personages who have already arrived in Rome are Sir Spencer Wells, Sir William Stokes, Professor A. Simpson and Professor M. Foster, who will represent Great Britain officially. Virchow, of Berlin, arrived on Saturday, and was made the object of the most cordial respect when he presented himself at the Bureau of the Medical Congress, where a number of Italian and foreign doctors were assembled. Two Japanese physicians arrived on Saturday.

Medical Etiquette in the Isle of Thanet.

By a mere chance a strange advertisement has fallen under our notice. It is on a baker's paper flour-bag, and runs as follows:—

> "Montague House,
> East Cliffe, Ramsgate.
>
> Dear Sir,—I am obliged for the sample of triticumina bread (an old friend of mine), which I shall have much pleasure in recommending; it is most palatable, nutritious, especially suited for many invalids.
>
> Yours truly,
> Channing Pearce, M.D.
>
> BRYANT & CO.
> Dinners from 1s.; teas from 6d."

We are of opinion that as a specimen of English composition the advertisement is scarcely worthy of an "M.D.," but we would like to know if the "puff" is for the baker or the doctor. We would like to know, moreover, what the profession at large in Ramsgate think of this new departure. So far as the maker of the "puff" is concerned, we would venture to ask two questions:—1st. Why did he stoop to write a trade testimonial? 2nd. And if not with a view to publication on the baker's bag (or barrow), why did he sign "M.D." after his name? We notice that on the same side of the flour-bag is the following legend:—"Families waited on; schools and large consumers liberally served." Does this refer to the baker or the doctor?

An eminent surgeon passed away on Easter Sunday in the person of Prof. Henry Smith, F.R.C.S. Deceased had been connected with King's College, and King's College Hospital, London, for the best part of half a century, and at the time of his death held the posts of Emeritus Professor of Surgery and Consulting Surgeon to those institutions. He had also received the honorary distinctions of the Presidency of the Medical Society of London, Lettsomian Lecturer and Orator; whilst his essays and papers on surgical subjects were much read and appreciated. Deceased had reached the age of seventy.

The Governors of the Irish Catholic University Medical School met the week before last and appointed Mr. M'Ardle, of St. Vincent's Hospital, to be Assistant to the Professor of Surgery, Mr. Hayes. It is understood that he will have special charge of the operative part of the teaching. Mr. Fagan and Mr. Dempsey were also appointed Demonstrators of Anatomy.

Dr. Woods, of the Richmond Hospital, Dublin, has announced a course of Post-Graduate Lectures in Electricity as applied to Medicine and Surgery, to be given in the hospital on Wednesdays and Saturdays during the summer session. Dr. Woods holds a First Gold Medal in Experimental Physics from the University.

Dr. Reginald Dudfield, M.A., M.B., Trinity College, Cambridge, D.P.H., Medical Officer of Health for the Borough of Eastbourne, has been appointed Medical Officer of Health for the Borough of Paddington, in the room of Dr. Stevenson, resigned.

We understand that Mr. Hy. Harden, whose philanthropy is well known, has given to the authorities of the Dental Hospital of London a special donation of £500 towards the sum required for the rebuilding of the Hospital, to which we referred last week.

The Annual General Congress of the British Dental Association will be held in the College of Medicine, Newcastle-on-Tyne, to-morrow and two following days. The President-elect is Mr. Chas. S. Tomes, M.R.C.S., F.R.S.

The Royal College of Physicians of London has decided upon a portrait of its late distinguished President, Sir Andrew Clark, and Mr. Lehmann has been commissioned to paint the same.

The late Dr. Roderick MacDonald has left upwards of £18,000 in the hands of trustees for the benefit of six London Hospitals. The deceased's estate amounted in all to about £28,000.

Dr. Ed. F. Trevelyan, B.Sc. and M.D.Lond., has been appointed Professor of Pathology in the Medical Department of the Yorkshire College of Medicine.

Dr. Russell Reynolds was last week unanimously re-elected President of the Royal College of Physicians of London.

Dr. Byrne Power has been reappointed Medical Officer of Health for Kingstown until the last day of December next.

Dr. E. Symes Thompson will commence the course of Gresham Lectures on April 3rd at 6 p.m., the subject being "Nerve Disorders."

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Scotland.

[FROM OUR OWN CORRESPONDENTS.]

The Medical Practitioner of the Future.—In concluding the winter course of lectures on Physiology at Anderson's Medical College on the 22nd inst., Prof. Campbell Black in the course of his remarks said:—"By the time you are as long in the medical profession as I have been, you will doubtless witness the extinction of the 'general practitioner' and the universal reign of the specialist. I admit that in the midst of the enormous multiplicity of details in physiology, pathology, and therapeutics, specialism is to a large extent a necessity; but precocious specialism circumscribes the mental vision and narrows the understanding. What would be thought of a young gentleman admitted to the Bar to-day sitting up in the capacity of a Judge to-morrow? After a large experience of practice I can see no objection—quite the contrary—to a man limiting his time and circumscribing his attention to the class of diseases with which it has been his lot to come most in contact, and towards which from various circumstances he has, so to speak, drifted At present the Æsculapian acolyte presumes to unravel to the gazing and admiring multitude the mysteries of disease and therapeutics exclusively through the particular little orifice of which he is self-constituted guardian angel and protector."

St. Mungo's College.—The closing meeting of the Medical Faculty in St. Mungo's College took place on the 22nd inst. Mr. Hugh Brown, Chairman of the Royal Infirmary Managers, occupied the chair. After the distribution of the medals and certificates, the Chairman briefly addressed the students. The session just closed, he said, had been very satisfactory in all respects. Whereas in most medical schools the number of students during last session was smaller than formerly, in the St. Mungo's School there had been an increase, the numbers being 85 as against 75 for the former session. St. Mungo's College was a young institution, but it was a very healthy one, and he thought he was only giving expression to a reasonable expectation when he said that the day was not far distant when it would occupy a much more prominent position as a medical school than it did at the present time. He did not know that it would ever occupy a better position as far as the teaching staff went. He regretted, and the regret too of the managers and patrons of St. Mungo's College was that so much time and so much ability was so ill-requited, so far as the pecuniary aspect of the condition of the teaching staff was concerned. The managers hoped that before very long that state of matters would be rectified, and he hoped the public would see the necessity of acting in a just way to the institution. The St. Mungo's College had many advantages to offer to her students, who reaped the benefit of its connection with the greatest infirmary but one in Scotland, and he also hoped that the students would continue to increase in future sessions as in the session just closed.

Munificent Bequest to Glasgow Technical College.—Some time ago the Governors of the Glasgow and West of Scotland Technical College made application to the Bellahouston Bequest Trustees for a grant of £125,000. Their request has just been met with the gift of upwards of £20,000, although the exact sum is not yet officially revealed. This magnificent bequest will be as cordially welcomed as it has been earnestly required.

Alleged Negligence by a Doctor.—Dr. C. J. Allan, of Lasswade, was last week mulcted of £50 at a jury trial because of alleged negligence or unskilfulness on his part in his attendance upon a labourer for a broken leg. Dr. Allan asserted that he attended the pursuer gratuitously in an emergency, that his advice was not followed, and that he understood the pursuer had become an infirmary patient. The jury unanimously awarded the pursuer £50 out of the £500 claimed.

A new Maternity Hospital in connection with the Aberdeen Dispensary was opened last week by Sir William Henderson.

An Extraordinary Tumour.—At the seventeenth annual meeting of the Glasgow Hospital for Diseases of Women, held last week, it was mentioned in the medical report that there was at that moment a patient in the hospital who had suffered from the largest tumour which had ever been successfully removed in any hospital. The tumour had been removed by Dr. Bell, and weighed more than half as much as the woman's whole body, and to-day she was perfectly well and cheerful.

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• Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

WHAT CONSTITUTES UNSOUNDNESS OF MIND?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The importance of the late trial, "The Commissioners in Lunacy *v.* Sherrard," cannot, I think be overrated, and it opens up questions of the gravest importance to the public at large, as well as to the profession.

The question raised was, practically, should cases of "climateric mania" be certified as persons of "*unsound mind*," and only be admissible to an asylum or a house licensed for the reception of lunatics. Had the jury decided that such was the law, it is difficult to realise what would have been the consequences, as there are undoubtedly a large number of women suffering from this form of disease who are now treated without in any way being certified as being of unsound mind, a very large percentage of whom recover completely.

It is equally true that many women thus suffering are certified as insane and are placed in asylums. Now, had the Commissioners obtained a verdict in the above-named trial, then women must in the future, suffering from climateric mania, be certified as being of unsound mind and be branded as insane. Not only would this have affected the unfortunate women themselves, but also their families, as there would always be the stigma attaching to them that there was insanity in their family, when in reality the disease would have been purely functional and in the majority of cases curable. There is no doubt that these cases require the utmost care and attention, and during certain periods have to be attended to very closely, and here it is that the hardships of the law, as it at present stands, is most felt, for if women suffering in this way are not sufficiently well off to afford to have proper attendance at home, or to be placed into a home under the care of some medical man, then the only place available is the asylum, to gain admittance into which she must be certified as being of unsound mind. Thus there is established one law for the rich and another for the poor, which is manifestly wrong.

To remedy this state of affairs, it appears to me that there should be homes or hospitals established into which patients suffering from temporary mania might be placed for treatment without being certified, or there might be wings attached to existing asylums with the same object.

If after a given time these patients do not recover, and undoubted signs of insanity develope themselves, then, and not till then, let a certificate of unsoundness of mind be granted, and the patient removed to an asylum or a house licensed for the reception of the insane.

It would be interesting to know how many persons suffering from temporary aberration of mind, who have been placed into asylums, have actually become insane from contact with hopelessly insane people, as compared to those treated in homes, or at home under proper care and supervision, not having been in contact with actual insane people.

The importance of this subject is so vast that I trust no apology is due for bringing it under the notice of the profession with the hopes of eliciting the views of the general physician, the psychologist, and the gynæcologist.

I am, Sir, yours, &c.,

Fredk. Bowreman Jessett, F.R.C.S.

1 Buckingham Palace Mansions, S.W.

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REPORT ON THE LEWISHAM LUNACY CHARGES

"Local Government Board, Whitehall,
"S.W., 20th March, 1894.

"Sir,—I am directed by the Local Government Board to state that they have had under their careful consideration the Report made by their Inspector, Dr. Downes, upon the official inquiry recently held by him with reference to the case of Joseph Mariano Williams, who was admitted into the Workhouse of the Lewisham Union in October last, together with the evidence of the several witnesses who were examined at the inquiry.

"With respect to the charge preferred against the Medical Officers of the Workhouse in connection with the removal of Williams to the Asylum, the Board are of opinion that the Medical Officers proceeded in good faith, and with due care and professional discretion, in arriving at the conclusion that Williams was of unsound mind, and had suicidal tendencies; and that, this being the case, it was their duty to take the necessary steps for his removal to the Asylum as early as possible.

"As regards the statements which have been made by Williams, the Board cannot but consider that generally they have been marked by much exaggeration, and that many of the allegations as to the incidents in the Lunatic Ward and otherwise are without adequate foundation.

"There are, however, several matters to which it is necessary that the Board should refer.

"In the first place, it appears to the Board that remarks were made in the presence of Williams, after his admission to the Workhouse, by H. Parker, the Superintendent of the Casual Wards; by W A. Cornes, the male attendant, and also by the Master of the Workhouse, which were indiscreet and improper, and the conduct of these several officers in this respect, and especially of the Master, having regard to his position at the Workhouse, is reprehensible.

"The Board also find that on the day of the admission of Williams there was a delay in his being provided with the special diet which the Medical Officer regarded as appropriate in his case, instead of the ordinary diet, and that no satisfactory explanation has been furnished of this delay. They also find that proper entries as to the case were not made in the medical relief book.

"It appears, further, that Williams was allowed to remain in the Receiving Ward until about 4.50 p.m. without the continued supervision by a paid officer, which, having regard to the conclusion arrived at by the Medical Officer as to his mental condition, it was desirable should be provided.

"As regards the Lunatic Ward in which Williams was placed, the Board direct me to state that they are satisfied that Fox was not a raving, insane man, as has been alleged, at the time when Williams was in the ward, but was already lying in a state of coma. He appears, however, to have been subject to convulsive seizures, which would doubtless cause some commotion in the ward, and it is to be regretted that the want of adequate accommodation, pending the completion of the new infirmary, rendered it necessary that Williams should be placed in the same ward as Fox.

"As regards the actual removal of Williams to the Asylum, the Board find that he was removed in a closed carriage, on a fine and fairly warm day, and that there is no ground of complaint as to the mode in which the removal was carried out.

"The Board request that their decision on the several matters referred to may be communicated by the Guardians to the Officers concerned.

"I am, Sir, your obedient servant,
"W. E. Knollys, Asst. Sec.

"H. C. Mott, Esq., Clerk to the Guardians
of the Lewisham Union."

Literature.

THE DISEASE OF INEBRIETY. (a)

This volume is really meant to be an abstract of the 5,000 odd pages of the *American Journal of Inebriety* and of the "Transactions," 1870-6, of the Association, of which the journal has been since 1877 the official organ. Dr. Crowthers (Hon. Sec.) and the Publication Committee were entrusted with the task of selection and compilation.

The book is divided into chapters arranged on the plan of Dr. Kerr's standard volume on "Inebriety," but unlike his work this before us is absolute devoid of reference to the authors from whose writings the information is drawn. This is a serious fault, full references are always of value in a debatable subject, and when the writings were gathered together in Transactions reference would have been easy. The present plan of ignoring the individual observers and merely giving a summary of ideas on each subject is unfair to the workers, and lessens the value of the present volume and of the Transactions. Of the present volume, as it represents Dr. Crowthers' view of the views set forth by others and no possibility of check is afforded; of the Transactions because full references would have made this volume a key to the Transactions and rendered them easy to study.

There is a meagre index of four pages.

Direct Alcoholic Heredity is considered common. This is a good example of the need of references to enable us to see on what grounds this assumption is built, and to see whether it is put forward in the later papers. Without accepting Weismann's theory of descent in its fullest development, there is no doubt that the present tendency is to look upon alcoholic heredity as mainly, if not altogether, indirect. A lower state of the system caused by alcoholic indulgence will cause general lowering of vitality of germ cells as well as of the structural cells, and so the offspring will be weak and inclined for nerve or other failure; the temptation to alcoholic excess being a condition of environment that is frequently the cause of failure, but this is very different from direct heredity, and much more hopeful, as changing the environment may neutralise the evil.

In addition to alcoholic inebriety, those forms caused by opium, ether, cocaine, chloroform, eau de Cologne, arsenic, and ginger are considered, as well as the effects of tea, coffee, and tobacco. In future additions references and a fuller index should be added.

RIDGE'S ALCOHOL AND PUBLIC HEALTH. (b)

This is a second edition of Dr. Ridge's handbook, which was first published in 1892. It contains in a concise form a great deal of information on the exact action of alcohol, and probably in no other book is so much told of the exact action of small doses. Dr. Ridge has tried numerous experiments; one, that of growing geraniums watered with plain water and with 1 per cent. alcohol solution, has been much criticised, but Dr. Ridge does not claim to have proved that, because alcohol injuriously affects growing plants, it must also be injurious to animals, but that the effect on plants is a strong confirmation of what is proved to be the effect on animals.

The chapter on the physiological action of alcohol is the most valuable. Dr. Ridge extended the observations of Kræpelin to all the special senses, and found in every case lessened, and not increased, power. In other words, alcohol, from the first, was narcotic and not stimulant.

The perusal of Dr. Ridge's thoughtful *brochure* will make many medical men more selective in the cases in which they prescribe alcohol.

MARTIN'S DIPHTHERIA. (a)

After a short account of diphtheria and the views concerning it held by various writers, the author divides the disease into five stages:—(1) Incubation; (2) Prior to Exudation; (3) Exudation; (4) Formation of False Membrane; (5) Convalescence or the Reverse. The second stage is known by the dusky red hue and granular surface of tonsils, pharynx, soft palate, severally or altogether. The author claims that his treatment if applied in the second stage will prevent exudation, and that in the third and fourth stages it will still cure. The internal treatment presents no new features except the wise recommendation not to fly too rapidly to brandy. Iron and chlorate of potash, or, if seen early, diaphoretics are recommended. The local treatment is what the author chiefly relies on, and what he claims as curative. It is frequent insufflations with sulphite of magnesium, this the author claims will prevent exudation, keep exudation from turning into membrane, and dissolve membrane. Five illustrative cases are given, and the author says they are only a few out of many. We hope others will find this treatment, which, at any rate, is easily tried, efficacious.

Medical News.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 33, Bombay 36, Madras 40, Paris 25, Brussels 21, Amsterdam 17, Rotterdam 23, The Hague 17, Copenhagen 20, Stockholm 15, Christiania 22, St. Petersburg 27, Moscow 32, Berlin 17, Hamburg —, Dresden —, Breslau 28, Munich 22, Vienna 31, Prague 30, Buda-Pesth 21, Trieste 40, Rome 26, Turin 27, Venice 32, Cairo 50, Alexandria 42, New York 22, Brooklyn 19, Philadelphia 22, New Orleans 24.

Vital Statistics.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 19·2 per 1,000 of their aggregate population, which is estimated at 10,458,442 persons in the middle of this year, and were—Birkenhead 18, Birmingham 19, Blackburn 19, Bolton 16, Bradford 18, Brighton 13, Bristol 20, Burnley 24, Cardiff 14, Croydon 12, Derby 20, Dublin 25, Edinburgh 19, Gateshead 22, Glasgow 23, Halifax 15, Huddersfield 14, Hull 18, Leeds 18, Leicester 16, Liverpool 25, London 19, Manchester 21, Newcastle-on-Tyne 12, Norwich 14, Nottingham 16, Oldham 21, Plymouth 19, Portsmouth 18, Preston 20, Salford 24, Sheffield 18, Sunderland 17, Swansea 21, West Ham 18, Wolverhampton 20. The highest annual death-rates were—From measles, 2·0 in Birkenhead; from scarlet fever, 1·6 in Burnley; from whooping-cough, 1·2 in Plymouth; from fever, 1·1 in Liverpool; and from diarrhœa, 1·1 in Derby. The 79 deaths from diphtheria included 52 in London, 6 in Glasgow, 3 in Manchester, and 2 each in Edinburgh, West Ham, Birmingham, and Sheffield. Eight deaths from small-pox were registered in Birmingham, 3 in London, 2 in Edinburgh, 2 in West Ham, and one each in Glasgow, Cardiff, and Oldham, but not one in any other of the towns.

(a) "The Disease of Inebriety from Alcohol, Opium, and Other Narcotic Drugs, its Etiology, Pathology, Treatment, and Medico-legal Relations." Arranged and Compiled by the American Association for the Study and Cure of Inebriety. Bristol: John Wright and Co. Pp 394.

(b) "Alcohol and Public Health.' By J. James Ridge, M.D. Second Edition. London: H. K. Lewis. 1893. Pp. 91.

(a) "A Practical Treatise on Diphtheria and its Successful Treatment." By Brownlow R. Martin, M.B. London; Baillière, Tindall, and Cox. 1894. Pp. 32.

Notices to Correspondents. Short Letters, &c.

THE OATHS ACT.

In our issue of the 7th inst. we published "The Law Regarding Oaths," at the same time offering to supply our readers with a copy for their pocket-books without charge. We beg to notify that these have now been nearly all applied for, and that a few copies only remain, for which immediate application must be made, accompanied with a halfpenny stamp to cover the postage.

Mr. Vander.—Amsterdam is not as a whole an unhealthy city. Fever is not endemic there, and the rates of mortality will compare favourably with most other large cities. Your doubts as to the correctness of the information given you are well founded.

LETTERS TO THE EDITOR.

In consequence of intervening holidays the following letters were received too late for attention in the present number:—

A Gynæcological Question Relating to the Hymen. By J. Hamilton, M.D.

A Problem: the English Death-rate from Hydrophobia. By Dubious, M.D.

Vivisection and Progress. By Ed Haughton, M.D.

The Contagious Diseases Act in India. By Ramden (Brahman).

Medical Orthoëpy. By P. Z. Herbert, M.D.

QUACK MEDICINES.

First Quack—Here is a letter it would not do for us to publish. A man writes: "I have just taken my first bottle of your medicine and I—"

Second Quack—Well?

First Quack—Then it breaks off short and is signed in another handwriting, "See executor."—*Dominion Medical.*

A Fellow.—A new edition of the work is announced as "now ready," but we understand it has not yet appeared.

A Provincial Surgeon.—1. Everything depends on the nature of the arrangement, if it were verbal it cannot be enforced, if in writing, it can. 2. We should advise you not to press this point.

Mr. Sydney Stephenson's article on the "Spread of Ophthalmia by Washing Utensils" is marked for early insertion.

Studens.—Œnanthol or œnanthyl is the hypothetical radicle of œnanthylic acid and its derivatives. We are not surprised that you should have failed to answer this question. The same name is sometimes given, but inappropriately to heptyl. The varieties are almost innumerable; the principal ones are: œnanthylic ether, chloride, hydride, acid aldehyde, and anhydride. Œnology expresses the science of that branch of wine which deals with its nature, qualities, and varieties.

THE JENNER RELICS.

To the Editor of The Medical Press and Circular.

Sir,—The collection of Jenner relics, which has been removed from the Bristol Exhibition, will be on view at the First Avenue Hotel, Holborn, London, on and after March 26th.

It is intended to offer the collection to the Royal College of Surgeons, England, and a subscription list will be placed upon the table where the collection is shown, and in which visitors are requested to write their names and subscriptions.

There are several very poor relatives of the Jenner family still living, and it is proposed to divide a portion of the subscriptions to relieve them.

I am, Sir, yours, &c.,
Frederick Mockler.

Meetings of Societies, Lectures, &c.

WEDNESDAY, MARCH 28TH.

West London Hospital (Hammersmith).—At 5 p.m., Mr. Cheatle: Bacteriology of Wounds and Antiseptics. (Post-Graduate Course.)

FRIDAY, MARCH 30TH.

Clinical Society of London.—At 8.30 p.m., Mr. Christopher Heath: Two cases of Rectangular Ankylosis of the Hip-joint treated by Operation.—Mr. G. R. Turner: A case of Aneurysm by Anastomosis.—Mr. Hurry Fenwick: Resection of Part of the Left Lower Lateral Wall of the Bladder for Recurrent Epithelioma.—Mr. Battle: A case of Traumatic Rupture of the Bile Duct.—Mr. Arbuthnot Lane: Large Stones in the Common Bile Duct producing Complete Obstruction; Fæcal Material in the Duct; Operation; Recovery.

MONDAY, APRIL 2ND.

Odontological Society of Great Britain.—Adjourned Discussion on Root-Filling.

THURSDAY, APRIL 5TH.

Harveian Society.—At 8.30 p.m., Clinical Evening.

Vacancies.

Bedford General Infirmary and Fever Hospital.—House Surgeon. Salary £100 per annum, with apartments, board, lodging and washing. Applications and testimonials to the Secretary on or before April 10th.

Carnarvonshire and Anglesey Infirmary.—House Surgeon. Salary £70 per annum, with board and lodging. Applications and testimonials to the Secretary on or before April 7th

City of London Hospital for Diseases of the Chest, Victoria Park, E.—Pathologist. Salary 100 guineas per annum. Applications and testimonials to the Secretary on or before April 12th.

Leith Hospital.—House Physician, House Surgeon, and Surgeon. Salary £50 per annum each. Applications and testimonials to the Secretary on or before April 4th.

Morpeth Dispensary.—House Surgeon. Salary £120 per annum, with furnished house, &c. Applications and testimonials to the Hon. Secretary on or before April 4th.

National Hospital for the Paralysed and Epileptic (Albany Memorial), Queen Square, Bloomsbury.—House Physician. Salary £100 per annum, with board and apartments. Applications and testimonials to the Secretary on or before March 31st.

Royal Hants County Hospital, Winchester.—House Surgeon. Salary £100 per annum, with board and lodging. Applications and testimonials to the Secretary on or before April 11th.

Sheffield School of Medicine.—Tutor. Salary £125 per annum. Applications to the Secretary on or before April 2nd.

University College, Bristol.—Medical Tutor. Salary £125 per annum. Applications and testimonials to the Dean on or before April 4th.

Warminster Local Board.—Medical Officer. Salary 30 guineas per annum. Applications and testimonials to the Clerk on or before March 31st.

Appointments

Baine, L. A., M.D., B.S.Durh., D.P.H., Assistant Medical Officer to the Monsall Fever Hospital, Manchester.

Dalby, J. L., M.R.C.S., L.R.C.P., Senior House Surgeon to the East Suffolk Hospital.

Davies, R. T. E., L.R.C.P., L.M.Ed., M.R.C.S., Medical Officer for the New Tredegar Sanitary District of the Bedwellty Union.

Dempsey, M. S. P., M.D., B.Ch.Dub., Demonstrator of Anatomy to the Catholic University School of Medicine, Dublin.

Fagan, P. J., L.R.C.P., L.M., L.R.C.S.I., Demonstrator of Anatomy to the Catholic University School of Medicine. Dublin.

Hammond, W., L.R.C.P., L.M.Ed., M.R.C.S., Medical Officer of Health for the Sixth Sanitary District of the Liskeard Union.

McArdle, J. S., L.R.C.P., L.M., F.R.C.S., Assistant to Professor of Operative Surgery, Catholic University School of Medicine, Dublin.

Murphy, D., M.B., B.Ch., Resident Physician to the Cork Fever Hospital.

Power, S. B., M.R.C.P., L.M., L.R.C.S.I., Port Medical Officer for Kingsdown.

Purvis, W. P., L.R.C.P.Lond., B.Sc., M.R.C.S., House Surgeon to the Royal South Hants Infirmary.

Smith, F. P., L.R.C.S.I. & P.I., House Surgeon to the National Eye and Ear Infirmary, Dublin.

Star, P., M.R.C.S.Eng., L.R.C.P.Lond., Senior House Surgeon to the Clayton Hospital and Wakefield General Dispensary.

Stephen, J., M.D., C.M.Aberd., Deputy Medical Officer for the Burgh of Peterhead.

Waddy, F. H., M.B., C.M.Glasg., Non-resident House Surgeon to the Brighton, Hove, and Sussex Throat and Ear Hospital.

Ware, H. S., B.A., M.B., B.S.Camb., Resident Medical Officer to the City of London Hospital for Diseases of the Chest.

Westmacott, F. H., L.R.C.P.Lond., M.R.C.S., Resident Medical Officer to the Barnes Convalescent Home of the Manchester Royal Infirmary.

Williams, A. F., L.R.C.P.Lond., M.R.C.S., District Medical Officer and Public Vaccinator for the Parish of Wandsworth.

Births.

Barnardo.—March 25th, at Ardmore, Buckhurst Hill, the wife of Thos. J. Barnardo, F.R.C.S.E., of a daughter.

Benson.—March 18th, at Grosmont, Pontsilas, R.S.O., the wife H. P. D'Arcy Benson, M.B., Ch.M.Edin., of a son.

Cadell.—March 18th, at Clare House, Tiverton, the wife of Nevil P. Cadell, L.R.C.P., &c., of a son.

Ferguson.—March 17th, at 25 Rutland Street, Edinburgh, the wife of James Haig Ferguson, M.D., F.R.C.P.E., of a daughter.

Hopkins.—March 19th, at 5 Picton Place, Swansea, the wife of G. Herbert Hopkins, F.R.C.S.Eng., &c., of a son.

Mackay.—March 23rd, at 7 Hallgate, Doncaster, the wife of P. R. Mackay, M.R.C.S., L.R.C.P., of a son.

Pincott.—March 22nd, at 1 Calverley Parade, Tunbridge Wells, the wife of J. C. Pincott, M.R.C.S.E., L.R.C.P., of a daughter.

Price.—March 22nd, at Park View, Carshalton, Surrey, the wife of Arthur G. Price, B.A., M.B., of a son.

Marriages.

Adam—Ness.—March 20th, at St. John's Wood Presbyterian Church, John Adam, M.D., eldest son of Æneas Adam, J.P., Humberston, Ross-shire, to Annie, the fourth daughter of the late James S. Ness, J.P., of London.

McKenna—O'Neill.—At St. Joseph's, Carrickmacross, by the Very Rev. Dean Birmingham, D.D.P.P., Vicar Capitular, P. McKenna, M.B., M.Ch., R.U.I., &c., to Maggie, daughter of the late James O'Neill, Esq., Carrickmacross.

Deaths.

Clarke.—March 20th, at Fairy Cottage, Rostell, Yorks., William Barnard Clarke, M.D., formerly of Ipswich, aged 87.

Macfarlane.—March 17th, at 73 Tollington Park, London, N., William Macfarlane, M.D., aged 65.

Richards.—March 15th, at 361 Moseley Road, Birmingham, from acute pneumonia, William Richards, M.D.Edin., aged [illegible].

Smith.—On Easter-day, at Horsell, Henry Smith, F.R.C.S., of Wimpole Street, London, Emeritus Professor of Surgery at King's College, and Consulting Surgeon to King's College Hospital, aged 70.

Webb.—March 14th, of typhoid fever, at Nesham House, Houghton-le-Spring, Durham, John A. Webb, L.R.C.S.E., L.A.H.Dub., and L.M., late of Blackrock.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY APRIL, 4, 1894. No. 14.

Original Communications.

OVARIOTOMY
PERFORMED ON AN INSANE PATIENT EXEMPLIFYING ALSO THE LIFE HISTORY OF AN UTERINE FIBROID. (a)

By LOMBE ATTHILL, M.D.,

Ex-Master of the Rotunda Hospital, Dublin.

ALTHOUGH we frequently have patients under observation for years, in whom the uterus is the seat of a fibrous tumour, it is seldom that an opportunity is afforded of watching its development from almost its earlier stage, till it attains its maximum size, during which we have to combat the various distressing, and indeed, often dangerous symptoms it gives rise to, then to witness the retrograde metamorphosis which generally commences after the climacteric period is reached, and finally, to verify the fact that the tumour has disappeared, and that the uterus has been restored to almost its normal state. It is mainly because it has fallen to my lot to witness all these phenomena that I bring forward the following case:—

A lady, married some fifteen years and then æt. about 37, came under my care in 1882. She had never been pregnant and had enjoyed good health till about two years previously, when having gone through a period of great mental anxiety, she began to suffer from slight attacks of hæmorrhage which came on whenever anything occurred to worry or excite her, these sometimes were profuse, probably marking the menstrual periods, but of this she could not be sure as they recurred irregularly.

On examining her I found the fundus to be enlarged and retroflected, while a small polypus projected from the os uteri. The diagnosis I made at the time was "cervical polypus and probable uterine fibroid." I removed the little polypus and put her on ergot but no benefit resulted, and the hæmorrhages became even more profuse. I therefore dilated the cervix but there was no intra-uterine growth, so I curretted and applied nitric acid freely and subsequently injected iodised phenol into the cavity. The result of this treatment was that the irregular hæmorrhages ceased, but menstruation recurred too soon and was very profuse and weakening.

For the nine following years I saw this lady frequently. The uterus steadily increased in size and became nodulated, thus confirming the original diagnosis that its wall was the seat of a fibroid. Finally it attained the size of the fœtal head at full term, the fundus reaching nearly to the umbilicus, and friends supposed from her figure that she was pregnant, then she became insane and was admitted into an asylum and I lost sight of her.

More than once I had suggested operative interference, for the hæmorrhages were sometimes alarming, but the suggestion would not be listened to. A few weeks ago I was requested to visit this lady in the asylum, the reason being that the abdomen had recently increased rapidly in size, though she herself had become extremely thin. I should say that since she became insane great difficulty had been experienced in getting her to take food.

On visiting her I was told that she had ceased to menstruate soon after her admission into the asylum. The abdomen was occupied by a large fluctuating cyst, the fibroid which used to be so prominent could not now be felt, and the only question was whether a cyst had been developed in the fibrous tumour whose growth I had so long watched, or was it a recently developed ovarian one. I believed it to be ovarian but the patient resisted so vigorously that unless under the influence of an anæsthetic anything like a satisfactory examination was impossible.

The attendants were so clear, judging from her size, that the tumour was increasing rapidly that I advised that she should be ready for the performance of an abdominal section if when in an insensible state, that seemed advisable, that point to be decided at the time. The patient's mental condition was such that I considered the administration of an anæsthetic should, if possible, be avoided.

Her friends agreeing to my suggestions she was brought under the influence of chloroform without trouble, and then the existence of a large ovarian cyst was verified, but no trace of the fibroid could be made out. Ovariotomy was rapidly and easily performed, there were a few adhesions anteriorly, the pedicle was long and easily secured and the tumour was removed. Then we proceeded to examine the state of the uterus, it was but little larger than it should have been in a woman of her age (49) and no trace of the nodulated tumour so easily traced three years before could be felt. The rapid atrophy of this tumour was most probably accelerated by and no doubt in part the result of the insufficient quantity of food she had consumed since she became insane. As already observed there had been a constant difficulty in getting her to take food and the one great complaint she made to me was that "they were always forcing her to swallow food," this fact confirms the truth of a rule I have always laid down in the treatment of bleeding fibroids, namely that it is unwise for such patients to take large quantities of nutritious foods. If you feed highly more blood will be manufactured, the more rapidly will the tumour grow and the greater will be the loss of blood, specially during the menstrual periods. Moderate unstimulating diet and abstinence from spirits, wines, porter, &c., should in general be the rule in such cases.

This patient made a rapid recovery and though very restless even to the extent of sitting up in the bed frequently during the very day on which the operation had been performed she had no bad symptom. Her friends hope the operation may result in the improvement of her mental condition, but I fear that these hopes may not be realised, her general health certainly is, at the end of only a few weeks decidedly better, and she takes food comparatively freely now.

(a) Read before the Obstetrical Section of the Royal Academy of Medicine, Ireland.

OVARIOTOMY,

FOLLOWED BY MELANCHOLIA.

By Wm. HORROCKS, M.B., F.R.C.S.,
Surgeon to the Bradford Infirmary.

A. B—, an unmarried weaver, æt. 35, was admitted to the Braford Infirmary on April 30th, 1892, complaining of abdominal pain. Two years before, she had a sudden attack of severe pain in the lower part of the abdomen on the right side. During this illness, which lasted about a week, there was no vomiting or stoppage of the bowels. Since this time patient has never been quite free from abdominal pain. Five months ago she had retention of urine, and was catheterised daily for a fortnight. At this time she vomited, had acute abdominal pain with obstruction of the bowels for several days. Catamenial discharge was natural until recently, when there has been pain at periods with diminished loss of blood. Patient is a sullen-looking woman, who answers questions reluctantly. Examination of lungs and heart showed no abnormality. Urine is healthy. The abdomen is full, especially at the lower part. Between the umbilicus and pubes is a fluctuant swelling with rounded, regular outline. The vagina is narrow with a pointed cervix uteri pushed up behind the pubes to the left of the middle line. The sound passes 3½in. upwards and to the left. Occupying Douglas' pouch and the right broad ligament is a defined fluctuant swelling, which reaches down nearly to the cervix. The mucous membrane of vagina is not adherent. Tumour seems to rise out of the pelvis on pressing from below.

On May 10th, patient being etherised, a median incision 3½ inches long was made below the umbilicus. The bladder wall was seen at the lower part of the incision, and was drawn downwards without difficulty. The anterior wall of the tumour, crossed obliquely by the flattened right Fallopian tube, was now exposed. About a pint of thick, greenish fluid was evacuated, and an ineffectual attempt made to draw out the tumour, which had grown between the layers of the broad ligament. Growing on the anterior surface was a second pedunculated tumour about the size of a tangerine orange. It ruptured during the operation, its watery contents escaping into the abdomen. The anterior peritoneal covering of the larger tumour was incised and the cyst shelled out with difficulty until a pedicle was formed and tied. The tumour was removed and the peritoneal sac stitched with continuous catgut suture. A glass drain was inserted with its lower end touching the floor of Douglas' pouch. The abdominal wall was closed by three sets of sutures. The removed tumour showed the Fallopian tube extending over its anterior surface. Its wall showed at one part the remains of the flattened and atrophied ovary, showing that the tumour was ovarian in origin, but had grown between the layers of the broad ligament. The collapsed pedunculated cyst was parovarian.

The wound healed without complication. On the evening after the operation the patient got out of bed and walked to the door of the ward. On the following days she sobbed, and cried frequently. She said, that she was a cat and heard noises which the nurse did not hear. On one occasion she attempted to go home.

Dr. Major kindly saw her on June 1st. He considered it a case of melancholia with delusions, associated with hallucinations of hearing certainly, perhaps also of sight.

June 3rd.—Patient continues in the same mental condition. Had retention of urine for fourteen hours. She returned home after the wound healed but continued in a depressed mental state with delusions for several months. She gradually recovered from her depression so that she is now at work. There is no insanity, at least none requiring professional care, in the family.

Melancholia after ovariotomy is so unusual that the case is worthy of record. Dr. Major suggested the anæsthetic (ether) as the cause, but my own impression is that it was caused by depression and fear of the operation. I learnt afterwards that she had not slept for several nights before the operation.

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THE
PLACENTA IN ECTOPIC GESTATION
AND
ITS GROWTH AFTER THE DEATH OF THE FŒTUS.

By ALFRED S. GUBB, M.D. Paris, &c.

(*Continued from page* 331.)

It would be easy to multiply instances in which cases of undoubted ectopic gestation have yielded on operation, more or less voluminous masses of placenta with a disproportionate fœtus or no fœtus at all. I will content myself with two or three selected from the note books of Mr. Lawson Tait by his kind permission, the anatomical specimens from which I have been enabled to examine in the museum of Queen's College, Birmingham.

In Case 6 the rupture had occurred apparently after the tenth week of gestation, and the placenta was lying in the midst of a quantity of clots as a rounded mass, the size of a cricket ball, for the most part in the wall of the tube for when the tumour was removed the placenta was still adherent of its inner surface, and the pelvic mass was intact. On slitting it open the ovum cavity was found to contain about a dessert-spoonful of liquor amnii, but there was no trace of a fœtus at all.

In Case 19 when the fœtus was found it was only about 2½ inches long, and it had evidently been dead for some considerable time, for it was partly digested, whereas the placenta had grown to be quite as large as that of an intra-uterine placenta of four or five months, and it had contracted adhesions to intestine, and omentum, giving rise to recurrent hæmorrhages for which the operation had ultimately to be performed. Similar appearances occured in Cases 24, 30, 32, and 27. Mr. Tait indeed observes: "In looking over the records of cases which have gone beyond the full period of gestation, I find numerous illustrations which can not be other than the growth of the placenta after the death of the child. No emphasis is in any case laid upon this fact, but the descriptions completely establish it." Another point in which Mr. Tait was greatly interested was that indicated by Mr. Knowsley Thornton when he gave evidence that the placenta grew after the death of the fœtus. When evidence on this point was first brought forward it was, he says, one of the observations to which he had listened with the greatest hesitation, but he held that there is now no question that it was so and that it occurred in a fairly large number of the cases.

It is stated (Kustner, "Handbuch des Geburtshilfe,") that the placenta in tubal pregnancy presents a very elementary construction and differs from the organ developed *in utero*, by less intermingling of the fœtal and maternal tissues and by the absence of intervillous blood spaces. This description does not always hold good, for several preparations in my possession show lacunæ to be present. The supposed rudimentary condition of the placental tissues connecting mother and child in tubal pregnancy is difficult to reconcile with the fact that a fœtus can be fully developed outside the uterus.

The frequency with which the placenta attains a size altogether out of proportion of the fœtus proves beyond a doubt that it undergoes enlargement, at any rate, after the death of the fœtus, though I must admit that it is often difficult to make out with the naked eye, or even with the microscope, what particular elements of the placenta contribute to this increase of size. What usually occurs is congestion with sanguineous exudation filling up the interstices and converting a spongy mass into one of liver-like consistency. Moreover, the apparent bulk may be considerably added to by firmly coagulated blood clot. In such cases one sees the lacunæ filled with solid coagulated fibrinous mass, the villi having undergone hyaline degeneration, some quite structureless and only recognisable by their outline, so as to appear in the microscopical preparations as irregular hæmatoxylin stains.

The development of the placenta in cases of tubal pregnancy differ in several points from that observed within the uterus.

Microscopic appearances suggest that though the fœtal parts of the placenta do not undergo development in the physiological sense of the term they proliferate and develope a large quantity of lowly organised connective tissue within which the normal placental elements are strangled, so to speak. Certain it is that in most instances it is by no means easy to demonstrate the placental structure, though with patience the presence of a few scattered and atrophied villi usually furnishes the necessary evidence.

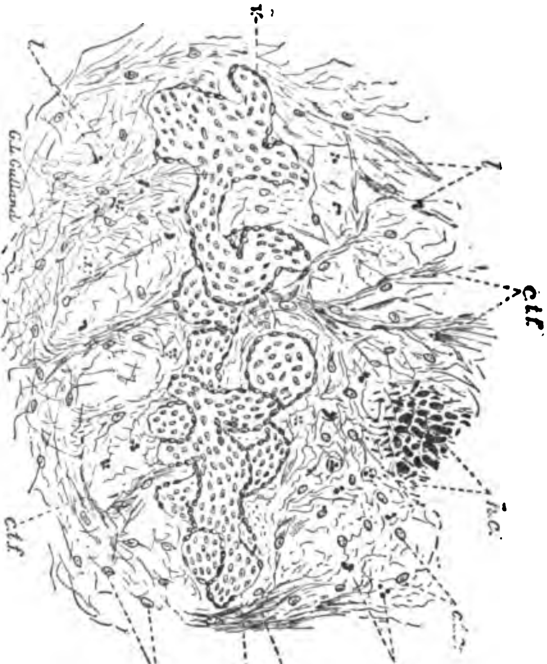
In a paper on the subject from the pen of Dr. Berry Hart, of Edinburgh, this very painstaking observer controverts a conclusion admitted by him to have been arrived at "by several observers well qualified to judge" as to the growth of the placenta after the death of the fœtus. For this statement, he says, there appears to be no adequate basis. Before one could make such a deduction it must be shown—(1) that the placenta in cases in which the fœtus is alive is distinctly smaller than in those where some time previous to examination the fœtus has died; (2) the part that so grows should be demonstrated by an examination of such cases as are indicated under (1). Such proof he observes has not been given.

Dr. Berry Hart has had an opportunity of personally examining post-mortem four cases of extra-uterine gestation in regard to this alleged growth of the placenta after the death of the fœtus. One of these was a broad ligament gestation, the others were advanced abdominal gestations. All were examined by means of frozen sections and microscopic examination of the placentæ were also made. These cases are now to be considered :—

Broad Ligament Gestation.—This was a pregnancy which had developed between the layers of the broad ligament, and was at about 4½ months. The fœtus lay below while the placenta was at the roof of the sac. This paper is figured in the original paper by Mr. Carter and himself, and copied in Mr. Tait's "Ectopic Gestation" and Bland Sutton's last work. The fœtus was quite fresh and not macerated, and seemed less advanced than one would have expected. The placenta formed a firm mass attached to the extra-uterine peritoneal surface of the top of the broad ligament, and measured 2¾ inches vertical measurement and 2 in. in breadth.

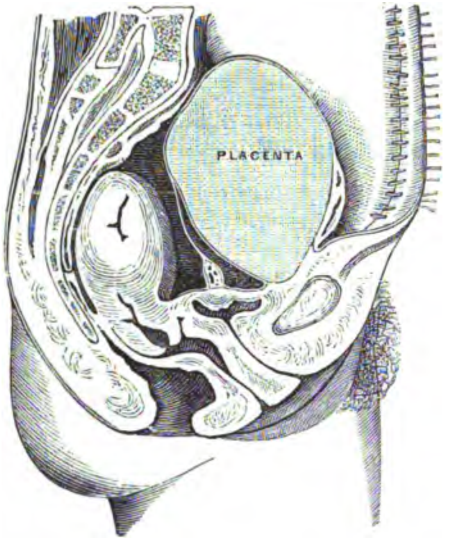
On microscopical examination it was found to be made up of villi which in structure and arrangement differed considerably from the normal. They were disposed very irregularly, and were not nearly so numerous as in ordinary placenta. The individual villi were compressed so that the connective tissue of which they were formed was much denser than usual and their nuclei very much crowded together. Here and there were vessels to be seen in the villi. A covering of a single layer of flattened epithelium could usually be traced around them but sometimes this seemed to have disappeared. These villi were imbedded, not in blood spaces as in the normal placenta, but in connective tissue of the ordinary areolar variety in which were a certain number of fat cells here and there traversed by unstriped muscular fibres.

This connective tissue was sometimes compressed in the neighbourhood of the villi, and in the same situation its meshes were often full of leucocytes. The blood vessels of this connective tissue were fairly numerous but stood in traceable relation to the villi. But the most striking feature in the sections was the enormous number of hæmatoidin crystals scattered through them. These were evidently the result of old blood extravasations, and these had apparently occurred at different dates judging from their disposition. There were brown masses as large as peas in the preparations entirely made up of crystals large and small, while all through the connective, but especially close to the villi were smaller foci in which the crystals are usually small. All trace of red blood corpuscles had disappeared from these masses but many leucocytes were to be found in the smaller ones and at the margins of the larger masses where there also was a certain amount of newly formed connective tissue. These extravasations had in many instances displaced the connective tissue considerably from around the villi, and compressed villi were here and there to be seen in the midst of the larger masses of crystals.



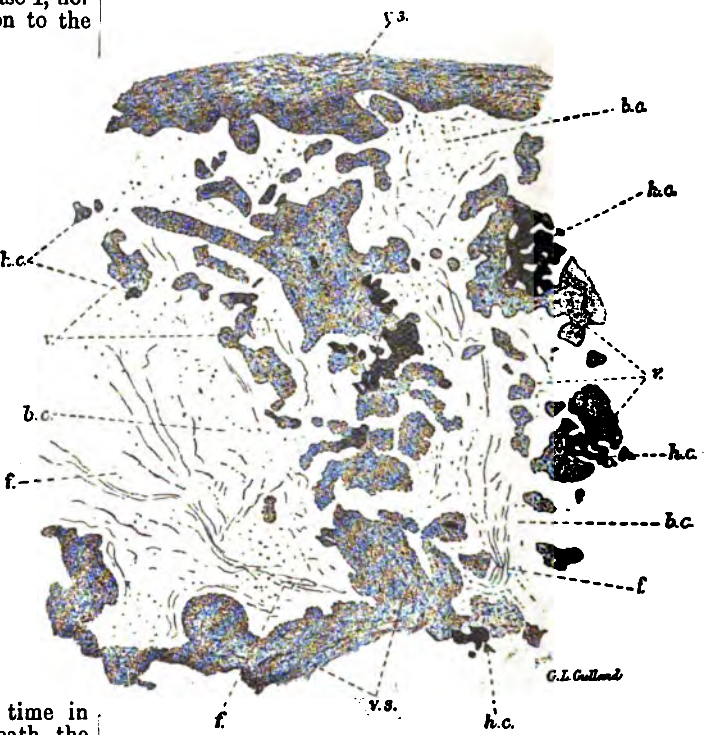
5.—Extra-uterine placenta at term × 250. V. Chorionic villi. H. C. Hæmatoidin crystals. C. T. C. Connecting tissue cells. L. Leucocytes. C. T. F. Connective Tissue.

II.—Case of advanced extra-peritoneal gestation, (*vide* Hart and Carter, *Edin. Med. Journ.*, vol. 33, page 332.) Here the woman was supposed to have gone beyond the time of normal pregnancy. The fœtus had begun to decompose, but was fairly nourished and not macerated. It weighed two pounds four ounces. The placenta was attached to the anterior abdominal wall and inner surface of the peritoneum as follows:—It measured 5 2/5 inches vertical, 3¾ inches from side to side, and 3¼ antero-posterior (13½ cm. by 8 cm.) and was somewhat cocoa-nut-shaped. To the naked eye and to the touch it had a firm spirit-hardened, liver-like aspect and feel. On microscopical examination it was found practically to consist of connective tissue with large areas of extravasated blood crystals and tortuous villi with more or less degenerated epithelium. More particularly it may be described as follows:—In this case the placenta is formed almost entirely of the fœtal villi and blood clots more or less organised, the maternal connective tissue takes but little or no part in its structure. The villi, though somewhat altered, are not nearly so compressed as those in Case I, and the alteration in them consists rather in an extreme tortuosity and distortion of the villi as a whole, than in any very marked pathological change in its individual elements. The villous stems are generally isolated and often widely separated from each other. They are embedded in connective tissue of a very low type apparently the result of the organisation of blood clot, as numerous masses of hæmatoidin crystals are found scattered through it. Some of the crystals are very large, others very small, but the organisation of the extravasations has gone on to greater perfection. Many capillaries are to be found in the more fully organised parts of the intervillous tissue, few in the less perfectly organised areas. Leucocytes are numerous, but they have not the same marked relation to the villi as in Case I, nor are the capillaries arranged with any relation to the villi.



6.—Vertical (frozen) section of a woman, the subject of an ectopic gestation, showing the enormous placenta. (Berry Hart.)

III.—Abdominal gestation, fœtus at full time in peritoneal cavity with placenta lying beneath the pelvic peritoneum, and in part above the bladder. This specimen has not been especially described before. Abdominal section was performed by Prof. Simpson, and a dead fœtus extracted. On post-mortem the pelvis was removed by Dr. Barbour. The points of interest in the clinical history are as follows:—Last menstruation at beginning of July, 1886, severe vomiting in September with bloody discharge and apparent abortion (evidently a decidua), then a great deal of pain persisting for weeks, beginning usually at 10 p.m. and lasting till 4 or 5 a.m. In the beginning of April fœtal movements ceased, pain passed off, and the abdomen diminished in size. On physical examination a tumour was felt reaching from the pelvis and the right iliac fossa to below the left ribs. Vertical measurement, eight inches. The head of the fœtus could be felt between the examining hands immediately the ribs on the left side. The fœtal limbs lay to the front and to the right, and are felt distinctly. No bruit or fœtal heart sounds. On vaginal examination the os admitted the tip of the finger. Rest of examination unsatisfactory, but a round elastic swelling is felt through the roof of the vagina (placenta?). She was seen at intervals by three specialists. Symptoms of peritonitis and obstruction of the bowels came on after dilatation of the cervix by tents, and on May 22nd Prof. Simpson performed laparotomy and extracted the child, now dead, from the amniotic cavity lying intra-peritoneally. The cord was found separated about two inches from the navel. The placenta which lay below was not touched. The patient died on May 24th, 1887. The child weighed five pounds and measured twenty inches, the skin peeling and the bones of head soft. It was fully developed and had no external malformation except right talipes varus. When the pelvis was removed it was frozen and sawn in sagittal mesial section. The uterus lay retroposed and the placenta extra-peritoneal, placed beneath the pelvic peritoneum and in the middle line above the bladder. It was a rounded mass measuring four inches in all its diameters. It has the ordinary liver-like aspect, and is firm to the touch. Large veins are seen lying at its anterior and posterior edges.

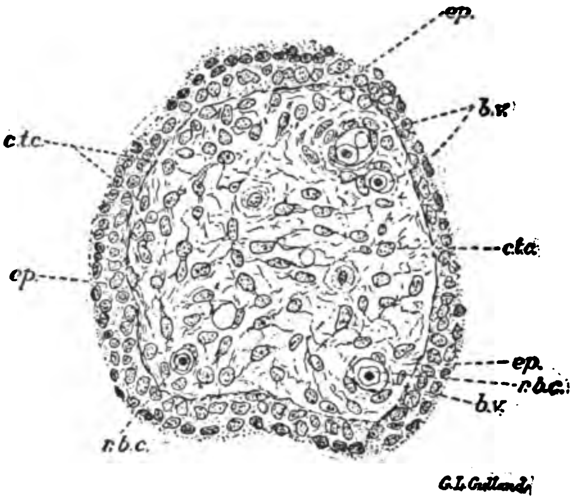


7.—Extra-uterine placenta at term × 50. v. s. Chorionic villi. h. c. Hæmatoidin crystals. f. Fibrin. (Berry Hart.)

The placenta on microscopical examination presents a much more nearly normal appearance than in either of the foregoing cases. In some places the villi are as closely packed together as in the normal placenta, and they are in most situations identical with normal villi, but here and there are widely separated from each other. In this placenta blood extravasations have occurred, the villi are embedded not in connective tissue, but in blood clot. In this the outlines of the red blood corpuscles are still recognisable in places, though there are many threads running through it, and in some places, especially round some of the villi, dense layers have been deposited. There are many hæmatoidin crystals also of large size and found almost exclusively near the villi. There is little or no maternal connective tissue except near the margin of the placenta, and in the specimens examined the blood clot had nowhere as yet become organised.

IV.—Case of full-time intra-peritoneal extra-uterine pregnancy, placenta in tube, fœtus and amniotic sac in peritoneal cavity. Laparotomy by Dr. Halliday Croom and dead child extracted; mother died. The chief facts regarding the nature of the placental sac are as follows :—(1) Increase in size of Fallopian tube accompanying growth of the placenta due to increase in both connective tissue and in muscle, but chiefly in the former. (2) The proportion of these elements to each other is the reverse of what is found in the normal tube, the connective tissue being greatly in excess. (3) The connective tissue is very compact for the most part. (4) The normal arrangement in two layers is completely altered, the fibres being found in groups which run in various directions. (5) There is enormous enlargement of vessels opposite the placental site, and the large sinuses are found chiefly in the deep layers of the wall. (6) Trabeculæ containing vessels extend into the placenta from the walls. (7) The epithelium normally lining the tube no longer exists. No glandular structure like that found in uterine pregnancy being seen. (8) No decidual cells are found anywhere in placental sac wall. (9) Placenta at the time of operation in its sac, was a discoid mass in the left side of the pelvis extending above the brim for about three inches. (10) After death (thirty-eight hours after operation) the shape being changed owing to blood extravasation into its substance, so that it was found an irregularly rounded mass, the greater portion of the placenta being destroyed. (11) Sections of the unaltered placental tissue resembled closely those of normal tissue in uterine pregnancy. (12) Villi are seen attached to sac wall. (13) Trabeculæ of various sizes pass from the sac wall into the placental substance. (14) In several places the placental structure is much altered by old hæmorrhages, the villi being compressed and having lost their covering epithelium, in some cases having a sort of hyaline degeneration, but in most cases having become very fibrous their vessels being obliterated and indicated by lines of blood crystals; blood clots are seen in various stages of degeneration. (15) The amniotic covering resembles that seen in an ordinary placenta. (16) The chorionic layer under the amnion is of dense fibrous tissue from which villous stems project. (17) Secondary (peritoneal) sac which contained the fœtus is lined throughout with amnion, which in many cases is considerably wrinkled. It consists of a layer of epithelial cells resting on a thin layer of connective tissue which is attached to a fibrous layer altered and thickened peritoneal covering of the various structures to which it was attached.

Dr. Berry Hart then proceeds to discuss what explanation can be given of the undeniably altered condition of the placenta, especially in the first three cases to which the present remarks apply. He says, "It cannot be the fœtal portion as the fœtus is alleged to be dead, and there is no special portion in advanced cases except the ordinary connective tissue, and no reason why this should grow when the active villi are dead. The increased bulk of the placenta is brought about by organised blood clot, and we see no reason why the death of the fœtus should cause the effusion. The apparent reason for this belief seems to be that the alleged primary extra-uterine gestation, where the villi are supposed to graft themselves on the peritoneum, and where the placenta is necessarily stationary seemed to call for this alleged growth of placental tissue after the death of the fœtus as the only explanation of the unusual placental bulk. The primary grafting of the villi on the free surface of the peritoneum is, however, a myth, and so with its discredit its dependent myth of the placental growth after fœtal death must disappear. I believe, he says, that the increased bulk of the placenta is produced only during the life of the fœtus, and not after its death. In none of the four cases I have reported can I trace any special relation between the bulk of the placenta and fœtal death. In all, the fœtuses were well developed and near full time, and in No. I the fœtus was evidently not long dead. The real explanation of the increased size and altered structure is, according to Dr. Berry Hart, as follows :—We know that there is no primary peritoneal pregnancy, *i.e.*, no case where the placenta has had the free peritoneal surface as its internal portion. Advanced abdominal gestation has arisen primarily from a Fallopian tube gestation where the placenta remains in the extra-peritoneal tissue, or more rarely in the tube. The fœtus may also be extra-peritoneal or, by secondary rupture, may lie within or without the amnion in the peritoneal cavity. In this extra-peritoneal development of the placenta we have two things happening which do not occur in normal pregnancy. The extra-peritoneal placenta (1) develops a serous membrane which it separates from the subjacent tissue. (2) It is either displaced down and not extensively if the growing fœtus lies below. It is this extra-peritoneal burrowing and displacement that causes the blood effusion and connective tissue formation leading to the greater bulk of the placenta, and it can only happen during fœtal life. The alterations in the structure of the placenta when extensive, cause the death of the placenta, and in proportion as these are less profound are the children healthy (*vide Edin. Med. Jour.*, 1891, "On displacement of the placenta in extra-uterine gestation and its relation to these cases ending in pelvic abscess"). In the last case the placenta developed in the tube was not subject to displacement as in the first three, and thus held no marked increase in bulk and no great alteration in the structure of its fœtal portion."



8.—Transverse section of a chorionic villus of a normal placenta in the sixth week of intra-uterine pregnancy × 400. e. p. Double epithelial layer. c. t. c. Connective tissue cells. b. v. Blood vessels. r. b. c. Red blood corpuscles.

To take these points *seriatim*. I have already alluded to the hydatidiform degeneration of the placenta *in utero* as an example of growth of the fœtal portion of the placenta, that is to say, of the chorionic villi after the death and disappearance of the fœtus. Nor is the supposition of the continued growth of the villi necessary to any explanation of the exaggerated development of the placenta in certain cases. All that is sought to be shown is that it grows, that is, increases in size, and whether this be by the further growth of this or that special structure is immaterial to the issue, for the mere development of connective tissue stroma (which Dr. Hart appears to admit), constitutes growth.

The primary grafting of the villi on the peritoneum may or may not be "a myth," but the specimen from Mr. Tait's collection to which I have alluded shows that it can and does occur as a secondary process subsequently to rupture of a tubal gestation and extrusion of the partially detached placenta. There are indeed facts in abundance to prove its possibility, at any rate so far as the formation of vascular adhesions is concerned. In reference to the contention that the increase in size takes place during the life of the fœtus and not after its death it must necessarily be difficult to obtain documentary evidence either way. Even if this suggestion hold good, however, in respect of placental masses which have become hard, condensed, and practically extra-vascular, the placenta that may be removed with ease and safety by laparotomy—I do not see how it can apply in those cases where the placenta is still an extremely vascular structure intimately adherent to adjacent tissues. A living placenta —such as these are—means a growing placenta, for it is difficult to give any valid reason to believe that arrest of development would occur except as a consequence of the loss of vitality. The connection between the placenta and the fœtus in extra-uterine gestation is not essential to the vitality of the former, though, in general, the death of the fœtus leads automatically to an interference with the blood supply and congestive hæmorrhagic extravasation. Moreover, this view is inconsistent with the clinical observation that the tumour has gone on increasing in size up to the date of operation, although the examination of the specimen places it beyond doubt that the fœtus must have succumbed at some date long anterior thereto. The disappearance by absorption of a fœtus takes some time and consequently if, in a growing tumour, no fœtus be found it is presumptive evidence of growth subsequent to its death.

Conclusions.—From a careful study of the clinical facts for and against, I have been led to infer :—

1. That under certain circumstances, the nature of which cannot at present be specified, the vitality of the placenta in extra-uterine gestation survives the death and disappearance of the fœtus.
2. That under these circumstances further growth and development of the placenta may take place.
3. Hence that it is not safe to wait for evidence of the death of the fœtus before proceeding to remove the gestation sac, seeing that the continued growth of the placenta may at any moment determine either a primary or a secondary rupture of the sac wall, entailing sudden hæmorrhage, which will be the more formidable in proportion to the greater size which the placenta may have attained.

SOME RESULTS OF INFLUENZA: THEIR METHOD OF TREATMENT.

By F. P. ATKINSON, M.D.

There are few diseases which present such a variety of after-effects as epidemic influenza. Some of the sequelæ are more common than others, and consequently the general line of treatment with regard to these is pretty clearly defined, while others are comparatively rare, and afford but scant opportunity for forming correct conclusions as to how they may be best dealt with.

Some short time back I had what appeared to be an ordinary attack of influenza, inasmuch as the nasal discharge almost entirely subsided in the course of two days. But I soon began to experience a constant feeling of faintness, and *both nostrils appeared to be unusually blocked on lying down at night.* After a few doses of liquor strychniæ the faintness disappeared, but the blocking of the frontal sinuses became worse and worse, till at last it was utterly *impossible to get sleep except in the upright position* (*i.e.*, in an armchair), and then for a very short time. *On going into a hot room the difficulty of breathing through the nose increased, the cheeks became red and flushed, and at night the feet, and often the face, became burning hot,* though there was little or no rise of temperature. All the time the nose remained perfectly dry, and it was impossible to get any passage through it on blowing with a pocket handkerchief. *Steaming only seemed to have the effect of making it, if anything, worse.* The distress produced was really terrible, and the loss of sleep brought about such a feeling of exhaustion that at one time it appeared as if I should lose my reason. Nothing in the shape of medicine seemed to do any good, but boiling-hot *Bovril certainly gave me some relief* in about twenty minutes after it was taken. *On dry frosty days I fancied there was some improvement.* After being bad for about five or six weeks I went to see one of the chief London specialists, who confirmed my view of the case, viz., its being a vaso-motor paralysis, and told me that little could be done in the way of treatment—that in all probability it would go on for two or three weeks longer, and that if improvement did not take place as expected, a change to the seaside would be necessary. The local application of cocaine which I had been trying he said was of very little use, inasmuch as contraction of the blood-vessels first brought about after a time gave place to dilatation. A pill of strychnine and arsenic (gr. 1-24th of each) three times a day he thought might do some good ; but I fancied the pil. phosphori co. was of more service. Two days after my visit to London I was very much worse, and I then went to one of my local medical brethren and told him how really weak and ill I felt. He said he had a prescription for a snuff which had been extracted from the *Lyons Medical Gazette*, and although he did not know its effect, advised me to try it. It consisted of 1 grain of cocaine, 2 grains of menthol, and 100 grains of boric acid. Within a few minutes of taking the first pinch I obtained a marvellous relief for about an hour, and by its continued use I got more and more ease till at last the necessity for it almost entirely disappeared.

When speaking to another medical man about my own case a short time after, he told me he had suffered for a year or two past with naso-pharyngeal catarrh and throat deafness following upon influenza ; that he had consulted an eminent London throat specialist who had recommended various inhalations and throat sprays, but without much benefit resulting. I then suggested he should try the same kind of snuff that had proved of such service to me, and the result he subsequently told me was beyond his expectations. In about a week or two he was almost entirely free from his throat trouble, and could hear perfectly well. Of course, as he said, he had to use it occasionally, but it always gave him relief.

I cannot help thinking it might prove useful in some cases of ozæna, post-nasal diphtheria, relaxation of the posterior palatine arches, and hay fever. At any rate, it demands a trial.

Surgeon-Lieut.-Colonel B. Franklin, Indian Medical Service, has been appointed Surgeon to the Staff of the Viceroy of India.

Selected Prescriptions and Therapeutic Notes.

94.—A useful Expectorant in the Broncho-Pneumonia of Children :—

℞ Ammon, acetatis, } āā ʒiiss ;
Sodæ benzoatis, }
Sp. vini gallici, ʒss ;
Syr. tolutani, ℥iss ;
Syr. acaciæ, ℥ij.

M. A teaspoonful every two hours, increasing or diminishing the dose according to age.—*Lancet—Clinic.*

95.—The Treatment of Epistaxis :—

For many years, Mr. Hutchinson says, that he has never in any single instances adopted the plan of plugging the nostrils for severe epistaxis. Since, however, he has adopted the practice of placing patients suffering from continuous hæmorrhage from the nostrils in the sitting position, and with the feet in a deep foot-pan of very hot water, he has never once failed in arresting the bleeding.

96.—A Simple Means of Rendering Water Sterile :—

According to Constantine Paul a very simple means of rendering water sterile is to add alum to it, in the proportion of about four grains to a pint. The solution has no taste, and it is readily prepared. No cultures can be obtained from water so treated, it is alleged, at the end of twenty-four hours, but micro-organisms re-appear at the fifth day.

97.—To Reduce the Pyrexia of Phthisis :—

℞ Quiniæ sulph, gr. iiss ;
Pulv. digitalis fol., gr. ss ;
Extracti opii, gr. 1-8th ;
Extracti belladonnæ, gr. 1-8th.

M. To make one pill. Two to be taken every six hours.

98.—A Useful Cough Mixture in Phthisis :—

℞ Liq. atropiæ sulph., ♏xij ;
Syr. codeinæ, ℥iss ;
Infus. rosæ acidi, ad ℥vj.

M. One tablespoonful when necessary.—The Pharmacopœia of the Royal Infirmary, Edinburgh.

99.—For Disinfecting the Air of a Sick Room :—

℞ Ol. eucalypti,
Acid. carbolici, āā ℥j ;
Ol. terebinthinæ, ℥vij.

M. One tablespoonful to a quart of water ; some of this solution should be allowed to simmer constantly over a spirit lamp.—J. Lewis Smith.

100.—For Vaginismus :—

℞ Thymolis, gr. iij ;
Ext. belladonnæ, gr. xij ;
Pot. bromidi, ʒss ;
Ol. theobromæ, ʒiv.

M. To make four suppositories. One when necessary.—De Sincty.

101—For Psoriasis :—

℞ Papainæ, ʒiss ;
Acid. salicylatis, ʒss ;
Glycerini, ʒiiiss ;
Ung. zinci ad ℥ij.

M. To be applied over the affected surfaces.

Egbert.

102.—A New Emmenagogue:—

Dr. Murrell publishes in the *British Medical Journal* an interesting paper in which he gives the result of his investigation of the emmenagogue properties of the *Senecio Jacobœa*, or common rag weed. He made a tincture of it, and administered half drachm doses three times daily with, he says, excellent effect. No doubt it might also be used by infusion.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, March 30th, 1894.

The President, Mr. J. W. Hulke, F.R.C.S., in the Chair

RESECTION OF A PORTION OF THE LEFT LATERAL WALL AND BASE OF THE BLADDER FOR RECURRENT EPITHELIOMA.

Mr. **Hurry Fenwick** read the history of a patient who had been under the care of Dr. Mackenzie, of Caerphilly. The symptoms were typical of villous growth of the bladder, but electric cystoscopy revealed a small tough epithelioma of the left base. Mr. Fenwick removed this perineally in May, 1891, and Mr. Targett reported that the tumour microscopically was a malignant epithelial growth. Symptoms recurred in a year's time. Suprapubic cystotomy was, therefore, performed, and the tumour thoroughly removed, and the base seared with Paquelin cautery. Seven months afterwards, the symptoms again recurred. The tumour and the left lateral wall and base of the bladder, upon which it was placed, was completely resected supra-pubically. The usual vertical incision being extended laterally through the left lower abdominal wall, the wound healed *per primam.* The patient now, nine months after the operation, is apparently in good bladder health, holding his urine from four to seven hours, and he has gained in weight. Mr. Fenwick only advises resection when the epithelioma is primary, tough, single, and small, when the submucous tissues are found glued to the base of the growth, and only in those cases where the "vis" of the patient warrants so severe an operation. He believes that separation of the symphysis pubis will be but rarely needed.

Mr. **Gould** asked whether any difficulty had been experienced in bringing together the edges of the bladder wound and whether any leakage took place ; also as to how far up it was found necessary to strip the bladder of peritoneum.

Mr. **W. G. Spencer** asked why a drainage tube had been left in seeing that there was no urethral obstruction and the urine was healthy.

Mr. **Fenwick**, in reply, observed that though primary union of the vesical incision might be hoped for in children it was otherwise in adults. Under these circumstances he thought it better to leave in the tube. When the growth involved the peritoneum it was better to leave it alone. He had raised the peritoneum to a level with the posterior reflection.

Mr. **Christopher Heath** contributed

TWO CASES OF RECTANGULAR ANKYLOSIS OF THE HIP TREATED BY OPERATION.

The first was in a girl, æt. 14, with complete osseous ankylosis of the hip at a right angle, but with no sinuses and no dislocation. Division of the neck of the femur by Adams's method was performed, but considerable difficulty was encountered in overcoming the contracted condition of the muscles. Eventually an excellent straight limb was obtained. The second patient, a girl, æt. 19, had dislocation of the head of the femur with sinuses leading down to the bone. Division of the femur between the trochanters (Sayre's operation) was performed with complete success. Photographs of the patients before and after the operation were shown, and the patients were exhibited.

Mr. **Bowlby** did not think Adams's was the best operation in hip ankylosis following hip-joint disease because there was a danger of spreading the infection by the saw which passed through the diseased tissues. Moreover, the neck of the femur might be very much thickened or even absent. In such cases he preferred to divide the femur below the inner trochanter so that when the lower limits were brought together the pelvis might be tilted backwards on that side.

Mr. Keetley pointed out that rectangular deformity could not be remedied without removing a wedge-shaped piece of bone at the same time dividing the soft parts freely. He had operated on some 30 cases of strumous hip disease, and in all except one healing had rapidly taken place.

The President observed that the important thing was to fix the limb so that if ankylosis did take place the limb would be in the most useful position for the patient.

A CASE OF BILIARY COLIC RELIEVED BY OPERATION.

Mr. Arbuthnot Lane read a report of a woman, æt. 35, who, one year and ten months ago, had her first attack of biliary colic; since that time she had attacks at frequent intervals, the attacks being more severe and the intervals shorter as time went on. At an early period the jaundice remained after the attacks had passed off, and for many months before her admission her motions had been white and pasty. She lost flesh and strength very rapidly. She was attended by Dr. Chubb, of Sandgate, from October, 1893, and during that time her temperature was high in the evening, and during her attacks of abdominal pain, tenderness, distension, and increased jaundice it was very irregular. She was admitted on December 11th, 1893, in a very wasted and prostrated condition, an exacerbation or attack having just developed. Her abdomen was very distended, tender, and painful, especially between the edge of the liver and umbilicus. The edge of the liver could be detected by sitting her up, and the gall bladder could not be felt. During the six days following her admission the temperature was so irregular as to suggest the presence of pylephlebitis, but after that, the so-called attack subsiding, the temperature became regular, rising every night to 103° or more. On December 21st by means of a long vertical incision, Mr. Lane found the gall bladder flaccid and containing some mucus and three small stones, which yielded a strong fæcal odour. There was a stone fixed in the cystic duct, and several large ones in the common bile duct, two being behind and also below the level of the first piece of the duodenum. A small incision was made into the common duct, when a large quantity of clear mucus of a strong fæcal odour was gradually allowed to escape and was carefully removed. On attempting to get at the calculi, a free escape of what was apparently fluid fæces took place from the opening in the duct. The incision into the duct was carefully sutured, a tampon of iodoform gauze was introduced into the peritoneal cavity, and through its centre a glass tube was placed with its orifice close to that in the duct. The stone in the cystic duct was not removed, as it was hoped it would prevent the exit of bile by the gall bladder which it served to do effectually. The patient was much improved by the escape of the dammed up mucus. On the 24th, the tampon was found satuated with bile of a fæcal odour. It was removed and replaced, the bile subsequently escaping freely through the glass tube. On January 3rd, the opening in the duct was enlarged sufficiently to allow of the introduction of the finger when the stones were broken up, and a large quantity of *débris* and fluid of a stercoraceous character evacuated. It appeared as if one of the stones projected into the second piece of the duodenum. After a few days, the urine lost its tinge of bile, the fæces regained their normal colour, the opening in the abdominal wall closed, except where the gall bladder opened, and from it mucus continued to escape. The patient rapidly gained health and strength. Mr. Lane called attention to the peculiar character of the so-called attacks, and pointed out the remarkable simplification of such operations by the use of the gauze tampon. Although normal bile had no deleterious influence on the peritoneum, the secretions of the liver, as the surgeon meets them in cases in which he is obliged to open the common hepatic and common bile ducts, probably always contain organisms capable of setting up a fatal peritonitis.

Mr. W. H. Battle on a case of

TRAUMATIC RUPTURE OF THE COMMON BILE DUCT.

A boy, æt. 6, was admitted to the Royal Free Hospital on the 15th August, 1893, having been run over by a hansom cab. There was but slight shock, no bruising of the abdomen or special tenderness. He vomited soon after admission. The case was regarded as one of "contusion" of the abdomen. On the third day the urine was noticed to be high-coloured, the temperature was 101°·2 in the evening. He vomited occasionally and was restless. On the fourth day respiration was spasmodic and entirely thoracic. The bowels were acting and he had vomited. Temp. 6 p.m. 102°·3. On the fifth day still restless and looking ill. Slight jaundice present. On account of the vomiting nutrient enemata was commenced. Sixth day, slight dulness in right side of the abdomen, vomiting more troublesome, temperature normal. Seventh day, much worse, looking very ill, with sunken eyes, deeply jaundiced and much emaciated, frequent vomiting in the manner of those suffering from peritonitis, pulse rapid, dorsal decubitus with flexed thighs. The condition of the abdomen was one of flaccid distension, it moved with respiration, but chiefly in the upper part, was but slightly tender and without muscular rigidity. Dulness extended from the hepatic region into the right iliac fossa, there was also slight dulness in the left flank, on the right side this dulness extended forward as far as the linea semilunaris, and changed but slowly, if at all, with the position of the patient. Was restless and peevish, and gave an occasional deep sighing inspiration. Mr. Battle, who saw the case for the second time on this day, expressed his opinion that the fluid in the peritoneal cavity was bile, probably mixed with some inflammatory effusion. That the supply was through some small opening in the duct apparatus, and not due to rupture of the gall-bladder or liver substance. He proposed abdominal section, but was not able to do this until twenty-four hours later, when the condition of the child was much more grave. At the operation an incision was made in the right linea semilunaris and a good deal of almost pure bile evacuated, more than three ounces being collected. The weak state of the patient prevented any prolonged examination, and nothing abnormal could be felt with the finger. The coils of intestine were congested. He died on the morning of the ninth day. At the post-mortem examination made by Mr. W. H. Evans the whole of the intestines were found to be injected and to have thin layers of lymph on them, this was especially marked on the right side. The liver and gall bladder were intact, but about half an inch beyond the junction of the cystic and hepatic ducts, the common bile duct was found to be torn transversely completely through, but the aperture was difficult to find. No other traces of injury were found. Bile was absent from the motions during the last two days of life only. Mr. Battle pointed out the usual course of symptoms in this class of cases, the history of a severe injury followed by some shock and few definite abdominal signs until some days had gone by. Then the appearance of fluid in the abdomen, only cured by repeated tappings. This was the only case he could find of complete transverse rupture of the duct without laceration of liver. He referred to known cases, in some of which partial rupture was proved to have taken place at the necropsy, others in which, after similar symptoms, recovery had ensued, and to others in which although the conditions locally after death, and the general symptoms during life were similar to the first group, yet no communication with the ducts was proved.

A CASE OF ANEURISM BY ANASTOMOSIS.

Mr. G. R. Turner read notes of a case of aneurism by anastomosis, said to be congenital, which occupied the right temporal region of a girl, æt. 16, and which had been increasing in size, extending on to the right eyelid and cheek. The skin covering the tumour was thin and discoloured, giving it a nævus-looking appearance. Examination under an anæsthetic showed the tumour to have grooved the bones, but to have no intracranial communication. Several dilated thin-coated vessels were exposed in the normal situation of the temporal artery and ligatured. Pressure was made on the growth, and was followed for a time by marked improvement. Pulsation ceased and the bruit and thrill disappeared—to reappear, however, in a few weeks' time. Various vessels at the outer canthus and in the frontal region which appeared to feed the growth were then ligatured and pressure again employed. These proceedings were followed by temporary improvement only. The girl returned home, and although there lately has been some further extension of the swelling, her parents refuse any further treatment. Mr. Turner remarked that, according to Gosselin's classification, this was a case of aneurism by anastomosis rather than arterial varix or cirsoid arterial varix. From the capillaries and skin being implicated, excision of the mass was impossible, and had he obtained permission from the parents he would have ligatured the external carotid artery. He did not think that surgeons of the present day should be deterred by statistics of a past age, before the introduction of antiseptics and the use of absorbable ligatures, from ligaturing either this vessel or indeed the common carotid artery in such cases as the one recorded. He drew attention to frequency of the temporal region as the affected side, and mentioned a case he had seen occupying the whole of one side of the scalp.

Mr. W. G. **Spencer** observed that electrolysis might have been tried after ligature of the vessels, and if that failed, the tumour might have been excised followed by skin grafting to fill the gap.

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ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Obstetrics.

Meeting held Friday, March 9th.

The President, Dr. **Purefoy**, in the Chair.

OVARIES AND TUBES REMOVED FOR DYSMENORRHŒA.

Dr. Alfred Smith showed tubes and ovaries removed from a patient, æt. 35, in his gynæcological ward of St. Vincent's Hospital. The patient was a schoolmistress, and for the past eighteen months suffered intensely during the menstrual periods; the pain was most agonising, and the flow very profuse. She was curetted on several occasions without benefit. She was kept in bed for two months, again curetted, and dosed with the usual remedies recommended for dysmenorrhœa without the slightest improvement in either the intervals of the pain or the heaviness of the menstrual discharge. The uterus felt very large and knobby, as if studded with small myomata. The tubes and ovaries were all adherent and hard to palpate. Nothing was to be done except to arrest the menstrual periods. Accordingly, on Feb. 22nd, the tubes and ovaries were removed. The patient suffered great pain after the operation, due to metrostaxis; the pain was only relieved when a discharge of blood from the uterus occurred. On the third day after operation an attack of pseudo ileus supervened; this was relieved by a turpentine enema. Her recovery from this was rapid and uneventful. Stitches removed on eighth day, union good.

Dr. **Atthill** said that there were some severe cases of dysmenorrhœa which justified removal of the ovaries. In a case in which he had performed the operation the patient was compelled to spend three weeks out of four in bed, and she was also a nun. She is now quite well.

CASES OF UTERINE MYOMATA TREATED BY INJECTION OF ERGOT.

The **President** detailed some cases of uterine myoma suffering from pain, hæmorrhage, and—in one case—troublesome vomiting. Injections of ergot in two cases caused the disappearance of the tumour; in nearly all controlled the bleeding and relieved the pain, and in one case stopped the vomiting also. In only one case was there trouble from sloughing of the tumour. In one the hæmorrhage was checked, and removal of the ovaries effected a cure. The preparation used was Squibbs' ergot—a syringeful the amount generally used—at intervals of several days, and in no case was abscess caused by the treatment.

Dr. **Smith** said that at the present day, when one hears so much of operative gynæcology, it is in some cases useful to adopt less dangerous methods. The list of cases—small though it is—brought forward by the President shows that there are a certain number of cases which can be benefited by the hypodermic injection of ergot. It is remarkable that in his cases the women were nearly all at the centre of their child-bearing period. His own experience with regard to ergot hypodermically for these cases was unfavourable. When Assistant Master of the Rotunda he had tried it regularly in two or three cases without benefit, and the local annoyance following the injections rendered the patient's lives miserable. He would like to ask the President in what class of cases he would recommend ergot hypodermically.

Dr. **Atthill** said that he had given this treatment a fair trial in the Rotunda many years ago, and had been unfavourably impressed by it. He had found local abscesses which caused considerable trouble to follow his injections. He had used three preparations, none of which were "Squibbs," which was not then in existence He had employed it in one remarkable case. There was a large fibroid projecting into the interior of the uterus. He dilated the uterus and removed a large portion of it. He then gave the patient ergot hypodermically. This caused such violent pains that he was forced to give it up. He concluded that ergot will not originate uterine contraction in a healthy woman, but that it will do so where there is a mass in the womb ready to be expelled. In consequence, he had given ergot in all cases of threatened abortion. If it does not expel the ovum it acts as a tonic to the uterus.

Dr. **Purefoy**, in reply, stated that this treatment was useful for those class of patients who were scared by the very mention of the word operation, and also in those cases in which the fibroid was intra-mural and not projecting into the cavity of the uterus in a polypoid form, nor existing as a pedunculated sub-peritoneal fibroid.

OVARIOTOMY ON A LUNATIC AND LIFE HISTORY OF A UTERINE FIBROID.

Dr. **Lombe Atthill** detailed the particulars of a case in which he watched the growth of a uterine fibroid from nearly its earliest stage, till it attained the size of a fœtal head at full term, its growth being attended by profuse, sometimes alarming hæmorrhage About two years and a half ago she became insane, and was admitted into an asylum, shortly after which menstruation ceased to recur. Recently her attendant observed her size to increase rapidly, and Dr. Atthill being requested to see her, diagnosed a large ovarian cyst. Ovariotomy was performed by him, and the opportunity was taken of examining the condition of the uterus. It was found to have atrophied to such an extent that it was but little larger than the healthy organ should be previous to the occurrence of the climacteric period. This rapid atrophy was doubtless accelerated by abstinence; specially during the first month of insanity she was with difficulty induced to take any food, and at present barely sufficient to support life. Although she could not be prevented from sitting up in bed frequently, even on the day on which the operation had been performed, she made a rapid recovery after it, the temperature only once rising to 100°; that was on the day succeeding the operation. She was stated to be in her fiftieth year.

The Section then adjourned.

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HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, March 15.

The President, Mr. **George Eastes**, in the Chair.

DEBATE ON INFLUENZA.

Dr. Samuel West opened the discussion. The author said he proposed to consider in the introduction to the discussion chiefly what was striking and peculiar in the disease rather than what was common. The onset was often very sudden, though rigors rare, occasionally by sudden collapse, generally described as a fit, but usually only a faint. Hysterical attacks were not rare, but convulsions almost unknown. Where a patient became drowsy or comatose, the diagnosis of meningitis, or even cerebral hæmorrhage might be made. Fever was moderate, hyperpyrexia rare, apyretic influenza not uncommon; the post-febrile depression was remarkable, being often as pronounced as after typhoid fever, and that too after quite mild cases. This stage was important, as during it complications were likely to arise from want of care and from exposure. Neuro-muscular depression was one of the prime characteristics of the disease. Of other nervous symptoms the most important were the angina-like attacks, which had fortunately been rare in the present epidemic, though very common in 1848. Of digestive disturbances, the most remarkable was loss of taste, usually continuing only during the febrile stage. Intestinal colic, or rather visceral neuralgia, had not been uncommon. Sweating was usually as profuse as in rheumatic fever, but confusion between influenza and rheumatic fever, though possible, was not likely. Rashes, chiefly of an erythematous type, were not really common when reckoned out in percentages. Attacks of sudden collapse were common, sometimes occurring at almost regular intervals. They might continue even into convalescence. They affected both heart and respiration, and were probably central in origin. This form of influenza deserved recognition by a special name as much as the other named varieties, and might be called the collapsing form. These collapses were usually unattended by dyspnœa or cyanosis, and differed on the one side from the angina attacks which were neuralgic, and from true cardiac failure, which also occurred, but which was more prolonged, less transient, and usually associated with signs of pulmonary congestion and dyspnœa. Of the nervous symptoms, the chief have been referred to, but delirium and sopor, and even unconsciousness were now often met with, and these created difficulties in diagnosis. Of the complications, those of the respiratory organs were the commonest, and it was to bronchitis and pneumonia that most of the deaths were due. In illustration of this the statistics of pneumonia at St. Bartholomew's Hospital were referred to, the number of cases admitted into the hospital being doubled during the influenza years, but the fatality of influenza-pneumonia was not above the usual average. The peculiarities of influenza-pneumonia were referred to. It was throughout atypical and asthenic. It fell specially heavily upon the middle period of life. When of broncho-pneumonic type it might resemble phthisis, especially if attended with hæmoptysis. Cases of the kind were quoted. Its relation to phthisis was important. It often started existent tuberculosis into fresh activity, and was always serious in persons with damaged lungs, but it seemed sometimes to actually lead to phthisis in persons previously healthy, and then phthisis ran a rapid course. In some cases a hæmorrhagic tendency seemed to develope. Instances were referred to of troublesome bleeding from the lung, nose, bowel, and vagina. The effect on other diseases was considered. Some cases in which cancer had appeared to follow were referred to. Certain other complications were referred to, notably in the ear and eye, but many of them were clearly due to accidental association. Of nervous sequelæ the least rare were peripheral neuritis and general tremor, or shakiness. Infection.—Influenza was a germ disease, therefore communicable, but not necessarily infectious, *i.e.*, conveyed directly from sick to healthy. Many instances of direct infection were recorded, but more numerous were the instances in which infection had failed to follow. Therefore there was probably some other indirect mode, perhaps through the air. One attack gave no protection, indeed, it almost seemed as if one attack rendered the patient more liable to have another. Reference was made to treatment. No specific was known, and treatment was chiefly symptomatic. The most useful drugs were strychnine, and citrate of caffeine.

Dr. **Kanthack** demonstrated pure cultivations of influenza bacillus on broth, gelatin, and agar-agar. He gave a short review of the history of the discovery of the influenza bacillus, and said that it was highly probable that this bacillus was the cause of influenza, since it was always found in the bronchial secretion during that disease, and never in any other affection. Experiments on rabbits, monkeys, and horses had led to positive results. The bacillus was not often found in the blood, and when found was always dead or its vitality was greatly impaired. He showed that the bacillus grew well on artificial media at 37° C. Specimens were shown under 1·12th inch objectives both of influenza bacillus and of the streptococcus of pneumonia.

The **President** thanked Dr. West for his excellent account of the medical aspects of the disease, and Dr. Kanthack for his microscopical specimens of the microbe of influenza. He referred to the occasional difficulties of diagnosis, as shown in the case of a young woman that terminated fatally, in which, *post mortem*, universal cerebral meningitis was found, and that alone. At the onset of her illness the symptoms seemed to be those of influenza, though of an aggravated type; but eventually the symptoms of meningitis became paramount. In another fatal case (a gentleman, æt. 44) seen by him, there was for many days a rapid, extremely feeble pulse. Pneumonia supervened, and the feet became quite cold and gangrenous about a week before death, which occurred on the 18th day of the illness. After death the main arteries to the feet were patulous. There was no embolism, and the gangrene was apparently due to the cardiac asthenia.

Mr. **D'Arcy Power** hoped that some evidence as to the incubation period of influenza would be adduced in the course of the discussion. In his own case the incubation had twice been a period of eight days. On the last occasion he had vomited on Saturday night, but felt no aftereffects until the following Sunday week, when he was suddenly attacked in the ordinary manner. Mr. Power also referred to a case of influenza occurring in a child a few months after it had been vaccinated. The only surgical sequelæ of influenza with which he had met were cases of tenosynovitis. This affection appeared to be more frequent in the last epidemic than in either of the previous ones.

Mr. W. **Sedgwick** commented on the great tendency to death from failure of the heart's action in cases of influenza in old patients, and especially in those who had a strongly marked and constitutional tendency to gout. In such cases he had found successive doses of strychnia given by hypodermic injection a valuable remedy, which of course needed to be carefully watched, as it was often necessary, in exceptionally grave cases, to push it to the extent of producing distinctive twitchings.

Mr. W. H. **Lamb** stated that in an outbreak of influenza in a girls' school marked desquamation had followed some cases with a rash resembling that of measles, others that of scarlet fever, and also in cases where no rash had occurred.

Mr. **Cripps Lawrence** referred to two cases in which influenza was followed by, and modified the course of, typhoid fever. The duration of the fever was unaltered, the spots were smaller than normal, but regarded as typical; the nocturnal rise in the temperature occurred; no diarrhœa; in one case three stools of a typhoid character were observed; in both the general character of the stools was abnormal, being dark. Both cases exhibited marked vital depression.

Dr. **Hazel** said that he had lately had many cases of influenza occurring in pregnant women under his care. It seemed to exercise a most pernicious effect upon pregnancy, as it frequently brought on premature labour, and was also a cause of miscarriage. He had had two cases of typhoid fever which were at first mistaken for influenza. In another case diagnosed as influenza of the gastric type, which was removed to hospital for treatment, variola definitely manifested itself on the third day.

Dr. **St. Clair Thomson** considered that Dr. West's paper gave such a complete clinical picture of influenza that members could only supply additions by recounting exceptional cases not met with in daily practice. With regard to Dr. West's remark of the effect of influenza in surgical affections, Dr. St. Clair Thomson had seen some cases of suppuration of the accessory cavities of the nose apparently consequent on influenza. They differed from ordinary empyemata in the tendency they showed to spontaneous cure. Dr. Semon had put a similar personal experience on record. In the clinics of Politzer and Gruber, it had been found that mastoid suppuration followed otitis media much more frequently after influenza than after ordinary catarrh. The anatomy of the parts concerned did not favour natural cure as in suppuration of the nasal sinuses.

Dr. **West** having replied, the meeting adjourned.

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LARYNGOLOGICAL SOCIETY OF LONDON.

Meeting held March 14th.

Felix Semon, M.D., F.R.C.P., President, in the chair.

CASES.

Fixation of Left Vocal Cord.—Dr. J. B. **Ball** showed a case. The left vocal cord was immovable in position of complete paralysis. Right vocal cord moved freely. No other sign of disease in larynx. The paralysis followed influenza and congestion of the lungs. She lost her voice during the illness, and it had never returned to its natural condition. Suffered from palpitation of heart. The feet and legs swelled at times. Never had rheumatic fever. Heart's apex beats in fifth space, an inch outside nipple. Systolic and pre-systolic apex murmurs present. Lungs normal.

Dr. J. B. **Ball** also showed a case of Tumour of the Larynx in a Case of Goitre. The large goitre had been growing for ten years and was beginning to cause some dyspnœa. A considerable portion of the tumour had been removed eighteen months before. Larynx at that time was normal. In August, 1893, tracheotomy had to be performed, and she had worn tube since. The larynx was examined, and a swelling was found involving right ary-epiglottic fold and almost hiding glottis. Not examined again till March 9th, 1894, when a rounded, smooth red swelling was seen involving the right ary-epiglottic fold, and covering nearly the whole of the aperture of the larynx. Since the original operation in September, 1892, there had been a considerable increase in the size of the portion of the goitrous tumour which was left.

Laryngeal Symptoms in a Case of Insular Sclerosis.—Dr. F. W. **Bennett** showed this case. R. P—, æt. 38, complained in April, 1892, of difficulty in swallowing, hoarseness, and attacks at night-time as if "some one were clutching the throat, preventing breathing." On examination the pharynx and larynx were found chronically inflamed, the uvula elongated. During inspiration the cords separated widely, the right moving most freely. In phonation the right cord moved slightly over the middle line, but the left moved fairly freely. The vocal processes met, leaving an oval opening between the cords anteriorly and a triangular opening posteriorly. Occasional tremor of the cord was noticeable. The patient was thought to be suffering from insular sclerosis.

Case of Tracheal Fistula.—Dr. **De Havilland Hall** brought forward the case of M. S—, æt. 40, on whom tracheotomy was performed at the age of twelve on account of gradually increasing difficulty of breathing. A cannula was worn up to the age of nineteen, but a tracheal fistula remained after its removal. Closure of the opening with the finger caused dyspnœa. On laryngoscopic examination the glottis was found to be very much contracted by papillomatous growths springing from the vocal cords and the anterior commissure. After these were removed with the cutting forceps, Mr. Pearce Gould did a plastic operation, and closed the tracheal fistula, which had existed for twenty-one years.

Dr. **De Havilland Hall** also showed a specimen of Syphilitic Stenosis of Larynx, from a patient who was shown at a previous meeting of the Society suffering from syphilitic stenosis. During a wrangle in the street the cannula came out, and being unable to replace it, the patient was brought into the hospital dead.

Mr. **Spencer**, who had originally performed tracheotomy in this case, observed that there had probably been some amount of neuritis of the superior laryngeal nerve, and it was most likely that the sudden death was not due merely to the loss of the tube, but to some sudden disturbance of the heart's action.

Dr. **Hall** agreed with this view, and mentioned that the patient had on several occasions suffered from syncopal attacks and vomiting.

Dr. **Percy Kidd** showed a case of Laryngeal Stenosis (? Tubercular), and a case of Small Subglottic Tumour of Uncertain Nature in a Case of Laryngeal Tuberculosis. *Larynx.*—Puckered and partly healed ulceration of tip of epiglottis. Ventricular bands much swollen, partly hiding vocal cords. Ary-epiglottic folds both much swollen. In subglottic region just below anterior commissure, and slightly to the left of the middle line, a sessile, oval, smooth, reddish tumour, of the size of a coffee bean. The tumour had been under observation for three months, and no change had occurred in its appearance. Tubercular ulceration of the epiglottis was arrested by the application of pure lactic acid. The patient suffered from chronic pulmonary tuberculosis.

Malignant Disease of the Larynx cured by Thyrotomy and Excision of the New Growth.—Dr. **Semon** exhibited two cases:—Case 1 has been already described in Clinical Society's "Transactions," vol. xxv, 1892, p. 300. Case 2.—The Rev. Canon B—, æt. 59, suffered from a bipartite growth occupying the posterior part of the left vocal cord, which extended almost to the arytænoid cartilage; the cord showed a very slight defect of mobility. The voice was marvellously clear in spite of the situation and considerable size of the growth and of the general congestion. The patient complained of pain felt in the left side of the throat, and of tenderness on pressure of the left side of the larynx. There was also some blood-stained expectoration in the mornings. Thyrotomy was performed, and the left vocal cord, together with a part of the left arytænoid cartilage, removed. The growth, on microscopic examination by Mr. Shattock, turned out to be a cavernous fibro-sarcoma. The patient recovered without the slightest incident, and in his case too the voice was nearly normal, a cicatricial ridge having formed in the situation of the former vocal cord very much as in the first case.

Dr. **Semon** observed that this tendency to the formation of cicatricial ridges doing duty for a removed vocal cord did not appear to be an isolated phenomenon, exactly the same formation having also been observed in the case of the late Mr. Montagu Williams.

Laryngeal Neoplasm of apparently Sudden Origin (Pachydermia).—Dr. **Scanes Spicer** showed this case. The patient had complained of hoarseness of about fourteen days' duration, which came on with a severe cold. Voice was clear and strong before this attack. History of catarrhs, syphilis, rheumatism, and alcoholic excess, though latter not recent (ten years ago). In region of right processus vocalis was a small oval swelling with long diameter parallel to vocal cord, papillated on surface, reddish in colour, and on phonation dipping into reddened depression on opposite cord, but there was no hyperplasia. Cord mobility perfect. Slight thickening on posterior wall. Mucosa generally red and rough. The question must remain open whether the neoplasm had arisen suddenly, or whether, during the present catarrh, a sudden increase had taken place in a mass previously too small to cause hoarseness.

Case of Pachydermia Laryngis.—Mr. C. J. **Symonds** exhibited a patient, a tailor, æt. 52, suffering from pachydermia laryngis, who stated that his voice had been affected since a boy. He had served in the army and navy. He then drank spirits, beginning as a boy with rum, which he took daily. Ten years ago he became a teetotaler and remained so till three months ago. He said he had never drunk to excess. The principal elevation was on the left side. The summit was yellow and depressed. On the right the projection was much smaller, and was more definitely arising from the inner aspect of the cord. The man had taken iodide of potassium for a month with the effect apparently of reducing the prominence and rendering it more glazed. He had had syphilis, and recently had nodes on his tibiæ. His face showed much acne. The points of interest were the definite evidence of syphilis; and the early consumption of alcohol, followed by a period of abstinence.

Mr. C. J. **Symonds** also exhibited a specimen showing the presence of a lunated fold on the outer wall of the nasal fossa, opposite the anterior extremity and the middle turbinated bone. It was convex forward, and ran from above downwards and backwards. Behind and above it was the opening into the antrum. It might perhaps represent the fold usually found below the orifice of the antrum, somewhat anteriorly situated. In order to expose the meatus, Mr. Symonds was in the habit of cutting off this fold with a knife, or removing by an antero-posterior acting curette.

Tracheal Stenosis (? Cicatricial Stricture).—Dr. **Percy Kidd** exhibited this case. The patient, æt. 38, had had syphilis thirteen years ago with secondary skin eruption and sore throat. For the last two years he had suffered from an irritable cough with profuse expectoration. About the middle of January, 1894, he first noticed dyspnœa on slight exertion, and stridor both inspiratory and expiratory. No recession of soft parts. *Pharynx.*—Scarring of posterior wall and soft palate. *Larynx.*—Vocal cords pinkish, but movements normal. The trachea could be seen for a considerable distance. There appeared to be a narrowing of the lower end, but the bifurcation was not visible. *Chest.*—Breath-sounds weak over both lungs, expiration prolonged. Snoring sounds heard with inspiration and expiration. No other abnormal sign.

Case of Adductor Paralysis of Left Vocal Cord.—Dr. **Herbert Tilley** showed a patient, R. H., æt. 23, who came to hospital five months ago complaining of "sore throat," which produced a slight choking sensation, and was usually worse in the morning. There was complete paralysis of the left vocal cord, but no swelling of the arytænoids or ary-epiglottic folds. Tubercular mischief was present in both apices.

Dr. TILLEY suggested that pressure of enlarged bronchial glands might produce paralysis, but did not know of any cases.

The PRESIDENT had seen a few cases which could only be attributed to the pressure of such glands.

Case of Advanced Tubercular Disease of Larynx.—Dr. HERBERT TILLEY exhibited a patient, Mrs. G., æt. 31, who could swallow without difficulty any semi-solid food, but the epiglottis had almost completely disappeared, only a small stump being left.

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France.

[FROM OUR OWN CORRESPONDENT.

PARIS, March 31st.

TREATMENT OF PHTHISIS.

DR. CHAUMIER, of Tours, strongly recommends carbonate of creosote, or creosotal, in the treatment of tuberculosis of the lungs, which has the advantage of being able to be taken by the mouth without irritating the digestive tract. Discovered in 1891 by Heyden, it presents a syrupy appearance, yellow, or dark brown if not well made, with a very slight odour of creosote. It is insoluble in water, and contains 94 p.c. of creosote. M. Chaumier gives from twenty drops to one drachm daily to children, and two to four drachms to adults in teaspoonful doses. These doses can be exceeded without danger. One of the first effects of creosote is to increase the appetite and the strength of the patient; the cough then diminishes, and finally the pulmonary lesions. No irritation of the stomach or intestines is produced by the highest doses. Employed on twenty patients, the result was very satisfactory, and M. Chaumier is convinced that in future creosotal will be the best remedy for that decimating disease.

ANTHROPOMETRIC PHENOMENA.

It is well known that Dr. Bertillon has been the inventor of the method of identifying prisoners by the peculiar features they may present, or by the measurement of the different organs, such as nose, eyes, ears, mouth, &c. Already the identification of 150,000 individuals is classed according to their minutest details and preserved in the great Paris depôts. The most remarkable phenomena are those of individuals with palmar hands and feet, 10 out of every 10,000; afterwards, in order of frequency, come those who enjoy the possession of eleven or twelve fingers, the little finger being the most frequently doubled. The presence of three ears has been several times noticed, and also that of three, four, five, and even six nipples. As monsters, M. Bertillon possesses a child with a calf's head (*à tête de veau*), a man with hands and feet like the paws of a dog, and another who possesses a fine mane on the back. As has been seen, a Barnum could make an excellent choice for an interesting museum.

DEATH FROM COCAINE.

At the Société de Chirurgie, M. Reclus reported the death of a man from injection of cocaine into his urethra. The patient, æt. 72, suffering from a cardiac affection, with sclerosed arteries, was treated for retention from enlarged prostate by tapping, it being found impossible to pass a catheter owing to the obstruction.

The following day another attempt was made to pass the catheter, but in vain, and to facilitate, before recurring to an operation, the entry of the instrument, an injection of six drachms of a five per cent. solution of cocaine was made. Immediately the man's face became livid, seized with a violent rigor, he sat up in bed and fell back dead.

M. Reclus calculated that at least twenty grains of cocaine must have been injected, while the proper dose, suiting all intents and purposes, was two grains. Evidently the patient died from an overdose of cocaine.

POISONOUS PROPERTIES OF THYROID EXTRACT.

A communication has been made to the Société des Hôpitaux by M. Chantemesse respecting a case in which the thyroid extract, while useful up to a certain point, produced excessive vertigo and other inconvenient symptoms when pressed, together with elevated temperature and great restlessness, but these symptoms passed off in a little time.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 30th.

TISSUE JUICES AND THERAPEUTICS.

IN my last letter I referred to the experimental researches of Fürbringer on the subject, and am now in a position to give further details. The thyroid gland treatment in myxœdema in Hr. Fürbringer's hands showed a short but vigorous existence. The first who had transplanted thyroid tissue in the treatment of myxœdema or *cachexia strumipriva* was Kocher.

His experiments were commenced ten years ago. In all investigations both clinical and experimental it was shown that a specific action took place, wherever the transplanted lung thyroid gland continued to grow. In spite of the rarity of myxœdema publication increased rapidly. From England either considerable improvement or complete cures were reported. As regarded the method of administration, subcutaneous injection was soon introduced in place of transplantation. By and bye the attempt was naturally made to give the gland by the mouth. It was swallowed both raw and cooked, as powder, &c. It was found that the action was identical, however given. The common factors for improvement were diminution in the myxœdema, raising of the temperature, acceleration of the pulse, increase in the urine and in the excretion of nitrogenous constituents. The dull look of the patients disappeared, they became more talkative, lost their psychical depression, and even their intelligence returned. The investigation had uniformly showed that thyroid juice was, as regarded the system as a whole, a very important, yet indispensible substance. Zanda had made a remarkable experimental observation When he extirpated the spleens and thyroids of dogs at the same time, they did not become affected with myxœdema but only when he removed the thyroid alone. He concluded from this experiment that the spleen poisoned the blood and that the poison was removed by the action of the thyroid. One could contemplate the triumph of therapeutics with pride were not some degree of caution necessary with regard to it. He was not thinking of local troubles or failure of the treatment, but of the extremely dangerous state of cardiac weakness that came about as a consequence of the treatment—anæmia, stenocarditic condition, cases of sudden death (inquest in Edinburgh). Hoffman described a peculiar cachexia coming on in consequence of the injections more dangerous than the myxœdema itself.

As regarded the treatment of diabetes by pancreas juice, this was of more recent growth. Here also we have two little experimental foundation of Thiroloix, who treated two dogs with pancreatic juice, and observed that, generally speaking, they did not become glycosuric when the pancreas was removed. The reports of authors differed materially. During the last few days he had begun the pancreatic treatment in two cases of diabetes, so far without any marked result. Renvors also had treated a case of diabetes in the same way.

The incorporation of nerve substance ("cerebrin") he could only designate along with Leyden as a therapeutic wonder. The chief experimenters were Babes, in Bucharest, and Paul, in Paris. The brain and spinal cord of rabbits, sheep, and oxen were employed, and cases of tabes, neurasthenics, &c., were treated, Negel found with no perceptible action.

With regard to the notorious Gatschkowski's "vitaline" that caused the death of a Russian dignitary, the speaker had in vain tried to satisfy himself as to its composition, but he had ascertained from pharmacological report that it contained borax, glycerine, testicular extract, some cerebral and vegetable alkaloids. Since the cerebrin publication a gentleman of his acquaintance had ceased to eat calves brains as he feared a transmission of the properties of the calf's organ of mind might take place. Cardine was formed from eight months' maceration of the heart of the calf. It naturally works wonders in all possible diseases (Onimus Hammond).

Nephrine had recently been used by Brown-Séquard, who was of opinion that the internal disturbed secretion was restored by injection of it. More recently still hepatine and musculine had been brought forward by Brown-Séquard. He recommended that his extracts should be sprayed through the larynx into the lungs.

In conclusion, he might say that upon the whole we had to deal with recommendations, the inner scientific nucleus of which we must respect. This was especially the case as regarded thyroid therapeutics, and also Pöhl's spermine, other organic extracts might wander back into the laboratories to which they belonged. The principal thing was clinical determination, and this was enormously difficult. Here the mysterious force of suggestion might deceive even the critical glance. At the same time he could not yet agree with those who put down all treatment by organic juice as a new phase of suggestive therapeutics. We must move untiringly onwards in order by clinical observation to substitute the actual in place of the questionable.

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Austria.

[From our own Correspondent.]

Vienna, March 30th.

At the meeting of the Gesellschaft der Aerzte, Hr. v. Hacker showed an elderly woman on whom he had performed a plastic operation for carcinoma two years ago. He had brought down a flap from the forehead, and the result was excellent.

Hr. Büdinger then gave an address,

Healing of the Ureter in the Bladder.

The speaker said that in suturing the ureter at operations there were two dangers—the tearing out of the suture and the formation of a stricture. The attempt had therefore been made to suture the ureter to the bladder, but experiments in this direction both in men and animals had not succeeded very well. The speaker had now employed Witzel's method of gastrostomy for the implantation of the ureter into the posterior wall of the bladder. The abdomens of dogs were opened, the bladder drawn forwards, the ureter drawn forwards, and cut through a few centimetres above its point of entrance into the bladder. The end was then inserted into a slit in the posterior bladder wall, whereupon its sheath was fixed to the muscular coat of the bladder and the peritoneum. Six weeks after the operation, which was well borne, the ureter was found firmly attached and completely pervious. After these attempts, the speaker proceeded to test the method in the case of ureteral fistula. He therefore made a fistula in the ureter of a dog, opened the abdomen afresh three weeks later, picked up the ureter, made a longitudinal incision into it, which he fixed to a similar incision in the bladder, and fixed it in position. A month afterwards the dog was killed: the ureter was found fixed to the bladder, and was easily permeable, the upper part was slightly dilated, and also the pelvis of the kidney to a slight extent. He thought this method of operation was applicable in the case of the human subject.

Hr. J. Schnitzler then showed a man who for two years and a half had had

A Chondroma of the Chest Wall

which reached upwards to the manubrium, on the right to the mid-sternum, on the left to above the nipple line, and downwards to the arch of the ribs, and which projected 5 cm. above the skin level. The growth proceeded from the ribs, passed through the intercostal space, and was attached to the pericardium. At the operation the pericardium had to be opened, so that the heart projected through an opening the size of the palm of the hand. The sutures to the pericardium tore out. For three weeks long the cardiac movements could be seen through the flaps, but by the flattening of the thorax the ribs had come so well together that a celluloid covering for the defect was no longer necessary.

Hr. Ewald then showed a woman suffering from

A Peculiar Bone Disease.

The patient, a woman, æt. 49, fell on her left elbow seventeen years ago, upon which pains came on in the left arm. Four months afterwards, the arm swelled and became red, with rigors and fever. The fever and pain gradually subsided, and an increase in the bone substance came on in places, and in 1886, after an injury, the patient had a swelling of the manubrium sterni that came on with fever, but gradually subsided. A later injury to the head was succeeded by a series of cerebral symptoms, with redness and swelling of the face. The hyperostosis of the arm was still present. The affection was not syphilitic, the cerebral symptoms were against the case being one of Paget's disease. It most resembled concheolini-ostitis, but there was no connecting link with this as it came on in youth.

Herren Obersteiner and Redlich then gave an address on

The Nature and Pathogenesis of Tabes Dorsalis.

They said that in incisions made along the posterior roots normally, the posterior root, at the point of entrance into the cord showed a noticeable narrowing or constriction. According to their observations, it was only in tabes that there was a meningitic process that led to inflammatory thickening of the pia mater, whereby the constricted part of the posterior root was still more compressed. The vessels lying there were atheromatous, thickened, and also contributed to the compression of the posterior root. The changes found were in unison with the known anatomical and clinical facts. We now understood much better the connection between tabes and syphilis. The latter, as was known, showed a tendency to wheal-like thickening of connective tissue and to disease of vessels, and thus to the identical changes found in tabes. The coincidence of atherosis and tabes was also more easily comprehended. The lancinating parts were explainable by pressure on sensory nerves. The results of anti-syphilitic treatment at a period when meningitis in the form of an exudation was present were explainable by the condition found. In the same way, we understood the partial results of nerve stretching, as by it, as Gussenbauer had shown, the stretching implicated the cord itself, and produced certain softening of the connective tissue.

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The Operating Theatres.

MIDDLESEX HOSPITAL.

Combined External and Internal Urethrotomy—Mr. **Pearce Gould** operated on a man, æt. 60, who for many years had suffered from urinary trouble culminating with an abscess in the perinæum; at the time of operation there was a tight unyielding stricture in the deep part of the urethra, and it was impossible to get any instrument into the bladder. Mr. Gould said he proposed to divide the stricture by Wheelhouse's method, then put in a catheter and sew up the urethral tissues over it, completing the operation by sewing up the muscles and fasciæ and finally the skin. He pointed out that what he was about to do was really combined external and internal urethrotomy, the advantages being:—1. That the patient goes out at the end of a fortnight instead of having to remain in the hospital at least two months, as would be the case with ordinary perineal section. 2. That the surgeon can be absolutely certain that all the stricture is divided. 3. The absence of hæmorrhage. He mentioned that he had practised this method only once before, and that it had answered admirably. A straight grooved staff having been passed down to the stricture, Mr. Gould cut down in the perinæum, divided the stricture, and got into the bladder, utilising first a probe and then a gorget; he then passed a full-sized gum elastic catheter through the penis into the bladder. After thoroughly irrigating the wound with an antiseptic solution he proceeded to sew up the tissues of the urethra over the catheter; he then brought together the muscles and fasciæ, and finally the external skin wound, making use, except for the skin, of a very convenient needle on a handle having the eye at the point but the edges being perfectly blunt. The catheter was tied in and dressings applied to the perinæum.

In "Operating Theatres" of last week's issue Mr. Pearce Gould was made to appear as if in favour of the patient's wrist being kept under her neck during excision of the breast; it should have been exactly the contrary, as Mr. Gould strongly disapproves of such a position.

Vaginal Hysterectomy.—Mr. **Bland Sutton** performed vaginal hysterectomy on a woman, æt. 46, suffering from cancer of the body of the uterus. The patient was the mother of several children, the youngest being five years of age. When she first came under observation, she complained of hæmorrhage from the vagina, and great pain in the loins. The bleeding had continued for six weeks, and up to this period her menstruation had been normal. The os was patulous and the wall of the cervical canal suspiciously hard. She was advised to rest absolutely in bed for two weeks. At the end of this period the hæmorrhage was worse. She was admitted into the hospital, and on examination under chloroform, the uterus was found slightly enlarged, and the cavity was somewhat dilated, the introduction of the sound being followed by free bleeding. The canal was then dilated with Hegar's dilators, and the body of the uterus was found to be filled with soft material which bled readily. This soft substance was detached with a blunt spoon, and the bleeding checked with water at 110° Fahr. On examining the matter removed from the uterus under the microscope, it was found to be characteristic of cancer of the body of the uterus, and as the case appeared very favourable for operation, the patient was advised to submit to hysterectomy. She was placed in the lithotomy position, and the external genitals and vagina douched with perchloride solution (1 in 1,000). (The parts had been previously treated in a similar manner three hours previously.) The bladder was detached from its relation with the cervix; the recto-vaginal pouch was then opened, leaving the uterus free in front and behind. The lateral connections were next dealt with in the following manner: The tissues of the lower part of the broad ligament were transfixed and securely tied with a silk ligature, first on the left, then on the right side, and the tissues cut through, care being taken to keep close to the cervix. The uterus was then drawn lower into the vagina, and the remaining segment of the left broad ligament transfixed with a double silk ligature, tied as in ovariotomy and cut through. The same manœuvre was carried out on the right side, and the uterus cut away. The ligatures were then loosely knitted together, the vagina carefully irrigated with plain water at 100° Fahr., and a strip of iodoform gauze laid in the vagina. There was very little blood lost throughout the operation. On section, a cancerous surface the size of a shilling was found at the junction of the cervical canal and uterine cavity. Mr. Sutton pointed out that the only method of diagnosing with certainty cancer of the body of the uterus consisted in dilating the canal, obtaining fragments of the growth and examining them microscopically. The method, he said, had been carried out in this case with gratifying results.

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The Dublin medical students appear not to have been reduced in temperature by the Easter holidays. They have addressed, as is quite proper, a separate memorial to the College of Physicians setting forth the grievances which were submitted to the College of Surgeons. They are also somewhat impatient and fretful, and are about to hold another indignation meeting because the Council of the College of Surgeons have not assembled (for the students' behoof in special haste in Easter week). These young gentlemen, it would appear, have yet to learn that they must take their turn with other people in the order of College business, and that their impetuosity, not to say bumptiousness, will not at all advance their cause. What they have to say ought to be said calmly and argumentatively, and considered in the same spirit, and newspaper bluster and stump agitation are quite out of place in the discussion of such matters.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 4, 1894.

THE STATE IDENTIFICATION OF CRIMINALS.

THE department of criminal police has been active of late, stimulated doubtless by the remarkable and startling perfection of the methods of criminal investigation and identification pursued in Paris. There the system of M. Bertillon is now firmly established, and has attracted considerable attention from many countries of the civilised world. Quite recently a blue-book has been published containing the report of a committee appointed by the Home Secretary to inquire into the best means of identifying habitual criminals. The lay press has from time to time made its lay readers more or less familiar in a general way with the Bertillon system; but this report as the result of personal investigation at the Prefecture of Police in Paris goes more fully into details, and examines the method there in vogue in a critical as well as complimentary spirit. The English system, especially in country districts, has been too much a system "by rule of thumb." The English police practice is described as widely varying in different police districts, and as being chiefly dependent on personal recognition by police or prison officials. Add to this the occasional aid of photography, and the routine practice of long, often irrelevant reports, and we have the gist of the matter, at least outside the great English cities. The feeling seems to be growing in the Criminal Department of the State, that while this may do well enough for local residential criminals, it will not do for the travelling fraternity whose head-quarters are in large centres, and for the international criminals who visit our shores and find an asylum in the Metropolis. Accordingly, the committee already referred to has made an exhaustive inquiry, going even beyond the mere question of identification, and the report is very interesting and suggestive. They examined critically the Bertillon method and the system recommended by Mr. Francis Galton. The principle of the former method consists in taking a record of each prisoner, comprising certain measurements which depend mainly on the lengths of bony structures in the body. These are tabulated on cards, so classified that the man and his card can be identified the one with the other, without his name being known, or in spite of any number of *aliases*. The following are regarded as perhaps the most important measurements:—(1) Antero-posterior and lateral cranial measurements. (2) The length of the left middle finger. (3) Of the left forearm; and (4) Of the left foot. These are regarded as the most constant in each individual and the most widely varying in different individuals. Galton's system is to work by taking impressions from the bulbs below the tips of fingers and thumbs. Further, by the use of printer's ink he takes impressions on cardboard from the palms of the hands. As the result of a long investigation in this direction Mr. Galton has assured himself that the chance of two finger prints being identical is less than one in sixty-four thousand millions. In reference to this the Committee say: "We are clearly of opinion that for the purpose of proving identity, the finger prints examined and compared by an expert furnish a method far more certain than any other." For the purpose of classification, Mr. Galton recognises three types of finger print impressions, viz., "arches," "loops," and "whorls." These by a series of formula he further elaborates, and thus a personal distinction is observed in the case of each individual. The Committee are not yet satisfied that this system can be followed *ad libitum*, though the plan has worked very well up to 2,500. Briefly, the Committee's finding may be summed up in this, that Bertillon's and Galton's methods should be combined to supplement and strengthen the old method, that the latter should not be discarded for the present, but that reports should be abbreviated. There must certainly be a strengthening of the hands of justice by the inauguration of such a system, and the only regret we would express is that it is not an international one. London is an international centre for revolutionary criminals, the most dangerous of all classes, and such terrible catastrophes as have recently occurred in Paris and threatened London itself should be a warning not only to this country, but to the civilised world.

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EYE DISEASES IN GENERAL PRACTICE.

The question of how much knowledge of special practice is necessary for the general practitioner can by no means be readily answered. Its adequate discussion would require far more space than that contained within the limits of an ordinary journalistic article. The subject, indeed, might be brought forward with considerable advantage at one of the larger medical societies, perhaps in the form of an inaugural address. In some form or other, the growth of the specialities presents an ever present difficulty to those who are responsible for the control of medical education. As each year adds to the sum total of our special knowledge, it obviously becomes more difficult for any ordinary man to retain anything like a comprehensive grasp of the principles of medical progress. Nor is the proposition less obvious that it is impossible for any single individual to acquire a full, thorough and adequate knowledge of more than one or two specialities. Yet the men of light and leading are for ever insisting that this or that highly specialised branch of learning should be added to the curriculum of the medical student. At one time it is suggested that candidates should show proficiency in mental diseases, in gynæcology, in fevers, or in diseases of the throat. At another time it is proposed that they shall be examined in diseases of the skin. Indeed, that proposition was brought forward at the last meeting of the British Medical Association. Happily for future generations of students the matter was allowed to drop, but not before several speakers had pointed out that leading dermatologists themselves were not agreed upon the diagnosis and nomenclature of several well-recognised skin affections. A difficulty of a similar sort became apparent a short while since at the Ophthalmological Society, where members were not at all in accord as to what constituted so common a malady as school ophthalmia. But while the general practitioner is not concerned with the determination of doubtful points in ophthalmic practice, yet his general education cannot be considered as complete unless it embraces a thorough acquaintance with a number of ordinary eye conditions. He must know, for instance, the symptoms of asthenopia which are due to refractive errors. He will not attempt to correct those visual errors when present, nor will he allow his patient to trust himself for that purpose to the arrogant pretensions of a self-educated optician, or indeed to any one but an oculist skilled in retinoscopy. Then the practitioner must learn to recognise acute glaucoma, no very difficult matter, if he accustom himself to examine the tension of normal eyes. At some period or other of his professional career he is certain to come across a case of the kind, where promptness of action is absolutely essential to successful treatment. It is hardly necessary to add that he should be familiar with the ordinary conjunctival affections, such as trachoma, phlyctenular disorders, and the various forms of acute ophthalmia. Among the last-mentioned ophthalmia neonatorum and gonorrhœal ophthalmia will test his resources to the uttermost. The intelligent treatment of the common diseases of the cornea falls equally within the province of the general practitioner. To this list other maladies, such as blepharitis, syphilitic iritis, and so on, might be added; but enough has been said to mark out broadly the ground that is common to specialists and to the profession generally. Where to draw the line is another and less easy matter to define, and much will depend on the actual knowledge of the non-specialist. The more he knows the less likely he is to do harm to his patient, for he will recognise his own helplessness in any particular case. Another point is that practical special skill is often more necessary to the country practitioner than to his urban brethren. The one has to rely in urgent cases upon his own unaided resources, whereas the other has always hospitals and specialists conveniently at hand. It is an admitted truism to say that the general practitioner will find it to the advantage not only of his patients, but of his own reputation, if he master a few general principles in the diagnosis and treatment of eye diseases. In many cases, as already hinted, so great is the accumulation of special knowledge in this branch that he will be able to do little more than realise his own ignorance. Then he will call in the specialist to lay down definite lines of treatment. Nor is he at all likely to interfere with matters outside his skill. To a conscientious and well-educated practitioner the limitations of his interference are no less clearly defined than the field of his capabilities, which are unhesitatingly brought into play when demanded by the interests of his patients.

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THE DUBLIN WINTER CONJOINT EXAMINATIONS.

The return by the Committee of Management of the two Colleges for the January examinations shows a slight improvement on last year, both in the numbers of candidates and in their educational quality, if the rejection percentages are to be taken as a test. Thirty-eight candidates came up for the Final, against 33 this time last year, and of these, 52·60 per cent. were rejected, against 57·60 last year. It is satisfactory to note that the method of marking which was introduced at the instance of the College of Physicians a few years ago has been got rid of, and the former system of marking by numbers has been restored. Under the system now abandoned a complicated code of signs was adopted. If a candidate answered in any subject barely up to past standard, he got a P; if his answering was better than a bare pass, he got a P plus 1, or P plus 2, or P plus 3, as the case might be. If, on the contrary, the candidate's answering fell slightly below pass standard, he got a R. U., which meant that he was to be rejected unless he showed particular merit in other subjects, and if the answering was specially bad in any subject, he got a R. in that subject, which meant that he should be rejected in it, no matter how well he might answer in others. The object of this system, against which nothing can be said but that it was complicated, was to allow some elasticity in the examination, so that the candidate, while liable to peremptory rejection if grossly ignorant of a subject, should be allowed the credit if he appeared to be a "good all-round man." The Medical Council Visitors, however, did not approve of this compensatory arrangement, and they maintained that the candidate should stand or fall by the arithmetical test of a fixed and immutable mark, so that, if a student displayed the extremest erudition and practical capacity in every subject save, say for instance, forensic medicine, he should in no wise be allowed to get his diploma. In this view the General Medical Council is, we think, all wrong. It would be wrong even if examiners were immaculate (which they are not), because by the rule of an immutable mark, the insignificant subjects, such as mental disease, vaccination, and forensic medicine, are raised to a position of as much influence in the student's passing as anatomy, medicine, surgery or midwifery, which are, so to speak, the life-blood of his future practice. The Committtee of Management for these Conjoint Examinations has, in our opinion, made this mistake of the General Medical Council much worse by decreeing that in future, under the numerical marking system, pass "by vote" shall be impossible. The pass "by vote" was the means by which the discretion of the entire Court was enabled to over-rule the incapacity or faddishness of any one examiner, and to pass a man, notwithstanding the refusal of that examiner to give him a pass mark. It should be understood that, under the "vote" system, no danger could arise of the passing of a man grossly ignorant of a subject, because it was always open to the examiner to give a 0, which absolutely debarred the candidate from the benefit of a "vote," and in any case, the full Court almost never passed a man in face of the persistent objection of any one examiner. In order that a perfect interchange of opinion on the merits of condidates should be arrived at, a conference of the entire Court, without exception, assembled after each examination, when the marks of the candidates were read out *seriatim*, and a mutual decision as to "pass or pluck" come to, often after considerable pleading. If, as the Committee of Management has decreed, the "pass or pluck" is to be determined in future by a mathematical formula, it is difficult to understand what advantage can be gained by the assembly of a conference, and equally difficult to understand what advantage will accrue to any candidate from acquiring a higher standard than is essential for a bare pass.

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Notes on Current Topics.

The Earnings of a Liverpool Quack.

When the fact of the miserable incomes in many cases of fully qualified and highly competent medical men is taken into account, the announcement that a Liverpool quack has for some time been able to wheedle out of the British public an income of between £3,000 and £4,000 a year is suggestive of anything but pleasurable reflections. Fortunately, however, the career of the quack in question has come to an untimely termination, inasmuch as he has been convicted of fraud and sentenced to penal servitude for five years—the maximum penalty. As is invariably the case with this class of swindlers, he resorted largely to advertising, and adopted the title of "Professor," despite the fact that he had previously followed the somewhat unpretending occupation of a bill-poster. His line of practice was chiefly that of the treatment of the sexual functions of the male sex, a most fertile arena for fraud and deception. His "patients," according to the report of the trial, included merchants, office boys, college boys, and clergymen, all of whom probably applied to him while labouring under the false impression that there was something seriously at fault with their generative functions. The ignorance among boys and youths in respect to the normal changes which ensue in the generative apparatus at the time of puberty is natural enough, but there is hardly any excuse for men of maturer age, clergymen and others, for the wholesale manner in which they are accustomed to throw themselves into the hands of unprincipled quacks on account of imaginary sexual derangements. We cannot too strongly urge upon all those who allow their fears to overcome their discretion in these matters to proceed at once to make their confidant of a medical practitioner, whose advice would in the majority of cases soon have the effect of restoring their peace of mind.

Mrs. Besant as a Ganges Bather.

The Editor of the *Theosophist* has written a letter to the public newspapers defining Mrs. Besant's position with regard to latterday Hinduism. From his statements it appears that the lady in question has openly and often declared herself a Hindu of the Aryan, and not at all of the corrupt modern, type. Into the subtle eclectic wilds of "*Theosophia*," peopled with its Vedas and Ufanishads, and other strange gods, it is impossible for the average mortal to follow. There is another and plainer point, however, raised in the letter above alluded to. From the editor's account we gather that during his absence some enemy crept into his office and sent to press an untrue statement to the effect that Mrs. Besant, "as becomes a devout Hindu, bathed daily in the sacred Ganges at Allahabad during the Kumbha Mela." We are glad to hear, however, that Mrs. Besant did not go near the water, nor bathe in the sacred stream even once, whether as Hindu or otherwise. This is reassuring, for one could hardly wish his greatest foe to run so terrible a risk as that involved in bathing in the Ganges, more especially about the time of the festivals. Now that the position of cholera as a water-borne disease is firmly established, these great meetings of pilgrims can be looked upon as little more than huge artificial centres of epidemic infection. The excreta of many thousands of infected persons reaches the river, the water of which is drunk by the natives as a part of their ceremonial rites. The editor describes graphically how he, "together with Mrs. Besant and other friends, watched the vast multitude (numbering a million and upwards) bathing, making their puja, and moving about in dense masses." It is time the authorities interfered with these religious gatherings in the interests of the nation whose government they have undertaken.

Anti-Cruelty and Anti-Vivisection.

The recent decision of the London magistrate upon the charges of cruelty brought against the Aquarium lion-tamer affords some suggestive food for reflection. The fact appears to have been established that the lions were cruelly treated during their performances, but the summons was dismissed upon other grounds. Without hearing evidence for the defence, the magistrate stopped the case on the ground that lions were not "domesticated animals," to which alone the statute applied. He doubted whether previous convictions for torturing captured linnets could be upheld under a proper reading of the Acts. Possibly, or probably, the next step of the S.P.C.A. will be to agitate for an enlargement of the scope of the Act so as to include wild animals. This logical extension of a sound principle cannot fail to meet with the general approval of humane men. It would, however, plunge the Society into a perfect abyss of aggressive work, for every fish, bird, and beast which is at any time chased or captured would be entitled to its protection. As matters stand, any brutal tamer is permitted to thrash his lions to death's door without let or hindrance, in order that he may pander to a low and vulgar craving for sensational amusement. At another time, a barbarous foxhunter, called by courtesy a gentleman, may cruelly ill-treat his horse on the hunting field, and escape with a trifling fine. On the other hand, the experimental physiologist, who has in view the highest ends open to humanity, finds himself hedged in with harassing and insulting laws, while he is held up to public opprobrium as a past-master in heartless cruelty to animals. Still, there is hope for the future now that the societies have ventured to beard the menagerie keeper and the still more powerful sportsman.

A Peculiar Madness.

The differentiation of the various forms of insanity grows apace, and the old cry of excessive terminology and elaborate classification is of no account. The latest form of madness is reported from the Asylum of Sainte-Anne, in Paris. The patient so affected is regarded as entirely sane in all respects but two. One, an incontrollable impulse to bark like a dog, and to otherwise imitate "all the modulations of the canine voice." The other, a passion for the number "three." The barking mania, we take it, is not quite exceptional, for it is not unusual for epileptics and idiots to mimic dog-barks, and the passion for the number three is by no means uncommon among the sane. Dr. Oliver Wendell Holmes observed how frequently men think in triads. The fact is that few men have not some peculiarity of mental habit known only to themselves, and the tendency to nominate everything of the kind a monomania or madness is absurd. It will have this effect by-and-bye, that madness will not be regarded as so grave an affliction as in days gone by.

Fragile Paraffin Lamps.

The public has long been painfully familiar with the danger attending the use of paraffin lamps in which the chamber is made of glass or other fragile material. Statistics show a large annual destruction of property and of life directly due to the breaking of such lamps. Last week the attention of the Clerkenwell Vestry was drawn to an occurrence of the kind in their district, where in one room, father, mother, and three children lost their lives by the upsetting of a paraffin lamp. At this meeting it was resolved to memorialise the Home Secretary with a view of having lamp reservoirs made of non-fragile material. This is a more practical step than the abstract rider which is commonly appended to the verdict by coroners' juries in similar cases. It cannot be too clearly realised that nothing short of legislative prohibition is likely to stay the hand of the manufacture of these dangerous articles. Glass is a cheap and handy material for the purpose, and is certain to be used regardless of its remote risks so long as permitted by law. There can be no doubt that to prohibit the use of fragile materials in the body of paraffin lamps would cause a revolution in the lamp industry. On the other hand, it is equally evident that nothing short of drastic legislation will suffice to deal with this ever-present cause of preventable mortality. Apart from the question of glass receptacles, every householder should know that the wick ought to be enclosed in a metal tube dipped deep into the oil, so as to prevent the possibility of lighted wick getting into the chamber. Each wick, in addition, should be provided with an extinguisher of approved pattern.

The Volunteer Medical Staff Corps at Netley.

The members of the Volunteer Medical Staff Corps who attended the Easter training at Netley may be congratulated on having had an exceptionally good and pleasant experience. About 200 men of all ranks were present under the command of Surgeon-Col. Norton. The weather was simply perfect, and nearly the whole of the time at the disposal of the corps was passed in various kinds of drill in the open. This highly important exercise was directly due to the action of the P.M.O., who was good enough to reduce the attendances of the men in the wards to a minimum. The actual work included military bandaging, bearer, company, stretcher, waggon and other drills, as well as the valuable and novel experience of embarking and transporting wounded men in boats. Easter Monday from seven to one was occupied by field exercises such as would be carried out in actual warfare. The detachment was in charge of Colonel Norton, Surgeons-Capt. Raw, Matthews, Adjutant Hayes and Quartermaster Captain Robinson. It was housed in wards of the hospital, where the men were most comfortably quartered. Commissariat arrangements were exemplified by the kind help of the Quartermaster of the Netley medical department. At the close of the training the P.M.O. expressed his satisfaction with the military bearing and thoroughness which had characterised the visit of the V.M.S.C. to the camp.

The Reorganisation of the Army Medical Control.

A recent number of the *Broad Arrow* contains a succinct, business-like, and reasonable epitome of the faults of the existing system of Army medical organisation, and the changes essential to make it more efficient. The author is manifestly conversant with his subject, and has the capacity to touch with a point the weaknesses of the Service control. We regret that we cannot produce the article, nor even give an exhaustive summary of it. The author holds that the central flaw in the system is centralisation of petty work in the Director-General's Office in London, and upon the D.G. himself, who is occupied with frippery details which ought to be dealt with by subordinate officers, leaving the D.G. free for the general direction of his department and for higher official functions. Every argument put forward in this *Broad Arrow* article commends itself to the medical mind as forcible and sensible, and we wish it could be read far and wide not only by doctors but by the public, and still more by the "military advisers" of the War Secretary, to whose jealousy is due the non-realisation of the desired reforms.

Mr. Watts and the College of Physicians.

Under the not strikingly appropriate introduction "ubi tres medici ibi duo athei," one of the morning newspapers discusses the recent decision of the Royal College of Physicians with regard to the portrait of their late President. It appears that Mr. Watts offered to present the Council with a replica of a likeness of Sir Andrew Clark taken shortly before his death. This offer, however, was declined by the College authorities, who have commissioned Mr. Lehmann to paint a portrait for their collection. Without entering into the comparative merits of the artists, or into the relative value of *ante* or *post mortem* portraits, it may be confidently assumed that the Council did not arrive at its conclusion without careful consideration of the circumstances of the case, otherwise the action of the Council in refusing so magnificent an offer would be inexplicable.

The Use of Ambulances in Mines.

The difficulty of carrying injured men through narrow and uneven passages in mines has often been recognised. But a special form of ambulance has now been designed by which it is held that the difficulty in question is largely overcome. The invention is due to a Belgian medical man, Dr. Paul Troisfontaines, and consists of a sort of hurdle or litter, made of hoops, placed parallel and joined by a fabric of cord or mat, somewhat like a hammock, thus giving, when required, rigidity in one direction and flexibility in the other. The injured man is laid in the litter with his legs extended and his arms at the side of his body; the upper part of the litter is then folded over and secured by three or four straps. The contrivance seems simplicity itself, and is well worthy of the attention of colliery managers in this country.

Death of One of the Pioneers of the Volunteer Movement.

The Volunteer movement was first promulgated by two medical men—Dr. Pycroft, then living at Kenton, a village near Exeter, and Dr. Bucknill, the present Commissioner in Lunacy. It originated out of a dinner given at Dr. Bucknill's house, in the year 1852, and the idea was first made public in a letter addressed to the *Exeter Gazette*. The scheme was then elaborated and submitted to the Government of the day, by whom it was substantially endorsed. The death has just been announced of one of the three who took part in what may now, we suppose, be called that historical dinner party—namely, Dr. Pycroft. In an appreciative notice of his life-work our contemporary the *Devon and Exeter Gazette* calls attention to the fact that he has passed away without having received any public recognition of his services in connection with the promotion of one of the most successful national movements which has ever been promulgated in this country. Dr. Pycroft, as one of the authors of the movement which has been of such value to England, and has excited the admiration of the world, was last week "carried to his resting place on the slope of the Haldon Hills, which were the first to ring with the report of the rifles of the Volunteers." Surely, even now, it is not too late to make some amends for the neglect which has been shown one of the fathers of the Volunteer movement. Cannot something be done to perpetuate his memory in consideration of the vigorous part he played in promoting the success of his offspring? But while Dr. Pycroft is dead and beyond the reach of mundane rewards, what is to be said of Dr. Bucknill, who, we believe, is still also unrequited for his share in the promotion of the citizen army?

Stimulants for Paupers.

The Liskeard Board of Guardians has made a new departure. It has appointed a medical officer, but imposed the condition that all alcoholic liquors should be regarded as medicines and supplied by a doctor gratuitously under his contract. We apprehend that the Local Government Board will have something to say on the subject, for, if alcohol is to be regarded as a medicine, there seems to be no sufficient reason why beef-tea and eggs should not be included in the same category.

The death in London, on Good Friday last, of Dr. M. L. Brown has created a vacancy on the staff of the Exeter Dispensary. For this post we hear that Dr. Russell Coombe is now a candidate. Dr. Coombe is the author of a useful little epitome of the British Pharmacopœia, and some years ago was House Surgeon at the Devon and Exeter Hospital. Moreover, as a Cambridge Graduate and a Fellow of the College of Surgeons, England, he has undeniably strong claims to the favourable consideration of the Governors.

Mr. Heuston, Surgeon to the Adelaide Hospital, Dublin, has been appointed Consulting Surgeon to the Cripples' Home, Bray, *vice* Mr. J. K. Barton, deceased.

The Administration of Lunatic Asylums.

It will be recollected that, three years ago, we resisted with all our influence, but in vain, the proposal of the Lunacy Authorities for Ireland to clear the visiting physicians out of the way of the superintendents, and to substitute for them junior assistants who would be well under the thumb of the residents. If anyone seeks justification for our resistance to this proposal, let him read the letters of disgusted English assistants published within the last few weeks in a contemporary:—"One who has held such an appointment solemnly warns 'any young medical man, unless physically incapacitated from practising his profession in any other way, against entering upon asylum life.' He found that he had no status whatever, and that he was liable to be held responsible for any treatment of patients or mismanagement of his wards, even when acting solely under his chief's orders." Another correspondent says that radical changes are required before the study of lunacy will attract men of real ability, promote the study of psychology, or advance the position of asylum medical officers; and he suggests that "superintendents should be chosen, not, as now, because they are good farm stewards and administrators; and that assistant medical officers should be selected, not because they have high cricket averages, play a good game of whist, or have a baritone or tenor voice." The picture here drawn of the English Lunacy system represents that which Irish Lunacy administrators were adjured to bow down to and worship, and when unbelievers objected to a subservient boy being put in the place of a responsible medical officer, they were told that they were behind the time, and did not understand the methods of modern psychology. Emphatically we retain the opinion that the extinction of the visiting physicians in Ireland in order to complete the despotism and the irresponsibility of the resident medical superintendents was a discreditable job, and fraught with disaster for the Irish Lunacy system not less than for the unhappy patient, one of whose safeguards was by this means withdrawn. The visiting physicians who sold their birthright for the mess of Dublin Castle pottage and assented to the extinction of their office because they were secured a continuance of their salaries for life deserve no sympathy in the matter. The public and the pauper lunatic are the persons who have suffered.

Medical Practitioners and their Bonds with Assistants.

A small detail which is not generally known in respect to the drawing up of the usual bond preventing an assistant to a practitioner from starting practice in a neighbourhood in competition with his principal is well worthy of notice. The point in question relates to the sum recoverable in the event of the bond being broken. Usually, a large sum is mentioned, for example, £100, £200, or even more. But therein comes the mistake. The amount to be claimed under the agreement should be under £50, for the following reasons;—Supposing the assistant takes it into his head to leave his principal for the purpose of starting a practice in opposition, the principal may instruct his solicitor to take proceedings, but any such proceedings could only be heard in the law courts if the sum mentioned under the bond was *over* £50. The result of this would be that months would probably elapse before the law would be able to reach the assistant: whereas, when the sum is below that of £50, proceedings could be taken at once in the district county court, a method of procedure which would be calculated seriously to interfere with the assistant's prospects. A case in which an assistant defied the bond, and commenced in the same street to compete with his former principal, has just been brought under our notice; in this instance the penalty under the bond was £100, but the assistant was good enough to inform his principal that the agreement was of no more value than waste paper, owing to the time which would have to elapse before proceedings could be taken.

The Chelsea Hospital for Women.

The position of affairs in regard to the dispute between the Chelsea Hospital for Women and the Medical Officer of Health for Chelsea appears to be one of determination on both sides to fight to the bitter end. The Vestry, it may be observed, have thoroughly espoused the cause of their Medical Officer and are prepared to undertake his defence in the event of proceedings for libel being commenced against him by the hospital staff. Dr. Parkes, however, has declined legal assistance from his Vestry, and has intimated that he will fight his battle unaided by ratepayers' money, believing that this course will leave him unfettered in instructing his own legal advisers should any action be taken. Meanwhile a committee of investigation has been appointed by the hospital authorities for the purpose of dealing with the allegations which have been made against the staff. We trust that the inquiry will be an exhaustive one, and that it will include the mortality statistics of the hospital for a period of years, an essential detail, as we pointed out a fortnight ago. Moreover, it must be clear that the past resident medical officers of the institution should be given an opportunity of tendering their evidence. We understand that there are three or four in practice in London at the present time, so that there would be no difficulty in calling upon them to say what their experience had been at the hospital during their term of office.

The Crusade against the Quacks.

Several energetic journals, notably *Hygiene* and *Science Siftings*, are doing yeoman service in exposing the fraudulent pretensions put forth by the vendors of this or that worthless nostrum. Their crusade is worthy of general support, for it is undertaken in defence of the public against the tricks of irresponsible quacks, whose sheet-anchors are aloes, advertisements, and lying assertions. It is surprising how silently the pretentious patent medicine man submits to the editorial lash. Whole broadsides of sarcasm and scathing comment directed against his wares are, at best, responded to by a lawyer's letter and a half-hearted threat of legal proceedings. There is nothing in the whole armoury of modern science that can silence the patent medicine vendor more effectually than the report of a chemical analyst. Some day, let us hope, an enlightened Government will wake up to the fact that it is shirking its duties in the protection of Her Majesty's lieges against this class of fraud by selling them for a paltry mess of pottage. A short while since a correspondent wrote to us making the suggestion that medical men would do well to place in their waiting-rooms a few copies of the journals that expose the quack medicine frauds. With that recommendation we heartily agree.

Bacterial Husbandry.

The correspondent of a morning contemporary has furnished a satirical and amusing skit on the Hygiene Department of the International Exhibition at Rome. He speaks of it as a sort of glorified Parkes' Museum for the promotion of a sound mind in a sound body, which the doctors have really no interest in promoting, "though it would never do to tell them so." "If," the correspondent observes, "we led the perfect sanitary life suggested we should seldom have occasion for their services. While disease still lingers among us, however, their professional enthusiasm for hygiene is of the highest utility; no doubt some of them—from Germany, of course—have carried this sentiment so far as to exhibit a bacteria farm, duly filled with cots and cribs in which the germs are reared. It is an odd kind of husbandry. A bacteria shepherd would be a novelty after the more conventional type. Does he pipe to his little flock? Professor Bacelli, chief among the many distinguished members of the syndic present at the opening ceremony, was the recipient of a poem composed in honour of the Congress, and did the shepherd to perfection, and piped in dulcet tones to his little flock, as we have since learned."

Cod-liver Oil.

If the *Chemist and Druggist* is to be believed, the present year will be one of the worst on record for the production of cod-liver oil. In an average year, about 60,000,000 of cod are caught, which yield about 22,000 barrels of oil, but there are years in which the take of fish is abnormally small, and there are years in which the amount of oil got from the livers is extraordinarily limited, and in this year it is stated that both factors exist, and that cod are both scarce and lean. The variations in the oiliness of cods' livers is extraordinary and inexplicable. For instance, in 1888 a hectolitre of good oil was got out of 250 livers, while in the present year 420 livers are required to produce the same amount, and in the worst year (1883) 1,000 livers were necessary. It has been gently suggested that the *Chemist and Druggist* has been "bearing" the cod oil market by these statements, but the opinions of that journal seem to be participated in by the dealers, for the oil which could be bought two months ago for 65s. a barrel sells now for 120s., and is estimated to reach 180s. before a couple of months hence have elapsed.

The Irish Poor-law Superannuation Bill.

The memorials prepared by the Irish Medical Association and duly signed by the members of the medical profession in each constituency have been forwarded to the local organisers throughout Ireland with an urgent request that they will, forthwith, adopt the means which they think best to present the memorial to their local M.P.'s. Meanwhile the assent of several of the Members whose names appeared on the Bill last year has been obtained, and steps are being taken to introduce it as soon as possible. It is to be hoped that the local organisers will not lose a moment in placing the memorial before their Parliamentary representatives in the most influential manner. Surely the Council of the Irish Medical Association has now done its part faithfully, and it is not too much to ask that those for whose benefit all this trouble and expense has been undertaken will stir themselves to make a good impression on their Parliamentary representatives.

The Association of Fellows of the Royal College of Surgeons, England.

An important meeting of the Committee of the Association of Fellows of the Royal College of Surgeons, England, was held on the 21st ult., Mr. Timothy Holmes, Vice-President, in the chair. The meeting was called for the purpose of discussing the action to be taken by the Committee in regard to the proposed new Society of Fellows, to which reference was made in our issue a fortnight since. It was unanimously resolved to draft a circular letter, setting forth the work which the Association had done in the interests of the Fellows during the past ten years, and pointing out that for various reasons the Committee was of opinion that no legitimate grounds could be assigned for the formation of another society of the kind. The circular letter will be in the hands of the Fellows to-day (Wednesday).

Plumber Registration.

The trades-union move promoted under cover of the Plumbers' Registration Bill is on the *tapis* again in the form of a Bill introduced by Mr. Lee Knowles, the inheritor of all the legislative fads which have been left derelict by Mr. Stansfeld, Mr. Picton, and the rest of the anti-everything party. Most likely, if this sort of thing goes on, we shall see a Bill in Parliament to erect a General Council of Corn-cutters with power to register duly diplomated chiropodists, and to punish with jail or fine any corn-cutter who unlawfully represents himself to be registered and diplomated. What a reduction to an absurdity the whole thing is!

Vaccination defaulters are very numerous in West Ham, consequently small-pox is rife in the district, and alarmingly on the increase. In order to stem the tide the Board of Guardians has decided to at once prosecute 3,000 for non-compliance with the Act.

The Sanitary Conference, Paris.

The Sanitary Conference has made good progress with its work. Practically the delegates have concluded their labours, for the documents embodying the decisions arrived at were signed by them at a final meeting on the 2nd inst. The British delegates have accepted the bulk of the conclusions, and with regard to the remainder of the latter certain details will have to be arranged before assent can be given.

Rai Bahadoor Bansi Lal Ram Rattan, of Mian Mir, India, has offered to construct an additional wing to the Lady Aitchison Hospital for Women at Lahore, which will bear the name of Lady Lansdowne, and he has further undertaken to make some alterations and additions to the hospital which are urgently needed. This act of native liberality is worthy of wide recognition.

We understand that the vacancy in the office of coroner for the North-Eastern District will not be filled up for some time yet, as the County Council have in contemplation the re-arrangement of the boundaries of that district, and also the Eastern. Until, therefore, that business is settled no official notification of the vacancy will be made.

Surgeon-General A. Smith, M.D., C.B., retired list Army Medical Department, has been appointed Honorary Physician to the Queen. This officer served in the Crimean, Jowaki, and Afghan campaigns, receiving the medal for each, and the C.B.-ship in addition for his services in the Afghan war.

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The Eleventh International Medical Congress at Rome.

[FROM OUR SPECIAL CORRESPONDENT.]

Rome, March 30th.

Rome, with its historical surroundings, its classical attractions, its proximity to some of the loveliest scenery in the world, has had the effect of a veritable loadstone in attracting medical men to the Eleventh International Medical Congress. In the matter of the presence of members and associates of the Congress, the record of all previous *réunions* of the kind will be far eclipsed. The total number is placed at 7,000, a huge gathering when the time of year is taken into consideration. There were not wanting some who predicted a small attendance at this Congress as soon as the postponement of the date originally fixed was announced. But fears of this sort have proved to be groundless, and those medical men privileged to take part in the meeting will return to their homes carrying away with them many a delightful reminiscence of their visit to Rome.

Favoured by the most splendid weather imaginable, the opening ceremony of the meeting took place on Thursday last. To give a detailed account of this is scarcely necessary, inasmuch as full reports of the same have already appeared in the daily press. But the sight was one impressive, grand, and brilliant, and not likely to be soon forgotten by those who were present. There was, of course, some confusion in the rush for seats, but this was a drawback inseparable from the enthusiasm, eagerness, and more or less excitement among a crowd of such overwhelming proportions as that which besieged the Theatre Costanzi.

The Sections.

The real business of the Congress began at three o'clock in the afternoon, when the various Sections assembled for the purpose of electing their officers and for the transaction of other routine business. The hours fixed for the meeting of the Sections throughout the week are 8 a.m. to 3 p.m.; how the foreign working members of the Congress will relish beginning the day at the early hour of eight in the morning remains to be seen. Perhaps, however, they will brace themselves up for the occasion, and eschew some of the festivities in order to avoid the contingency of failing to be in their places when duty calls them.

The General Meetings.

The time fixed for the general meetings is 4 p.m. On Friday Professor Virchow was the orator. He met with a great ovation. The subject of his address was "Morgagni and the Anatomic Thought."

The Organisation of the Congress.

Everywhere one hears approval expressed in the highest terms of the successful organisation of the Congress. To make arrangements on a scale sufficiently great to meet the requirements of a *réunion* numbering upwards of 7,000 members must have been in itself a task of stupendous proportions, but to have succeeded in winning universal approbation from those for whose benefit the arrangements were made is a matter regarding which the working officers of the Congress deserve to be heartily congratulated. One detail of the excellent organisation which prevails may be noted. The four official languages of the Congress are English, Italian, French, and German, and special delegates have been appointed to attend to the requirements of the members belonging to the various nations. For example, Dr. Prochet is the delegate for England and the English-speaking members, and he can be distinguished by a badge consisting of the coat of arms of Great Britain. Again, Professor La Torre, as the delegate for Russia, France, Turkey, and Egypt, bears a badge on which the arms of France and Russia are interwoven, and so on. Moreover, each delegate is charged with the distribution of the distinctive badges to the members of the Congress belonging to the nation of which he is delegate.

Arrangements for the Ladies.

The arrangements for the ladies attending the Congress have been carried out with the greatest harmony and success. The Committee of ladies, under the patronage of the Queen of Italy, is divided into groups of five, in each of which is included ladies who speak Italian, French, English, or German. Each group is on duty by turn, either to accompany the ladies of the Congress on visits to the various places of interest, or to entertain them at the central meeting hall. The Committee has, moreover, decided to hold a large *conversazione* in honour of the ladies of the Congress on the evening of the banquet of the Sections.

The Commemorative Medal.

The Commemorative Medal will form an interesting memento of this highly successful Congress. It is a replica of a coin of the time of Antoninus, and recalls the following fact: In the year 294 B.C. the pest was raging in Rome, and after having consulted the Sybilline books an ambassador was sent to Greece to fetch the serpent of Æsculapius at Epidaurus. The relief represents the god Tiber half out of the water, in the act of holding out his hand to receive the serpent on its arrival at the temple, which had been erected in honour of the Goddess of Health on the Tiberine Isle. The trireme which has brought the serpent is seen coming from under the "Pons Fabricius," now the bridge *Quattrocapi*.

En Route.

It is a great misfortune and national blemish that the Italians lingor so far behind their neighbours in expedition and accuracy. Travelling in their country is not the most enjoyable feat that could be undertaken. Theirs is a painful absence of method, notwithstanding the gigantic enterprise in sculpture and painting. Those who made the route a little more circuitous than usual arrived all with the one colour—dust indescribable. The English traveller has no idea of this painful experience. After passing the Alps the country is flat and fertile, the rails embedded with sand that rises in clouds in dry weather with the least movement. After passing Bologna the Apennines give a greater variety, but the tunnels are so badly ventilated that the traveller had to suffer from the soot, which is nearly as bad as the dust.

The Official Journal.

The official journal, which has hitherto been the property of private members, is this time sold by the "ragamuffins" through Rome for "deux sous"—nothing without the cash here. Fancy one imperfectly acquainted with Italian expression and mercenary proclivities higgling with a street arab to get the official knowledge that should be provided to members with the least trouble. Owing to little blemishes of this nature it is difficult to say who is present. Accidental observation may isolate a few, as at the opening ceremony on Thursday, when Sir Wm. McCormac replied for England, and Prof. Gardner and Prof. McEwen, of Glasgow, spoke. Prominent also was Virchow: the veteran at these gatherings who is still quite active, and replied for his country. Before the end is reached many of the foreign members will have left, as there is already a perceptible exodus. Probably the sights of ancient Rome will be more interesting and instructive.

These notes are necessarily fragmentary, and as, moreover, the postal arrangements are in a state of confusion, I must defer fuller details to next week.

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Special.

THE LATE LORD HANNEN.

It was in Norway that we met the late Lord (who was then Sir James) Hannen in 1885. He was travelling with one of his daughters, and had hurried off from England immediately after his Divorce Court duties had ceased. We were a party of three, and happened at the time to be the only English people staying in the hotel. The place was Sandé, a beautiful little hamlet some miles inland from Vadheim, a place of call for the steamers travelling up and down the Sogne Fiord. Somehow the year 1885 was distinguished for being one in which Norway seemed to be a special centre of attraction for many notable people. The Prince of Wales, for example, visited the country in that year; and at Vossevangen we came across the cariole boy who accompanied His Royal Highness from that place to Eide at the top of the Hardanger. Then Mr. Gladstone was another visitor, being the guest of the Brasseys on board the *Sunbeam*. In addition we heard of several Bishops, and among them the late Bishop of Durham, Lightfoot by name, who was accompanied by two of his chaplains, one of whom told us that they were in frequent peril of their lives owing to the habit their lord and master had of galloping down the hills the Norwegian ponies which he drove in the "stolkerries." The evening we spent in the hotel with Lord Hannen was one of the pleasantest of the trip. His was a most interesting personality. The dark expressive eyes which lighted up his strong, somewhat Napoleonic features, were such as to leave an impression on one's memory for a long time. He conversed freely on subjects connected with himself. Among other things he told us that he had been operated upon for stone in the bladder by a well-known London surgeon. After the operation he asked the surgeon what his chances of health and life were. The answer was that it entirely depended upon himself. "You are suffering from the uric acid diathesis" was the dictum of his adviser, "and if you choose to live as a vegetarian, some years of healthy life may still be in store for you." Lord Hannen at once accepted the verdict, and sentenced himself to play the part of a vegetarian for the rest of his natural life. He said that he began by engaging a cook who excelled in making porridge. This amylaceous dish became from that time forward the staple item of his breakfast. A year had passed since the operation when he told us these things, and he said the result of the vegetarian experiment had been that his health was completely restored, and that he never remembered feeling so well at any time in his life before. He appeared to have quite an affection for Norway and the Norwegian people, and regaled us with an interesting account of the literature of the country, a subject which could hardly be said to be one of which many persons in this country could claim to have an intimate acquaintance. His mode of locomotion about the country was in a four-wheeled wagonette, somewhat like a pony carriage on a large scale. The oddity of the conveyance was that a four-wheeled carriage at that time was one of the rarest sights in Norway. Naturally his "turn out," which included a pair of ponies, attracted a large amount of attention on the part of the populace. Lord Hannen did much work of a very arduous description after the time of his visit to Norway in 1885, and foremost among it all was certainly his presidency of the Parnell Commission, in connection with which his name will be emblazoned on the pages of history. But it was probably only from his strong determination to carry out the advice of his surgeon and become a vegetarian that his life was preserved for nine years after undergoing the operation of lithotrity, and that he was able to crown his life-work by accepting a post the onerous duties of which he discharged with such consummate tact and ability.

H. P. D.

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Scotland.

[FROM OUR OWN CORRESPONDENTS.]

Proposed Arrangement between the Edinburgh Colleges.—We understand that the proposal made by the Royal College of Surgeons, Edinburgh, with regard to the participation of that College in the working of the Research Laboratory hitherto carried on solely by the Royal College of Physicians is much to the following effect. The two Colleges to share the expense of the Laboratory equally, with exactly equal rights. The Fellows of the College of Surgeons to have access to the library of the

Physicians, while they open their museum to Fellows of the other College in a similar manner. It is by no means certain if the proposal will be accepted in its entirety, but even if that part relating to the laboratory could be settled, the increased funds at the disposal of the Laboratory Committee would enable research work to be carried on with many more conveniences than at present.

Bequests to Medical Charities in Edinburgh and Glasgow.—The late Mr. William Gillespie, formerly of Glasgow, afterwards of Edinburgh, bequeathed £250 each to the three Glasgow Infirmaries, to the Edinburgh Infirmary, the Leith Hospital, the Edinburgh Hospital for Sick Children, and to several societies for the benefit of the sick poor.

Enlargement of the Edinburgh Royal Maternity Hospital.—The annual meeting of this institution was held last Friday, when, after the ordinary business, Lady Tweeddale laid the foundation stone of the new "Married Women's Pavilion," for which £4,000 has been raised largely by means of last year's fancy fair.

Edinburgh University.—The Winter Session is now closed and the different professional examinations progressing. The first professional for medical and science degrees began on the 26th ult. The Summer Session is to commence on Tuesday, May 1st. The Murchison prize in Clinical Medicine is awarded in London this year at the Royal College of Physicians on April 9th, while the Triennial Prize of the Edinburgh University London Club, of the value of 20 guineas, is also open for competition. It is confined to graduates of not more than two years' standing, and essays on any subject in medicine or surgery are to be sent to the Dean of the Faculty of Medicine before April 30th, 1894.

University of Glasgow.—At the next meeting of Council a motion is to be made for the founding of a Chair or Lectureship of Public Reading and Speaking in the Glasgow University. The Spring Graduation Ceremony, which is fixed for Friday, 13th April, promises this session to be a highly impressive function; for besides the capping, conferring of ordinary degrees, and distribution of the University prizes, the testimonial to Professor Edward Caird (Master of Balliol) will be presented. Although it is not yet decided what form the presentation will take, an illuminated address and a reading-lamp seem to be the alternatives, and no doubt many of his former "sons" will be in attendance at their *alma mater* to give a parting reception to the new Master of Balliol. In taking farewell of his class on the 29th inst. Professor Caird said that all he would ask from the students in Balliol College would be a continuance of the courtesy, attention, and sympathy which he had always received from the students in Glasgow.

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MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last (April 2nd) was devoted to two cases of acute intestinal obstruction caused by a constricting band in which recovery had followed surgical intervention. They were reported by Mr. H. P. Dean and Mr. Hutchinson, jun., on the one hand, and by Dr. Pasteur and Mr. Bland Sutton on the other. In the second case the symptoms of obstruction recurred nine months later, whereupon the patient was operated upon by Mr. Hutchinson with success. In the other case the patient was a young married woman in whom the constriction formed consequent upon an attack of perimetritis. Her recovery was interrupted by an attack of lobar pneumonia, which, however, did not appear to have any relationship to the abdominal trouble. Mr. Hutchinson raised the question of suturing the peritoneum separately in order to avoid the formation of adhesions to the scar (which existed in his case at the second operation), and also, by the more accurate coaptation of the planes, to prevent subsequent ventral hernia.

Mr. Lockwood contested the necessity for the triple row of sutures after incisions through the linea alba, though he appeared disposed to concede its desirability after incision in other regions. He insisted on the importance of early intervention in these cases, before the intestine had become distended in consequence of intestinal paralysis. He alluded to the passage of flatus after operation as a good sign.

Mr. Stephen Paget related two cases, one of enteritis with obstruction, and another of obstruction due to a constricting band, to illustrate the importance of obtaining a precise and accurate history from the patient in view of a correct diagnosis.

Mr. Clinton Dent said that though early intervention was important it was not the only factor concerned in the success of these interventions. Many of the factors concerned indeed were still involved in obscurity. He urged expedition in whatever they did, and deprecated any complication of suture or otherwise which would tend to prolong the operation. He regretted that publicity was not given to the unsuccessful cases, which, he said, were even more instructive than the successful ones.

Mr. Egerton Jennings related a case in which the symptoms returned on the tenth day after all the constricting bands had been divided, whereupon he thought it best to create an artificial anus, which was followed by recovery.

Mr. Bland Sutton objected to the triple rows of suture as tending to unnecessarily complicate the operation. He himself never had recourse to this procedure, and he declared that he had never seen any ill effects follow his practice of comprising all the tissue planes within his single row of sutures. The great points in his view were rapidity and dexterity of operation, and especially the avoidance of undue manipulation of the intestines, which he thought was responsible for much of the shock which often follows these operations.

Mr. Hutchinson stood to his gun in the matter of the separate suture of the peritoneum, which, he urged, protected the patient against many dangers, such as the formation of adhesions and ventral hernia, without entailing any serious prolongation of the operation.

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DEATH OF DR. BROWN-SEQUARD.

We regret to record the death of Dr. Brown-Séquard in Paris on the 31st ult. He was born at Port Louis, in the Island of Mauritius, in 1817, and came to Paris in 1838 to complete his medical studies, and took his Doctor's degree in 1840. He from that time occupied himself with researches in experimental physiology. In 1864 he went to America, and was appointed Professor of Physiology and of Nervous Diseases at Harvard University. He returned to France in 1869, and went again to America in 1873. He then founded at New York the *Archives of Scientific and Practical Medicine*. Having returned to Paris Dr. Brown-Séquard was, in 1878, chosen as Claude Bernard's successor as Professor of Experimental Medicine at the Collège de France. In 1886 he was elected member of the Académie des Sciences in place of Dr. Vulpian, named perpetual secretary. The Cross of the Legion of Honour was conferred on him in 1889. Dr. Brown-Séquard noted and explained his numerous researches in "Mémoires," which procured for him numerous prizes; among them were the Lacaze Prize in 1882, and the Biennial Prize of the Institut in 1885. Since 1889 his announcement that he had discovered the means of reinfusing youth into old decrepit persons by means of subcutaneous injections of testicular fluid, his reputation has somewhat declined.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

WHAT CONSTITUTES UNSOUNDNESS OF MIND?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—We should be glad of your permission to make a few criticisms upon the views and suggestions contained in Mr. Bowreman Jessett's letter, with this title, in your last issue. It would conduce to a clearer conception of these views if Mr. Jessett would state what he means by the term "climacteric mania." It is pretty clear that he does not mean insanity, The condition, however, is one outside physiological limits, for it is subsequently referred to as a "form of disease" which furthermore is "purely functional." We submit that the effect produced upon the reader's mind by such terminology is one of confusion. It is to be gathered from Mr. Jessett's observations that persons may suffer at the climacteric from a "temporary mania" (sufficient to justify their confinement in "hospitals" or "wings attached to existing asylums," and of such a nature as to demand "the utmost care and attention) without being insane. What is the proper designation for the mental state of such patients? Clearly there is a mental alienation in some form in these cases. They require "the utmost care and attention," therefore the alienation is not slight in degree. Neither can it be a mere temporary disturbance; for as far as we are aware there is nothing in climacteric insanity comparable to the short, sharp, maniacal states sometimes seen after a drinking bout. If, as seems evident, the case alluded to by Mr. Jessett showed undoubted mental alienation, then the statement that "a very large percentage recover completely" is inaccurate. The recovery rate given by Dr. Savage is 32 per cent. Statistics collected by the writers (to appear in the *Journal of Mental Science* of April this year) show it to be 35—40 per cent. Proceeding on the same assumption in regard to the mental states of these cases, we quite agree with Mr. Jessett that they require "the utmost care and attention," more especially when the suicidal proclivity at the climacteric period (illustrated in the case which forms the basis of Mr. Jessett's letter) is borne in mind. Proper care and attention can only be given, in our opinion, in an asylum, private or public, according to the case. But few patients can be treated at home, for economic reasons; and we may add that, in practice, it is found that the publicity attaching to home treatment is not much, if at all, less than that associated with asylum care. We do not think it will be feasible in practice to institute a half-way house between the home and the asylum, such as Mr. Jessett suggests; since there are, indeed, no half-way cases. The mental changes attendant upon the climacterium are either physiological or pathological (constituting insanity). If the change have gone beyond healthy limits, then the potentialities in the case are endless, the risk cannot be estimated; and the only prudent course is to place the patient in some institution where every means of meeting eventualities is at hand—namely, an asylum. As a matter of fact, the system of voluntary boarders in vogue at certain asylums was introduced to meet the necessities of the class of case for which Mr. Jessett pleads; certainly this system might with advantage be universally adopted. Mr. Jessett asks "how many persons suffering from temporary aberration of mind who have been placed into asylums have actually become insane from contact with hopelessly insane people as compared to those treated in homes or at home under proper care and supervision?" We believe all who have experience of asylums will agree that this "contact insanity" is in the highest degree uncommon, that practically it is a myth; a subject for the novelist rather than the physician. Space fails, or experience disproving this idea could be adduced. It would be more useful to institute inquiry as to the prospects of chronicity in cases from which asylum treatment has been withheld and which have been kept "at home under proper care and supervision."

We are, Sir, yours, &c.,
Edwin Goodall and Maurice Craig.
West Riding Asylum, Wakefield.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having been much interested in the case of Dr. Sherrard, and having given evidence at the trial, I may be excused for adding a few words to the admirable letter of Mr. Jessett which appeared in your issue of this day under the above heading.

With everything he says with regard to the wrong that may possibly be afflicted on a woman during the time of, the menopause who is inflicted with temporary alienation by placing her under the odium of a lunacy certificate I quite agree. And I am convinced that had a verdict averse to Dr. Sherrard been obtained the result would have been most serious to our profession and disastrous to the class of patient for the retention of which, without certificate, he was proceeded against by the Commissioners.

I refer more particularly to those climacteric sufferers from hypochondriasis and melancholia by whom the borderland of insanity is touched. It may appear, at first sight, a simple matter to reply to the question "What constitutes unsoundness of mind?" and we may confine within comparatively narrow limits our definition of *non compos mentis* when we are dealing with such a legal matter as testamentary capacity, or even, though in a less degree, responsibility for criminal acts. Yet even here the law constantly finds itself in difficulty. for if current reports were accepted as true a very distinguished statesman might have had his will impeached on the ground of his disregard for his personal property, and certainly Dr. Maudsley, on whose views all the medical witnesses were cross-examined in the recent trial, by his own showing, (Responsibilities in Mental Diseases, International Series) would have "signed" for the prophet Jeremiah. The Commissioners undoubtedly would have regarded the "lamentations" of the latter as distinct evidence of lunacy, and have refused him the shelter of a medical "home."

A recent communication compelled me to peruse the particulars of some 500 cases of women who had consulted me for various uterine affections. Of these 270 suffered from symptoms indicative of functional disturbance of other organs than the womb. Of the 270, 71 were between the ages of 40 and 53; 29 complained of symptoms which could only be accounted for by the "change of life."

The mental disturbances I have noted were aggravated hysteria, insomnia, depression and melancholia, dementia, agorophobia, and neurasthenia; while some suffered from epilepsy, catalepsy, neuralgias, severe headaches with fulness in the head, loss of memory, and tinnitus aurium.

I cannot say what the exact proportion was of those thus suffering, who were in the climacteric period of life, but I do know that the greater number of those attacked by purely mental symptoms were women passing through this physiological process of involution of their womanhood. Of those so afflicted, two, to my knowledge, were certified for—the one became maniacal, and the other attempted suicide, with no stronger evidence of alienation than that characteristic taciturnity which so frequently distinguishes these cases. It is worthy of note, in passing, how common is the delusion of the commission of some unforgivable sin, especially to the husband or near relatives, in these cases. Also, there is a feature apt to be overlooked which increases the difficulty in determining the course to pursue, when we meet with vague threatenings or childish and silly mimicking of suicidal acts.

I have seen a patient under these circumstances who threatened to throw herself out of the window, with no more intention of doing it than I had. These threats are frequently the outcome of hysterical instability and effeminate cunning. We hardly should place such a one in a lunatic asylum.

I have had several cases of women with melancholia and delusions who have recovered, in the private houses of medical men, under careful supervision without certificates. No one denies the need for extreme care, constant watching, and judicious nursing, both in the intervals between the attacks of depression or exaltation, and during the paroxysms themselves. But if we are to deny to medical men, under the threat of a criminal prosecution, the privilege of taking these patients into their homes, we place the profession in that invidious position "between the devil and the deep sea." On the one hand, there is the fear of a patient committing suicide who has not that close supervision to be secured in the private medical house, and, on the other, there is the dread of the consequences of an expensive and possibly disastrous law suit should he be party to consigning her to an asylum.

I, for one, certainly feel that the interests of the public and the profession, as well as the safety and liberty of numbers of afflicted women, have been best protected by the verdict of the jury in the case of the Commissioners of Lunacy *versus* Sherrard.

I am, Sir, yours, &c.,
H. MACNAUGHTON-JONES.

141 Harley Street, W.,
March 28th.

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MEDICAL ORTHOËPY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It would appear that among scientific men, such as medical societies in England are composed of, the names of such societies should be pronounced strictly according to the rules of the English language, at least by their respective members; but such is not always the case. I have been a member of the British Gynæcological Society since its foundation, and have attended a good number of its meetings, and I may say that I have never heard the name of that society pronounced there according to orthoëpical rules; although, perhaps, not one meeting takes place without the name being mentioned several times.

The word "gynæcology" is derived from two Greek words, *γυνή*, gen. *γυναικος*, woman, and *λογος*, discourse, the accent falling, in the combined word, upon the antepenultimate syllable. There is also a secondary accent on the first syllable of the word which shortens the vowel of that syllable. The letter "*g*" in words derived from the Greek and Latin languages has the sound of "*j*" when followed by the vowels *e*, *i* and *y*, as exemplified in the words *gentian*, *gigantic*, *gymnastic*, but is hard before the vowels *a*, *o*, *u*, and before a consonant as in *galactagogue*, *gland*, &c. In words of Saxon origin, the "*g*" is generally pronounced hard: *get*, *give*, *stringy*.

According to the foregoing rules, the first syllable of the word "gynæcology" should be pronounced as the word *gin*, and the principal accent placed on the antepenultimate syllable, being an enclitical accent, thus *gynæcology* and so *gynæcologist*. In the word "gynæcological" the principal accent is removed one syllable nearer the end, being a terminational accent and so, in all words of the English language terminating in *ical*, the principal accent falls upon the syllable which immediately precedes this terminal, not even excepting *cervical*, the "*i*" of which should be pronounced as in the word vertical. Words terminating in *ic* follow the same rule with a few exceptions, but the syllable immediately preceding the terminal *ic* is generally short when it receives the accent, thus "orthopædic" should not be pronounced "orthopeedic," nor "anæmic" "aneemic," nor should "hæmorrhage" be pronounced "heemorrhage," because the accent falling upon these syllables shortens their vowel.

The general way of pronouncing the word "gynæcology" by the Fellows of the Society is to sound the initial "*g*" hard, and nearly all of them pronounce the "*y*" long, as in the word "Guy."

I am, yours, &c.,
P. Z. HEBERT, M.D.

54 Berners Street, W.

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A PROBLEM: THE ENGLISH DEATH-RATE FROM HYDROPHOBIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As your able journal has given much attention to the subject of hydrophobia, I venture to submit to you the following problem. I give you the English death-rate from hydrophobia from 1884, as obtained from the Registrar-General, as follows:—

	Deaths.		Deaths.
1884 ...	28	1889 ...	30
1885 ...	60	1890 ...	8
1886 ...	26	1891 ...	7
1887 ...	29	1892 ...	6
1888 ...	14		

Now I give you below, as far as I can gather, the number of English patients who have gone to the Pasteur Institute, Paris, for inoculation:—

1884 ...	0	1889 ...	39
1885 ...	2	1890 ...	56
1886 ...	88	1891 ...	42
1887 ...	23	1892 ...	26
1888 ...	63		

The figures for 1884 to 1888 are correct, as I obtained them from the letter of M. Pasteur to the Lord Mayor of London; the other figures have had to be collected from journals; for 1889 I could not find any reference in the *Brit. Med. Journal* or the *Lancet*, and I shall be glad of correction or of an official list.

The problem is, What connection is there between the Pasteur treatment and our English death-rate? If there is, perhaps you would point out what percentage of the patients would have contracted hydrophobia Were they all in danger?

We know that from 1847 to 1884 the English death-rate runs up and down as follows:—

	Dths.		Dths.		Dths.
1847	5	1860	3	1873	31
1848	7	1861	4	1874	61
1849	17	1862	1	1875	48
1850	13	1863	4	1876	73
1851	25	1864	12	1877	82
1852	7	1865	18	1878	50
1853	11	1866	36	1879	35
1854	16	1867	10	1880	28
1855	14	1868	7	1881	34
1856	5	1869	18	1882	28
1857	3	1870	31	1883	34
1858	2	1871	60	1884	28
1859	4	1872	39		

In these years we had no Pasteur Institute, no antirabic inoculation, but we have almost the same death-rates, in certain years a lower one.

During the last few years we have vigorously proceeded against rabid dogs, and we have boasted we have stamped out rabies. So we have, and, therefore, the death-rate has been lower. We have practically stamped out rabies in London.

The Pasteur advocates may say take the years 1889-92, and you have only 51 deaths, whereas in the years 1885-88 you have 140. The answer I have given above, "we have diminished the death-rate because we have almost abolished rabies in the dog."

In England we do not hear about rabid cats—they are Parisian luxuries.

One final point: How very few have gone to Paris in comparison with the prognostications of the English Hydrophobia Commissioners. The final words of the report are as follows:—

"There are examples sufficient to prove that by these or similar regulations hydrophobia would be in this country stamped out, or reduced to an amount very far less than has hitherto been known. If it be not thus reduced it may be deemed certain that a large number of persons will every year require the treatment of M. Pasteur. The average annual number of deaths from hydrophobia during the ten years ending 1885 was in all England 43, and in London alone 8·5. *If, as in the estimates used for judging the utility of that method of treatment, these numbers are taken as representing only 5 per cent. of the persons bitten, the preventive treatment will be required for 860 persons in all England, for 178 in London alone.* For it will not be possible to say which among the whole number bitten are not in danger of hydrophobia, and the methods of prevention by cautery, excision, or other treatment cannot be depended on."

During the years 1884 to 1892 the total number of deaths were 208, an average of 23. According to the calculations of the Hydrophobia Commissioners, we have to halve the number requiring treatment, for all England, 400; for London 80 alone, so that for the nine years 3,600 should have gone to Paris from all England, and 720 from London alone. You see the number that have gone for nine years is 339. I should be glad to know the exact number, and I give 50 more, so that we may say 389 patients have been to Paris since the introduction of the system. Had we had an institute in London we should probably have had our thousands annually inoculated on the probability that every person bitten by a dog was in danger.

These figures are interesting, and will be more so in the future when protective inoculation against hydrophobia will be discussed apart from personalities.

I am, Sir, yours, &c.,
B. Dubious, M.D.

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A GYNÆCOLOGICAL QUESTION RELATING TO THE HYMEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following cases are, I think, of interest as bearing on Dr. Macnaughton Jones's paper in the Medical Press of March 21st:—

Seven years ago I was consulted about Miss S., then æt. 17. She had never menstruated. She was suffering intense pain in uterine region, with a temperature of 102 deg. On examining abdomen a hard tumour was detected reaching almost to umbilicus, and there was a history given of recurring pain each month for about six months. I told the mother that I suspected the girl had been unwell for some months, but that there was an obstruction at the outlet. On examination I found a firm membranous hymen, which I incised in a semilunar fashion, and the *vis à tergo* was so great that a quantity of treacly fluid was shot right down to the bottom of the bed. I applied a diaper soaked in Condy's fluid over vulva, and in a few days she was all right again, and menstruated regularly afterwards. Now comes the interesting point. Four years later she got married, and four months after marriage she consulted me again, because, as she said, her husband had never been able to have proper connection with her. On examination I found that the opening I had made in the hymen had contracted so that only a fine probe could be passed. This served for the purpose of discharging the menses, but the husband had not been able to penetrate, and the membrane had been pushed up like the finger of a glove for about two inches. She stated that she had only once menstruated since her marriage. I cut a small opening on a director and passed up a rectal bougie and afterwards a finger, when I found she was about three months pregnant. She hardly believed me when I told her so, but about six weeks after she quickened, and six months after she was delivered of a full-time female child. In this case she was *virgo intacta* when three months pregnant.

Another case of quite a different nature I saw last Christmas. A girl of 16 made a charge against the brother-in-law of her master that he had come into her bedroom about midnight and had remained till about four of the following morning, and that during that time he had had repeated connection with her against her will. The man denied the story, and the girl said she was willing to be examined. On examination I found a capacious vagina, with no remnant of hymen. There were no abrasions or contusions either about the genitals, thighs, or abdomen, and I gave the opinion that the girl was not a virgin on the previous night, and that if intercourse had taken place it was not the first time, and had not been accomplished by force, and advised her master to get rid of the girl, as she was dangerous, which he did that day. In this case there can be no doubt but that this girl was not moral, and she was a danger in the house, whether it was true or not that the man had had connexion with her.

I have had several other cases of imperforate hymen, but they are not of interest from a medical jurisprudence point of view.

I am, Sir, yours, &c.,
J. Hamilton, M.D. Q.U.I.

60 Sydney Street, Chelsea, S.W.,
March 23, 1894.

Literature.

PARKE ON HEALTH IN AFRICA. (a)

Since the publication of this volume, the author has passed from among us, and is now beyond the reach of the cavilling of the critical reviewer. The genuine hero of the Emin Pasha Relief Expedition, of whom his chief and brother officers had over and over said that to his skilful and self-denying exertions, they each and all owed their survival during their African pilgrimage, has retired—far too prematurely—to the rest which the labours of his short and brilliant life had so well earned. The consideration of the circumstances might well arrest the censure of a literary or scientific judge if such were called for, but we can emphatically assure the reader that it is not.

This little book consists of 169 pages of text, and a well-prepared index. The former is divided into six principal sections: "The African Continent," "Climate and Meteorology of Africa," "The Nations of Africa," "The Flora of Africa," "The Fauna of Africa," and "The Diseases of Africa." Short articles are appended: "Rules for the Preservation of Health in the Tropics," "List of Useful Articles to Take on an Expedition," "Cooking," "Disinfection," and "Embalming." The whole is written in the modest, unassuming style for which the author's previous works were so worthily noted, and present the equally characteristic features of purity of style and clearness of diction. The first section is geographical and geological; the second, meteorological; the third, anthropological; the fourth, botanical; the fifth is occupied with the domain of natural history; the sixth, the principal section, is devoted to medicine and surgery.

The five earlier sections give a vast deal of concentrated information on their respective subjects. It is all conveyed in a light, gossiping style, easily read, easily understood, and full of interest to every prospective African traveller. The section which deals with the diseases of Africa describes in simple, non-technical language, the nature, symptoms, and treatment of the principal diseases and injuries from which tropical travellers are especially likely to suffer. As the "Guide" was specially written for the benefit and instruction of laymen, and meant to give them information on the nature and treatment of medical and surgical emergencies arising when the sufferer is out of the reach of skilled professional assistance, minutiæ of detail, and scientific technicalities have been avoided throughout, very much to the benefit of the class of readers for whom this little book is intended.

The work is introduced to the public by a preface written by Mr. H. M. Stanley, who expresses the surprise that many will now feelingly share, "that Surgeon-Major Parke, who performed such splendid services in Africa, and won such general commendation from his white and black companions, shoufd have remained to this day so little appreciated by the Government he serves, and the service which he adorns, as not to have received one word of thanks, or decoration, or acknowledgment from either of them." Parke's name lives in the record furnished by his works, and in the testimony furnished by others to his deeds of unselfish heroism. He has furnished a standard for the career of a medical hero, at the attainment of which junior members of the profession can well direct their ambition. Sadly discouraging, we must admit, it is that the noble works and stainless self-denial of Thomas Heazle Parke did not receive more material recognition during his life. Yet we feel sure that he was happier in the performance of his duty than others who appeared to enjoy more of the good things of the world.

It is hardly necessary to add that we most cordially recommend the "Guide to Health in Africa" to all who are interested in the present or the future of the "Dark Continent." Intending travellers and explorers will find it a thoroughly clear and perfectly reliable book of counsel in all the principal medical and surgical emergencies which are likely to arise. A convenient list of all the more necessary medicines and appliances is furnished. These can be best chosen from among the unrivalled preparations of the well-known firm of Messrs. Burroughs, Wellcome, and Co., which Surgeon-Major Parke's experience convinced him, as Mr. H. M. Stanley's had taught himself before, are absolutely unequalled for portability, reliability of action, and unchangeability of strength.

(a) "Guide to Health in Africa, with Notes on the Country and its Inhabitants." By Thomas Heazle Parke, Hon. D.C.L., Hon. F.R.C.S.I., &c., Surgeon-Major, A.M.S., Late Medical Officer to the Emin Pasha Relief Expedition. With Preface by H. M. Stanley. London: Sampson, Low, Marston, and Co. 1893.

KELYNACK'S VERMIFORM APPENDIX. (a)

This volumne represents a large amount of careful clinical observation combined with journalistic and literary research. It embodies a thesis "presented to the Victoria University as a dissertation for the Degree of Doctor of Medicine," and is accordingly more a *résumé* of our knowledge of the subject of appendicular disease, than a treatise embracing original observations on the subject and throwing light on some of the obscurer phases of diagnosis and treatment. The introductory chapters deal with the anatomical details and relations of the vermiform appendix, followed by sections dealing with such varied causes of disease as cystic dilatation of the appendix, abnormal contents of the appendix, and inflammatory affections of the appendix, embracing the varieties of *simple, perforative, recurrent, tubercular, typhoid,* and *actinomycotic* appendicitis. Each of these forms is dealt with in a separate section which embraces all the most recent observations on these varieties of the disease. Chapters on new growths in the appendix, on diagnosis, and on treatment conclude the work, which throughout bears evidence of careful and accurate research. The bibliography alone deserves mention as a record of the thoroughness with which the work has been done. It extends to fifty pages, and includes everything in the literature of the present century that throws any light on the pathology, diagnosis, and treatment of the various forms of appendicitis, many of which are admittedly obscure and deserving of the fullest investigation, both from the urgency of the symptoms to which they give rise, and, in the majority of cases, the necessity of immediate surgical intervention if a favourable result is to be looked for. To all physicians and surgeons who recognise the insidious and dangerous nature of the disease we can recommend Dr. Kelynack's book as one thoroughly up to date and containing the latest information on this important subject.

BLAND SUTTON ON TUMOURS. (b)

It is a bold man who, in the year of grace, 1893, publishes an authoritative work on tumours. Pathology is in a markedly transitional state, and what is apparently true of a morbid growth to day, may be found next year to be untrue. Before starting our perusal of the book, we turn to the index to find what our author may have bave to say for or against the psorospermosis theory of malignant tumours. But the word "psorospermosis" is not there. Then we look up the index of names to see if we can get at his thoughts on this subject by references to the names of Jackson, Clarke, and Ruffer. But again we are disappointed. Commencing, then, with the preface—as, perhaps, we ought to have done at first—we see that Mr. Sutton had "determined to eliminate all those conditions, often classed with tumours, which have been demonstrated to depend on micro-organisms. This cleared the ground in a satisfactory manner," we are assured.

Then, is Mr. Sutton satisfied that the sarcomata and carcinomata which he is about to describe are not caused by micro-organisms? Obviously he is. For our own part, we are content to admit that our mind is not made up on the subject. Time will show. And if Time, the Avenger, should prove Clarke's theory to be established, the psorozoa will be found occupying a position of far greater importance than the echinococci, of whose morbid influence, however, the author duly treats.

It is pleasant to find that developmental pathology is not regarded by Mr. Sutton as having yielded even to his enthusiastic and speculative view all his secrets. Some pathologists write and speak as if the microscope had solved all histological difficulties. Not so our author: "When a tumour composed of slender fusiform cells occurs in such an organ as the ovary, where myomata, fibromata, and sarcomata also occur, the distinction on histological grounds alone is often impossible" (p. 49). To the truth of this statement we cordially subscribe.

It would be impossible to conclude even a short notice of Mr. Sutton's book without alluding to the richness of its illustrations. It contains 250 engravings and 9 plates. Some of these are new, some are well known, and almost all of them are excellent. Nevertheless, we cannot help thinking that in some places he has been over-lavish with his figures. Thus, page 29 is almost entirely occupied with the large figure of a fish with osteomata; page 56 is half-occupied with a prognathous head, when merely the keloid of an ear-ring puncture is to be shown; and a full-page chromo-lithographic plate (No. VI) is used to show an inflamed sebaceous cyst near the mamma.

The value of the drawings of microscopical objects throughout the volume is greatly diminished by the fact that they are entirely regardless of proportion and scale; there is nothing to indicate the degree in which the objects are magnified. In Fig. 50, for instance, the elements of a spindle-celled sarcoma are represented of enormous size—very many times as large as some spindle-cells shown on the opposite page—which are, let it be granted, of the "small" variety. This general and unfortunate want of proportion is due no doubt to the fact that Mr. Sutton has gathered a large proportion of his microscopical drawings along the sea-shore of pathological literature after an ebbing tide. Without doubt the value of the microscopic part of his work would be increased if the actual powers used had been specified throughout.

The paper is unusually thick, the type large and clear, and the three-fold index admirably conceived. In conclusion, we would say that the book is original in design, excellent in detail, and as interesting for present perusal as it will be for future reference.

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Literary Notes and Gossip.

Mr. J. B. Bailey, Librarian of the Royal College of Surgeons, England, has disposed of a fallacy, apparently widely prevalent, in respect to the real character of Jenner's MS. in the possession of the College. Contrary to common belief the MS. is in truth in Jenner's own handwriting, whereas the reputed original M.S. now being exhibited in London is the rough draft taken down at Jenner's dictation by his brother in law. The interest of these MS. is also increased by the fact that both contain additions made by Jenner himself. The MS. came to the College in 1879 direct from the Jenner family.

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A fourth edition of Dr. Douglas Powell's well-known work on Diseases of the Lungs (London: H. K. Lewis) has just made its appearance. Although it was not found necessary to make any material change in the present edition, a chapter has been added on the interesting affection, actinomycosis of the lungs. The anatomy and functions of the lungs are fully dealt with, and so is the physical examination of the chest. The main features of the book, however, are so well known that there is no need to attempt to describe them in detail.

⁂

Among other announcements of new editions of standard works we notice the sixteenth edition of "Squire's Companion to the British Pharmacopœia." A copy of the new edition has not yet reached us, but we understand that the alterations and additions have been of such an extensive nature as to constitute it almost a new book. It has, moreover, been corrected with the latest editions of the Pharmacopœias of America, Germany, Russia, Italy, Denmark, Switzerland, &c., and brought up to date in every department. A fifth edition of Macnaughton Jones and Stewart's "Diseases of the Ear and Naso-pharynx" is also announced, the rapid exhaustion of previous editions bearing testitomy to the practical value of the work.

⁂

We welcome *Science Progress* among us with an enthusiasm which reflects the admiration all must feel for the truly British pluck evidenced by the publication of a half-a-crown "monthly review of current scientific investigation." Readers expect such a lot of reliable information for that sum that the editor will have his hands full in endeavouring to satisfy them. The new periodical is "conducted" by Mr. Henry C. Burdett—whatever that may mean—the editor being Mr. J. Bretland Farmer, M.A. No. 1, vol. i, opens with a recondite article on "Physical Science and its Connections," by Mr. G. F. Fitzgerald, M.A., F.R.S. Three of the seven articles deal with subjects appertaining to departments of science germane to medicine, viz., one by Dr. G. G. Buckmaster on the Origin and Nature of Certain Bacterial Poisons, one on the Present Outlook of Vertebrate Morphology, and a third by Prof. Halliburton on Chemical Physiology. It will be seen that the intellectual banquet consists mainly of *pièces de resistance.*

(a) "The Pathology of the Vermiform Appendix." By T. N. Kelynack, M.D., Pathologist to the Manchester Royal Infirmary, &c., &c. 8vo., pp. 223. London: H. K. Lewis 1893.

(b) "Tumours, Innocent and Malignant." By J. Bland Sutton, F.R.C.S. London, Paris, and Melbourne; Cassell and Co. 1893.

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"Modern Gynæcology," by Charles H. Bushong, M.D., is of American origin, in which the busy practitioner will find a clear common-sense statement of the symptoms of the various diseases of the female sexual organs, the detailed methods of treatment and the appliances which the author has found most effectual. The book is illustrated by many original wood-cuts, which are badly done and are undoubtedly the weak feature of the volume. Fig. 4, on page 25, showing separation of labia and buttocks, is indistinct as to be useless, while Fig. 54, illustrating the correct position of the pelvic organs, cannot be accepted as representing the normal position. Fig. 85, showing the first step in the introduction of a pessary, is decidedly not up to date, as this method causes unnecessary pain except in women with very patulous vaginæ. We can nevertheless recommend the book, and can only hope that a second edition may be demanded, so that more correct and better designs may accompany an otherwise useful text.

⁂

The important book of Professor Bütschl on "Protoplasm and Microscopic Foams" has been translated into English by Mr. Minchin and published by Messrs. Black. It deals with the structure of protoplasm rather than its chemical composition. The Professor found that protoplasm invariably exists in the form of a foam, and he succeeded in ultimately making an artificial foam by mixing an easily soluble powder, such as potassium nitrate, with olive oil. This mixture, he tells us, so exactly resembled real protoplasm as to deceive experienced observers. Moreover, under the microscope the artificial protoplasm exhibits amœbiform movements which are accelerated by heat. These experiments seem to show that some, at all events, of the phenomena hitherto regarded as vital may be referred to a physical origin. Any observations which throw additional light on that obscure biological problem, the nature of life, cannot fail to be of interest and value to the progressive work of modern science.

⁂

The current number of the *International Journal of Microscopy and Natural Science* (Baillière, Tindall, and Cox) fully maintains the reputation this journal has now long enjoyed among students and lovers of Nature. We notice that the editorial work is shared by writers who have acquired a reputation in the departments over which they have undertaken to preside, so that the knowledge imparted will be kept up to date. The present number opens with an interesting paper "On the Border Land of Life," in which the writer chiefly dwells on the more important results of modern microscopical research. Then follows an instructive article upon those marvellous species of animal life commonly known as Rotifers, and about which so much has already been written, but their life-history is apparently quite inexhaustible. Mr. Vine finds something new to say about "Predacious and Parasitic Enemies of the Aphides," and among numerous other papers of interest we have one "On the Relation of Nerves to Odontoblasts and the Growth of Dentine."

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New Books and New Edition.—The following have been received since the publication of our last monthly list:—A Handbook of Medical Pathology, by W. P. Herringham, M.D., F.R.C.P. Lond, A. E. Garrod, M.D., F.R.C.P., and W. J. Gow, M.D., M.R.C.P. International Clinics, edited by Drs. Keating, Dalland, Bruce, and Finlay, vols. i, ii, iii, and iv. The Medical Annual for 1894, vol. xii. Syphilis in the Innocent, by L. Duncan Bulkley, A M., M.D. Manual of Practical Hygiene, by W. M. L. Coplin, M.D., and D. Bevan, M.D. Student's Handbook of Medicine and Therapeutics, by Alex. Wheeler, L.R.C.P. Congenital Affections of the Heart, by Geo. Carpenter, M.D. Lond. Lectures on Genito-Urinary Diseases, by J. Ogilvie Will, M.D. The Rectum and Anus, by C. B. Ball, M.D., F.R.C.S.I., 2nd ed. St. Bartholomew's Hospital Reports, vol. xxix, edited by W. S. Church, M D., and W. J. Walsham, F.R.C.S. Burdett's Hospitals and Charities for 1894. Calendar of the Royal University of Ireland for 1894. The Health Resorts of Europe, by Thos. Linn, M.D. Formulaire des Medicaments Nouveaux, par H. Bocquillon-Limousin, Fifth Edition.

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Medical News.

The Health of Dublin.

It appears from the report of the Public Health Committee of the Corporation that the month of February was unhealthy. The total death-rate was 1·33 per 1,000 above the mean rate for corresponding month of preceding ten years, and the zymotic rate was also 0·29 per 1,000 in excess. Influenza and measles were less prevalent, but the other zymotics showed no abatement.

Fees for Certification of Dangerous Lunatics.

The Boyle Board of Guardians has had to climb down and to pay to Dr. O'Riordan, under threat of legal proceedings, his proper fee for certification, with all costs of his solicitor.

Experimental Treatment of Sewage at Worthing

The Hermite process of the treatment of sewage which has been given an exhaustive trial at Worthing has failed. The following is the official report on the process, communicated by the Medical Officer of Health for the borough: "Since there is no instantaneous decomposition of fæcal matter, and no sterilisation of sewage, I am of opinion that the process, as far as the late trials have gone, has therefore failed to produce the results which are claimed for it by its inventor."

Society of Apothecaries, London.

The following candidates, having passed the necessary examinations, have been granted the diploma of L.S.A. of the Society, entitling them to practise medicine, surgery, and midwifery; enabling the holder also to compete for medical appointments in the Army, Navy, and India Service, also for Poor-law appointments, viz:—

Messrs. Austen, Best P., Bird, Burgess, Burton, Chilcott, Danaher, Farman, Galloway, Lattey, Owen, Pooley, and Venis.

Conjoint Examinations in Ireland by the Royal College of Physicians and the Royal College of Surgeons.

PRELIMINARY EXAMINATION.

The following candidates have passed—

A. The Examination generally—

J. B. Allster, J. W. Bell, J. R. Blackwood, A. P. Bonnar, C. R. Boyce, W. A. Cooke, W. F. Cormack, S. W. Cummings, A. D. C. Cummins, N. T. De Blaquiere, M. Dempsey, D. B. Elliott J. Foley, R. S. Garraway, H. J. Gorman, T. A. Gray, A. E. Griffith, H. E. Hayes, P. Heffernan, R. A. Hegarty, F. A. Hornibrook, J. J. Huston, D. P. James, J. L. Jones, M. W. Kelly, F. C. Large, A. L. Lett, F. Malone, C. H. McCarthy, J. J. McDonald, S. J. McDonnell, J. H. O'Connell, P. S. O'Reilly, D. O'Sullivan, B. R. Roberts, J. A. Russell, J. S. Smith, J. Somers, R. S. Stephens, G. F. Stoney, T. J. Tallant, T. Villiers, A. E. K. B. Williams, J. G. Young.

B. Fractions—completing Certificate passed elsewhere prior to 1892—

B. J. Hannen, P. Hogan, P. M. C. O'Doherty.

C. Physics—under old Regulations—

H. E. Howley, R. H. D. Pope.

Irish Medical Schools and Graduates' Association.

In our report of the dinner and annual meeting for the election of officers the name of Dr. Stewart, one of the hon. secretaries, was accidentally omitted.

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Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of The Medical Press and Circular, may now be had at either office of this Journal, price, 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

THE DICKINSON TESTIMONIAL FUND.

The Hon. Secretary writes us that a general meeting of the subscribers to this fund will be held in the Board Room of St George's Hospital, on Tuesday next, the 10th inst. His Royal Highness the Duke of Cambridge, K.G., has consented to preside on the occasion, and will take the chair at 12 noon. The subscription list will then be closed. Intending subscribers should communicate before that date with either Mr Laurence Reid, Hon. Treasurer, at 11 Petersham Terrace, S.W., or Dr. Gerard Carré, Hon. Secretary, at 1 St. George's Place, S.W.

Dr. E. Haughton.—You do not adduce any new facts or arguments in your letter, the length of which during the present great pressure on our space renders it impossible for us to insert.

AN URETHRAL LUBRICANT.

N. O. P.—A very good lubricant can be prepared by the following formula:—

Powdered soap, oz j.
Glycerine and water, āā dr. iv;
Corrosive sublimate, gr. ss.

This is a far more efficacious lubricant than vaseline or fatty substances.

Dr. J. B. N.—We have not quite decided what to do with the M.S. referred to. It is the case from the other side, and would probably lead to considerable controversy, which we have at present not space for. We have carefully read your leaflet and shall keep it for reference.

Mr. C. G. Y.—Thanks for the cutting, but you will see we have already referred to the matter on reference to our last.

SECTION MOUNTING.

Student.—You will find the information in any and every treatise of practical histology. The latest suggestion for a mounting medium is "soluble glass" (*Chemist and Druggist*, March 31st, page 485), which is said to possess various advantages over Canada balsam.

F.R.C.S.—Some authorities hold that a leprous man should have no sexual intercourse with his wife, the reason given being that no healthy child can be born of a leper. If, therefore, a leper has a wife, it is his duty to leave her. Our correspondent should consult the volumes of the Journal of the National Leprosy Fund, in which he will find all the information of which he is in need.

THE KING OF DELHI AND OPIUM.

It is a fact known to me, writes a correspondent, that when the King of Delhi was made prisoner (in 1858) he complained soon after to his English physicians of suffering from indigestion brought on by their refusal to allow him to continue taking the usual daily treatment he had followed for forty years, namely, beginning his morning with an emetic, followed by an opium pill. In a short time afterwards he was able to make a good breakfast. The opium in no way tended in his case either to shorten life or act as an aphrodisiac, although he was the reputed father of some forty children, or more, and had attained to nearly eighty years of age when he died.

A Subscriber (Nottingham).—Dr. Clark's process for reducing the hardness of water consists of the use of lime applied in the form of milk or as a filtering medium, whereby the carbonic anhydride enters into chemical combination with the lime to form insoluble carbonate of calcium, and consequently a portion of the dissolved carbonate of calcium is precipitated from the water.

Surgeon-Major J. C.—The point has still to be definitely determined whether bacteria are present in the vagina of a healthy woman. Our correspondent will find the subject discussed in the report of the meeting of the Obstetrical Society, London, for January 3rd, 1894.

Meetings of Societies, Lectures, &c.

Wednesday, April 4th.

West London Hospital (Hammersmith).—At 5 p.m., Dr. Seymour Taylor: The Therapeutics of Heart Disease. (Post-Graduate Lecture.)

Thursday, April 5th.

Harveian Society.—At 8.30 p.m., Clinical Evening. Dr. James Taylor: Two cases of Friedreich's Ataxy; Dr. G. A. Sutherland: Gummata of the Liver in a Child. Cases shown also by Drs. Sydney Phillips, Dr. Boxall, and others.

Friday, April 6th.

West London Medico-Chirurgical Society (West London Hospital) At 8 p.m., Specimens:—Mr. S. Mallack Bluett: Foreign Body Swallowed and passed per anum; Mr. P. Macleod Yearsley: Fibroma of Ovary. Papers: Mr. F. Bowreman Jessett: The Treatment of Advanced cases of Carcinoma of Uterus; Mr. L. A. Bidwell: Remarks on Amputation of the Breast for Cancer Mr. W. H. Battle: Two cases of Malignant Disease of Penis.

West Kent Medico-Chirurgical Society.—At 8 p.m., Discussion on Headache.

Vacancies.

Bedford General Infirmary and Fever Hospital.—House Surgeon. Salary £100 per annum, with apartments, board, lodging and washing. Applications and testimonials to the Secretary on or before April 10th.

City of London Hospital for Diseases of the Chest, Victoria Park, E.—Pathologist. Salary 100 guineas per annum. Applications and testimonials to the Secretary on or before April 12th.

Nottingham.—Assistant Medical Officer (unmarried) to the Coppice Asylum for Private Patients. Salary £120 per annum, with furnished apartments, board, washing, and attendance. Applications and testimonials to Dr. Tate on or before April 14th.

Oldham Infirmary.—Senior House Surgeon. Salary £80 per annum, with board and residence. Applications and testimonials to the Secretary on or before April 10th.

Royal Victoria Hospital, Bournemouth.—House Surgeon and Secretary. Salary £100 per annum, with board. Applications and testimonials to the Chairman of Committee on or before May 1st.

Royal Hospital for Diseases of the Chest, City Road, E.C.—Resident Medical Officer. Salary £100 per annum, with furnished apartments and board.

York Dispensary.—Resident Medical Officer (unmarried). Salary £150 per annum, with furnished apartments, &c. Applications and testimonials to W. Draper, Esq., De Grey House, York, on or before April 10th.

Appointments

Chadwick, C. M., M.A. M.D., M.R.C.P., M.R.C.S., Honorary Physician to the Leeds General Infirmary.

Edmunds, D. T., L.R.C.P., L.M.Edin., M.R.C.S., Honorary Surgeon to the Bathurst Hospital, New South Wales.

Edwards, E. C., M.B., C.M.Edin., Junior House Surgeon to the East Suffolk and Ipswich Hospital.

Fiffe, W. K., M.B., M.R.C.P., Medical Registrar to St. George's Hospital.

Guinand, P., M.D Berne, L.R.C.P.Lond., M.R.C.S., Health Officer for Narracan Shire, Victoria, Australia.

Lane, T., L.K.Q.C.P., L.M., L.R.C.S.Irel., Medical Officer to the Inverell Hospital, New South Wales.

Macalister, C. J., M.B.Ed., M.R.C.P., Consulting Physician to the Liverpool Schools for the Deaf and Dumb.

McCall, J., M.B., Ch.M., Glasg., Government Medical and Health Officer for the District of Devon West, Tasmania.

McInery, J., M.D.New York, L.S.A.Lond., Public Vaccinator for North Carlton, Victoria, Australia.

McKillop, R., F.R.C.S., L.M., L.R.C.P.Edin., Medical Officer to the Goulburn Hospital, New South Wales.

Moore, J. B., L.K.Q.C.P., L.R.C.P.Irel., Honorary Surgeon to the Bathurst Hospital, New South Wales.

Nevins, J. E., M.B.Lond., M.R.C.S., Honorary Medical Officer to the Liverpool School for the Deaf and Dumb.

O'Connor, J. E., M.B., B.Ch.Irel., Medical Officer for the Glenfield Sanitary District of the Blaby Union.

Stevenson, E., M.D., C.M.Aberd., Assistant Surgeon to the Liverpool Eye and Ear Infirmary.

Symes, R. H., L.K.Q.C.P., L.M., L.R.C.S.Irel., Surgeon to the Victoria Hospital at Barcaldine, Queensland.

Tolker, S. G., M.B.Lond., Resident Assistant Physician at St. Thomas's Hospital.

Trevelyan, E. F., B.Sc.Lond., M.D., M.R.C.P., M.R.C.S., Professor of Pathology in the Medical Department, Yorkshire College.

Williams, E. H., M.D., Ch.M.Toronto, L.R.C.P.Lond., Health Officer for Upper Yarra Shire, Victoria, Australia.

Births.

Constant.—March 30th, at Argyll Lodge, Scarborough, the wife of Thos. E. Constant, M.R.C.S., L.R.C.P.Lond., L.D.S., of a daughter.

Harford-Battersby.—March 27th, at Mornington Road, Bow, the wife of Dr. C. F. Harford-Battersby, of a son, who died at birth.

Deaths.

Clarke.—March 27th, at his residence, Nostell, Wakefield, W. Barnard Clarke, M.D.Ed., J.P. for Ipswich, aged 87.

Crompton.—March 31st, at his residence, 40 Harborne Road, Edgbaston, Dickinson W. Crompton, F.R.C.S., F.L.S., aged 88.

Duggan.—March 24th, at Woodville, Athenry, Co. Galway, Joseph M. Duggan, M.R.C.P.Irel., of cardiac syncope, aged 64.

Guest.—March 21st, at his residence, 263 Oxford Road, Manchester, Ellis Southern Guest, Surgeon, aged 70.

Irwin.—March 30th, at Gloucester, Alan Montgomery Irwin, L.R.C.S.I., L.K. and Q.C.P.I.

Knight.—March 23rd, at his residence, Etna Lodge, Clones, Alexander Knight, M.D.

Nelson.—March 26th, Thomas Andrew Nelson, M.D., of Nottingham Terrace, York Gate, Regent's Park, N.W.

Pycroft.—March 23rd, at Wellesley, Torquay, George Pycroft, M.R.C.S.E., of Camborne Terrace, Richmond, Surrey, aged 74.

Woodcock.—March 30th, at Forest Hill, of diphtheria, Arthur Woodcock, L.R.C.P.Lond., M.R.C.S., aged 22.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY APRIL, 11, 1894. No. 15.

Original Communications.

SOME PRACTICAL OBSERVATIONS ON THE EXAMINATION OF AN EAR AND THE ÆTIOLOGY OF AURAL AFFECTIONS.

By H. MACNAUGHTON JONES, M.D., M.Ch., M.A.O. (Hon. Cau.), F.R.C.S.I. & E.

So much depends upon the correct and thorough examination of an aural case, that a few observations on this subject may not be without their use to practitioners generally. Hurry or carelessness in the steps of such preliminary investigation may lead to an error of diagnosis which may be fatal, not alone to the hearing, but also to the life of the patient, and as a minor consequence must act prejudicially to the surgeon himself.

A mistake arising out of such negligence may prove most serious to his general reputation.

We shall see that there are many possibilities of error, even when extreme caution is exercised, and when close attention to detail has been given to the causation, signs, and symptoms of some aural affection.

Let us briefly summarise the points necessary to be attended to in this primary investigation.

It is no exaggeration to say that before the speculum is taken in hand, or the auscultation tube employed, a critical inquiry into the antecedents of the case will afford in the large majority of instances a fair insight into the nature of the affection we are called upon to diagnose and treat.

These antecedents include such evidence as hereditary transmission, the sequelæ of the diseases of infancy and childhood, more particularly tubercle, and the exanthemata; habits, occupations, injuries, and individual susceptibilities; the precedence or contemporaneous occurrence of such symptoms as pain, discharge, tinnitus, or vertigo, in relation to the deafness.

We shall in this manner gain so much valuable information as may give us a clue to such primary sources of the ear mischief as gout, influenza, naso-pharyngeal catarrhs and congestions, scarlet fever or measles; sea bathing, residence in the tropics, over mental and physical strain; such occupations as gunnery practice, or night nursing; railway travelling or collisions; a sedentary calling with confinement indoors; frequent exposure to cold and damp, or possibly to some special malarial influence, as, for example, intermittent, Roman, or Malta fevers.

Nor are we to pass lightly by collateral symptoms complained of in heart palpitations, insomnia, dental neuralgia, ocular migraine, or obstructed nasal respiration.

Anæmia, tinnitus, and vertiginous attacks are not uncommonly associated. Tinnitus is a frequent attendant upon irregularity of cardiac ryhthm, or feeble systole, as also in organic diseased conditions. both of the heart and aorta. Dental irritation, especially in the third molar, may cause both aural neuralgia and tinnitus. Ocular migraine may be one of the manifestations of the low vascular tension which precedes the occurrence of tinnitus, and interference with nasal breathing leads directly both to deafness and noises in the ear.

With reference to malarial fevers I may observe that in my experience such causes of aural trouble are likely to produce not only recurrent attacks of otitis media, but are occasionally followed by lurking mischief of a chronic character in the middle ear, with possible secondary consequences in the mastoid cells and antrum; a fact which it is well to remember in the treatment of any outer or middle ear affections which may follow upon them.

It may be noticed that I have not included in the foregoing category of causes a history of syphilis, inasmuch as I have found the association of syphilis, and morbid conditions of the middle and internal ear, of very rare occurrence. This remark does not apply to hereditary syphilitic taint, as deafness is not uncommonly linked with other manifest signs of transmitted specific disease, such as are usually seen in the teeth and cornea.

It is a noteworthy fact that the ear does thus escape, while the nose, tongue, and throat, specially suffer from acquired syphilis.

At times temporary deafness, with some tinnitus, does occur in the exanthematous stage of the disease, and generally yields rapidly to treatment. Specific aural troubles which occur in after years are some of the "reminders" of the primary affection, and are devoid of any special objective proof of the connection, save that which may be found in a dull greyish and lustreless membrane.

Quite different is it in the case of gout, both as regards its hereditary effects, and its consequences when acquired.

It is not in those who are subject to the more active manifestations of gout in the various crises which periodically occur, that we meet most frequently these aural complications; rather are they to be met with amongst those sufferers from obscure and latent evidences of the uric acid diathesis, which, more especially in women, have been transmitted from parents, and are probably encouraged by habit. In these sufferers we constantly find a collateral rheumatic arthritic condition, or the characteristic proofs, in the phalanges of hands and feet, of concurrent gouty and rheumatic states.

Excematous irritations in the neighbourhood of the external ear, or in the meatus, with epidermal shedding and accumulation, which narrow its lumen and render its walls extremely sensitive, while the canal itself is frequently filled with masses of epidermis and cerumen, are the common local signs seen in such individuals. At times we meet with sticky exudations, and not infrequently hyperostosis or exostosis, which both narrow the lumen and imprison *débris*.

It is needless to say that such conditions travel to the membrane and impair its elasticity and vibratile properties. But apart from such visible signs of gout in the outer ear or tympanic membrane, there are those exudative changes in the middle ear which cause impairment of the ossicular movements through interference with the intra-tympanic chain in the malleoincal and inco-stapedial joints, and the stapedial excursions in the round opening, and rigidity of the membrane in the oval opening.

Such intra-tympanic abnormalities may be accentuated by spastic states of the intra-tympanic muscles, which, by traction on the tympanic membrane, lessen the amplitude of its vibrations, and alter its normal fundamental tone. Thus are induced those characteristic symptoms of ossicular rigidity, of loss of differentiating power in the discrimination of complex and associated sounds, to which I will again refer. This defect is commonly shown in the inability to hear conversation at a dinner table, or to distinguish synchronous sounds, as the ticking of two clocks placed in different positions in the same room.

It also affects the accommodative power of the ear in ascertaining without the aid of vision the direction of the sound. Such changes diminish the accommodation in estimating the distance and direction of sound, while, as long since pointed out by Toynbee it may possibly be that the temporary relief of such rigid ossicular conditions, though the general vibration caused, renders hearing during a railway journey more easy. I have referred to intermittent fevers as a cause both of tinnitus and deafness, the former symptom often preceding the latter, and both being quite independent of a therapeutical origin, which may, however, induce or exaggerate them: namely, the prolonged administration of large doses of quinine, and the consequent hyperæmia of the labyrinth induced thereby.

I believe, however, as has been so clearly shown by Weber-Liel, Löwenberg, and American authors, that a peculiar predisposition to both deafness and tinnitus, or possibly Menière's vertigo, attends upon these microbal influences which have their origin in malariaand miasm. In an ordinary zymotic fever such as typhus, and in remittent fever, during the occurrence of which deafness has been present, or has remained through convalescence, and in which quinine has been given in large quantities to the full therapeutical effect, both the deafness and tinnitus usually disappear after the subsidence of the fever and the cessation of the exhibition of the drug. Nor is *permanent* deafness often to be traced to the occurrence of such fevers as typhoid or typhus.

Far different is it in the case of malarial diseases, and influenza participates with them, as it does in so many other respects, in these otological sequelæ, of which otitis media, with or without perforation, is one of the most frequent occurrence, and persistent tinnitus another. The subjective noises which remain after influenza and are associated with other transient and reflex nerve excitations are but a link in the chain of complex nervous disturbances which we so commonly find occurring after an influenzal attack, and which are frequently accentuated by an associated insomnia.

It goes for the saying that scarlet fever is one of the commonest sources in early life of permanent impairment of hearing. We may hope that this will be less so, when the vital importance of attention to the naso-pharynx and the ear, both during, and immediately after, an attack of scarlatina, is more widely recognised.

Systematic disinfection of the nasal passages and the naso-pharyngeal space, early attention to pain in the ear, with resort to paracentesis of the tympanic cavity, when an inflamed and bulging membrane indicates accumulation of secretion therein, are our most valuable safeguards.

It is true that in some instances the inflammatory process is so rapid and so fierce, that discharge followed by perforation occurs without giving the surgeon time to take special prophylactic measures. Yet in these cases post-nasal medication, and the insurance of thorough cleanliness of the meatus and tympanic cavity, will do much to limit the destructive effects. And it is marvellous what excellent hearing power may remain even with a large perforation of the membrane, so long as the stapes are still intact.

The effects on the ear of measles, though by no means so severe as those of scarlatina, are of sufficient gravity to warrant watchful care, especially during convalescence from the exanthem. Eustachian collapse and closure, imprisonment of secretion in the tympanum, or what we may regard as chronic catarrhal states of its membrane, are the conditions to be more commonly apprehended. This is particularly the case in children, who, at the time of the attack, and previously to it, have suffered from post-nasal adenoid growths and hypertrophic conditions of the turbinate bodies.

Here, again, close attention to the naso-pharynx, by spray and douche; the reduction of any chronic turbinate hypertrophy; the immediate removal of adenoid vegetations, and the establishment of free ventilation of the tympanic cavities, by securing the patency of the Eustachian tubes, are the surest means of anticipating any secondary aural mischief.

The same rule applies to diphtheria, and the deafness which followed it, more particularly the nasal variety.

Here the value of Faradisation of the tubal and palatal muscles, is specially to be insisted upon, as the innervation of these structures which follows even mild diphtheritic attacks, is in itself the most likely cause of the deafness.

A short time since I had to treat a very sharp attack of otitis media, with threatened mastoid inflammation, arising from rash diving on the head in the sea. It is most important to remember this cause of deafness when we are consulted by those who are suffering from any defect of hearing associated with middle ear mischief. It is generally from the act of diving on the head, or the forcible dipping of children's heads under water, that this trouble arises. Immediate attention should be given to the condition of the Eustachian tube, which is not infrequently closed through a partial swelling of its walls, and which alkaline douching, and a gentle catheterisation, with the use of Politzer's inflater, will remedy. Sojourning by the seaside, all such patients, and those suffering from chronic suppurative states of the middle ear, should not be allowed to dive, or to plunge the head beneath the water when swimming.

In most of the cases in which we are consulted for deafness, among those who are exposed to the effects of either loud noises or concussions, as in the instance of railway *employés*, there are no evidences of any gross changes in the tympanum. Noises are very often heard, the deafness is of a progressive character, and the prospect of amelioration are very slight.

The effects of either mental or physical overstrain, or both combined, in producing deafness and subjective noises in the ear, are specially worthy of consideration. In such cases we find both middle and internal ear disturbances—the former being induced by tubal innervation and defective ventilation of the tympanum. This is followed by paretic states of the intra-tympanic muscles, and want of equilibration of the air in the tympanic cavity, incomplete ossicular movement, abnormal curvature of the drumhead, with resultant defective action of the vibratile media between the outer ear and the labyrinth.

The latter is often the result of altered states of tension of the blood vessels of the labyrinth, due to vasomotor exudation or depression, or, it may be, that the auditory disturbance has its source in the abnormal stapedial influence on the labyrinthine fluid.

These are some of the more important inquiries into the predisposing causes, whether constitutional or local, which should always be made before commencing the steps of an aural examination. I shall have something to say to the more particular details in the next communication.

(*To be continued.*)

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ON CASES OF ASSOCIATED PAROVARIAN AND VAGINAL CYSTS FORMED FROM A DISTENDED GARTNER'S DUCT.

By AMAND ROUTH, M.D., M.R.C.P.Lond.,
Obstetric Physician to, and Lecturer on Practical Obstetrics and Gynæcology at, Charing Cross Hospital.

The first of these cases was under my own observation. The patient was a married woman. æt. 25, who came complaining of pain in the right ovarian region with a profuse watery, occasionally offensive discharge from the vagina. The abdomen was somewhat distended. *Per vaginam* the uterus was found to be mobile but pushed to the left by a somewhat elastic mass on the right side. This tumour appeared to be situated between the layers of the broad ligament; it was partially mobile independently of the uterus and tender. Along the vaginal wall could be felt, passing from the base of the right broad ligament, an elastic ridge, irregular in outline, which tended towards the median line, ultimately losing itself somewhere to the right of the urethra. I was unable to ascertain whence the discharge came, but I noticed that the upper part of the vagina was comparatively dry, while the lower portion was bathed by a viscid offensive secretion. A fortnight later the temperature rose, with a throbbing pain, and the vaginal ridge became larger and more markedly elastic, evidently containing fluid, and it could now be felt reaching almost to the vaginal outlet. On pressing the vaginal tumour the contents disappeared, thus establishing the existence of a communication with the cyst higher up. When the patient made bearing-down efforts the vaginal ridge became more full and tense. I examined the patient under ether, when the broad ligament tumour could be distinctly made out to be parovarian, and in view of its communication with the vaginal cyst it was assumed to be due to patency of a persistent Gartner's duct. A quantity of yellow offensive pus escaped during the examination, pouring from a minute orifice just beneath the urethral opening. With some difficulty I succeeded in passing a probe giving exit to a further quantity of pus. The sound passed upwards and outwards for a distance of five inches evidently entering the broad ligament cyst. I washed out the cysts and left in a drainage tube. The discharge continued for nearly five weeks, gradually becoming more and more watery. When the patient was examined again a year later I could feel a trough in the vaginal wall leading into a canal one inch long, terminating in a cul-de-sac. (The author then referred to two similar cases, one by Watts, and the other by Veit. He also read notes of two analogous cases of patency of the whole length of the duct with an anterior opening allowing free discharge, thus preventing distension of the duct along its course.) From a consideration of these cases I think I am justified in formulating the following propositions :—

(1) That Gartner's duct can be traced in some cases in the adult female from the parovarium to the vestibulum vulvæ, ending just beneath and slightly to one side of the urethral orifice.

(2) Homology tends to show that Max Schüller's glands are diverticula of Gartner's ducts, just as the vesiculæ seminales are diverticula of the vasa deferentia. He added that there was reason to believe that Skene's ducts are not necessarily identical with the anterior termination of Gartner's ducts (as most of those who have traced Gartner's duct to the vestibule appeared to think), but that Skene's ducts led directly and solely from Max Schüller's urethral glands, Gartner's ducts being continued to the vestibule behind, but parallel to, Skene's ducts.

(3) That Gartner's duct, if patent, might become distended at any part of its course constituting a variety of parovarian cyst if the distension were in the broad ligament portion, and a vaginal cyst if the distension were in the vaginal portion. The cases I have described were all instances of the association of both of these cysts owing to simultaneous patency and distension of both portions of the duct.

(4) These cases may afford some explanation of obscure watery discharges from the vagina not coming from the uterus or bladder.

(5) In regard to treatment when the whole duct is distended, the vaginal portion should be laid open as far as the base of the broad ligament, and the broad ligament portion encouraged to contract and close up.

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REMARKS ON AMPUTATION OF THE BREAST FOR CANCER. (*a*)

By LEONARD A. BIDWELL, F.R.C.S.,
Senior Assistant Surgeon to the West London Hospital, &c.

In the following remarks I wish to confine myself entirely within practical lines, and do not intend to refer to any of the pathological problems connected with this subject, except in so far as they influence the kind of operation to be done.

There are two points to be considered when determining the success of any operative procedure for cancer: the first is the immediate mortality of the operation, and the second is the prospect of an ultimate cure.

With regard to the mortality of the operation of amputation of the breast, even in the pre-antiseptic days there were not many deaths, but with the introduction of imperfect antiseptic measures a more severe operation began to be practised, which caused a rather higher mortality, so that most statistics are misleading; in fact, even Lister lost 8 p.c. of his cases, while in Billroth's hands as many as 23 p.c. died. However, with more simple antiseptic measures, and especially the absence of the spray, and avoidance of any undue exposure of the chest, the mortality now is extremely low. For my own part, during the last three years I have not known of a death due to the operation, and this among some 63 operations occurring both in my own practice and in that of other surgeons whom I have assisted. Last year, too, Dr. Dennis (*b*), of New York, published a series of 71 consecutive cases of thorough breast operations for cancer with only one death, and that one occurred in a patient suffering from hæmophilia.

With regard to the second point, it must be admitted that all our procedures at present show unsatisfactory results. It has usually been considered that, if a patient remains free from recurrence for three years after the primary operation, she may be counted as cured, and the number of cures after operation are estimated in this way; but unfortunately the rule cannot be considered as absolute, I have myself seen one case where a recurrence occurred in the axilla five years after the first operation. According to Sir James Paget, the average duration of life of patients suffering from mammary cancer is two years, while after operation the average duration became 2 and 1-12th years: this gain, which is not encouraging, of course refers to incomplete operations, and it is reassuring to find that

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(*a*) A paper read before the West London Medico-Chirurgical Society, April 6th, 1894.

(*b*) "Trans. Amer. Surg. Ass.," vol. ix, p. 219.

some of the modern statistics show that a considerable number of patients now pass the "three-year limit" without recurrence. Thus Kuster reported that in 25 p.c. of his cases there was no recurrence within this time, and Dennis is able to raise the percentage of "cures" to 30.

The great improvements in the ultimate result of this operation must be attributed to the increased thoroughness and care in its performance. That the whole of the breast ought to be removed in every case is now admitted by the greater number of surgeons, although Mr. Butlin in his "Operative Treatment of Malignant Disease" unfortunately supports the idea that it is only necessary to remove the tissues within a certain distance of the growth. I am sure there is a great risk that recurrence will take place in the gland tissue which has been left, and in the only three cases in which incomplete removal of the breast has been practised under my observation recurrence has occurred in the remaining gland tissue.

Another point to which too much importance cannot be attached is the removal of a sufficient quantity of skin over the breast. It is not enough to remove the skin which is adherent to, or which "dimples" over the tumour, but practically the skin over the whole breast should be included in the incisions. It formerly was a rule that as little skin as possible should be removed, so as to ensure the coaptation of the edges of the wound after the operation; but now the incisions should be quite regardless of this point, as any separation between the edges can readily be filled in with Thiersch's grafts as suggested by Mr. Cheyne, (*b*) and this too without increasing the duration of healing. The reason for an apparently reckless removal of skin is to be found in the fact, pointed out by Prof. Heidenham, that breast tissue extends into the suspensory ligaments of the breast; these ligaments are connected with the skin close to the margin of the breast, and would not be removed if only a little skin round the nipple were to be excised. There might not be so much danger in leaving these small outlying portions of breast tissue, but for the evidence that Dr. Stiles of Edinburgh has brought forward to show that the cancerous infection takes place entirely by the lymphatic channels which are extremely abundant and freely interlace in every part of the breast tissue, and so one could not be sure that these little pieces of glandular tissue were not already infected.

One must also urge the importance of removing not only every actually enlarged gland, but also of absolutely clearing out the axilla, in every case of scirrhus of the breast. To this rule there should be no exception, even when the growth is situated on the extreme inner edge of the breast. In one of my cases where the growth was in this position, almost disconnected from the breast, a microscopic examination of the axillary glands showed that these were infected with cancer. Kuster, too, has examined microscopically the lymphatic glands from 117 consecutive cases, some of which were not obviously enlarged. He found evidence of cancer in all but two specimens.

Furthermore, it has been stated that in 90 p.c. of cases where general infection has taken place this has come about through the axillary glands, we also find that 50 p.c. of the metastatic deposits occur in the lung or pleura of the same side as the growth, and the apex of the lung is most often attacked, probably infected by direct continuity from the axillary glands.

With regard to the incision to be made, I think that no definite rule should be made; it is better to suit the incision to the case. The old standard transverse incision is good in certain cases, especially when the growth is situated at the extreme outer edge of the breast. For tumours situated at the upper edge or middle of the gland prefer two vertical incisions which enable one to remove nearly all the skin over the breast, and to bring the edges together afterwards; with the vertical incision a cross-cut into the axilla is also necessary. For tumours situated at the lower margin of the breast a diagonal incision from the growth to the axilla answers well.

It has long been recommended that the fascia over the pectoralis major should be removed with the breast, both because the posterior suspensory ligaments join it, and also because it has been supposed to act as a barrier against the invasion of the growth, but this is not the case, the pectoral muscle itself often is, or later becomes involved by the growth. I have seen three cases of recurrent scirrhus where the recurrence was situated entirely in the pectoral muscle; last summer too I operated on a patient with a scirrhus of the upper margin of the breast where nearly the whole thickness of the muscle was infiltrated, and so had to be removed.

In consequence of the occurrence of secondary deposits in the pectoral muscle, Dr. Halsted, (*c*) of the John Hopkins Hospital, has suggested that in every case of amputation of the breast for scirrhus the whole of the pectoral portion of the pectoralis major should be excised. When this has been done the division of the pectoralis minor gives a most complete exposure of the axilla, and enables the surgeon to readily remove every gland, even those between the first rib and clavicle. Last year Mr. W. A. Lane (*d*) urged a similar operation in any case where the growth extended close to the pectoral muscle.

Halsted's operation seems to me to be rather too severe for every case, and I have only been obliged to perform it once, when the result was very satisfactory, and even the impairment in movement of the arm was very slight. It remains to be seen whether a recurrence will be postponed for a longer time after the operation; Halsted himself has not tried it for a long enough time to give statistics.

I have already mentioned that the axilla should be thoroughly cleaned out in every case of cancer, whether the glands are enlarged or not; two cases have come under my notice where the glands were not removed, as no obvious enlargement was felt, a recurrence within a year had to be removed from the axilla in each case. In nearly all the other primary operations for cancer to which I have referred the axillary glands have been removed irrespective of any enlargement, and in every one of my own cases I have scrupulously cleaned out the axilla.

If Halsted's method has been employed the clearance of the axilla is very easy, but if this method be thought too severe a proceeding, a most complete view of the axilla can be obtained by dividing the pectoral portion of the pectoralis major. The cut ends of the muscle are reunited with silk sutures at the close of the operation. In the cases where I have done this, I have not found any loss of movement in the arm. In clearing out the axilla I always proceed to dissect down to the first part of the axillary vein, which is then cleaned from below upwards to the apex of the axilla; when the triangular mass of fat-containing glands has been separated from the vein it can be removed quickly without fear of doing damage to important vessels or nerves.

In those cases where the glands are adherent to the axillary vein, it is better to tie and remove a portion of the axillary vein than to risk leaving any diseased gland tissue behind. I found this necessary this summer in the case of a lady on whom I operated for a scirrhus at the outer edge of her breast accompanied by a huge mass of glands in the axilla; these glands

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(*b*) *Lancet*, 1891.

(*c*) "John Hopkins Hosp. Reports," vol. ii, p. 277.

(*d*) "Trans. Clin. Soc. Lond.," vol. xxvi, p. 85.

were intimately adherent to the axillary vein, a portion of which, about 1½ inches long, was excised, and the remainder of the separation of the contents of the axilla was easily effected. The patient had absolutely no trouble from the division of the axillary vein; there was neither swelling of hand or pain; she also quickly regained the use of her hand and arm. I saw her six months after the operation, and found that the axilla was quite free.

A large artery and vein, the long thoracic, usually run through the midst of the glands. I have seen much time wasted in attempting to remove the glands without injuring the vessel. I think that the best plan is to clamp and divide it at once. The external mammary artery requires similar treatment. The axillary fat is supposed to be supplied by a small alar thoracic artery only, but in cases of cancer the blood-vessels are much more numerous; in high dissections of the axilla it is not uncommon to divide the external anterior thoracic artery, which sometimes is rather troublesome to secure.

With regard to the axillary glands, I would point out that in some cases the enlargement affects also the glands between scapula and thorax; these therefore must be carefully examined for the least sign of enlargement, and if necessary removed; a couple of glands, too, are situated between the two pectoral muscles, which easily escape detection, but should always be removed.

When the bleeding parts have all been secured by ligatures and the wound washed out with some antiseptic solution, the edges are united as far as possible by silk or silkworm gut sutures. When too much skin has been removed to allow of complete closure of the wound, as much as possible should be united, the space between the edges being covered with Thiersch's grafts; in neither case is it necessary to use a drainage tube. The wound is covered with a piece of gauze protective tissue, and several layers of double cyanide gauze; over this is placed a specially-shaped jacket of wood-wool tissue with a notch at the axilla, and a strip to be wound round the shoulder. A butter muslin bandage keeps the whole in position, and the arm is supported in a sling. In bandaging some pressure should be employed, so as to prevent any accumulation of blood under the flaps.

The wound is not dressed till the eighth day, when the incision is found to be healed, and all stitches are removed. The patient is usually allowed to get up on the fifth or sixth day, and in many of the cases has returned home before the end of a fortnight.

One word as regards the antiseptics employed, for healing without suppuration in hospital practice at least, is only to be obtained by using antiseptic precautions. On the night before the operation the skin over the breast and axilla is washed with soap and water and turpentine. The surface is then "packed" with gauze soaked in 1 in 20 carbolic acid. At the operation it is again scrubbed with soap and a flesh brush, and then washed with ether to remove the contents of the sebaceous follicles; finally some 1 in 1,000 perchloride of mercury solution is run over the part. The other side of the chest, and the bed-clothing, &c., are all covered with macintosh, and towels either sterilised or wrung out in 1 in 40 carbolic solution. Care is taken not to expose any part of the body unnecessarily, and to keep the patient warm. The instruments are preferably boiled for five minutes in a solution of soda (one drachm to a pint) and then transferred to carbolic acid solution 1 in 40. No irrigation is employed during the operation, but before the wound is closed it is thoroughly sponged out with 1 in 2,000 solution of corrosive sublimate and dried; during the dissection of the axilla the main wound is covered with a piece of gauze soaked in mercuric solution.

I use silk ligatures, which have been sterilised by boiling for half an hour in a 1 in 1,000 solution of corrosive sublimate; for small bleeding points the smallest size, No. 00, is best. Generally I ligature every small vessel which bleeds and I have never found any trouble result from the presence of 15 to 20 ligatures in the wound.

At this point I would like to draw your attention to a ready method of determining, before the wound is closed, whether all the glandular tissues have been removed. It was recommended by Dr. Stiles, of Edinburgh, and is as follows: The surface of the mass which has been removed is cut off, and soaked for five minutes in a 5 p.c. solution of nitric acid; it is then washed, and if any pieces of epithelial tissue be left they will appear as white and glistening points, the fibrous tissue being swollen, and the fat unaltered. If any of these points be seen some more tissue must be removed at a corresponding place in the wound. This will not delay the operation, as it can be done by an assistant while the axilla is being cleared out.

With regard to cases suitable for operation, I think that some change in the recognised rules ought to be made. In the last edition of "Erichsen's Surgery" (a) we find the following classes of cases described as unsuitable for operation:—

"A. Strongly-marked constitutional cachexy.

"B. Disease in both breasts.

"C. Secondary deposits in internal organs.

"D. Much enlargement of glands under and especially above the clavicle.

"E. Œdema of hand and arm from pressure on the axillary vein.

"F. Adhesions of the tumour to the ribs or intercostal muscles.

"G. Hard, brawny, and infiltrated skin of reddish-brown colour, having a hard leathery feel or a greasy, glazed appearance.

"H. Rapid growth of the tumour in a patient with strong hereditary taint.

"I. An extensively ulcerated and fungating tumour with marked constitutional cachexy."

It is my opinion that most antiseptic surgeons will operate on nearly all these classes of cases; in fact, out of the nine conditions called unfit for operation, I should refuse to operate in two only, namely, the strongly-marked constitutional cachexy, and secondly, the presence of secondary deposits in internal organs.

Cancer of both breasts is certainly not unsuitable for operation; both breasts are usually removed at the same time. A considerable number of cases have been shown at the societies after the operation, and Dennis, of New York, mentions a case which was free from recurrence three years later.

In cases of much enlargement of the glands under and even above the clavicle I should still be disposed to operate, but of course I should feel bound to do a most radical operation. With regard to the glands above the clavicle, it is worthy of note that they increase in size usually at a very slow rate, and therefore do not give very much trouble; also they are difficult to remove, as I found in the case of a lady lately under my care whose primary growth had been removed eighteen months before, and who had a recurrence in the axillary and cervical glands. I removed the recurrence from the axilla, which consisted of the glands between the scapula and thorax, but on attempting to remove those above the clavicle I found I could not do so without opening the pleura, and gave up the attempt. These have not increased in size at all since the operation.

Œdema of the hand and arm from pressure on the axillary vein need not deter one from operating. Although in such a case one would probably find that the glands were adherent to the axillary vein, still it is quite harmless to remove a portion of the vein, as I have pointed out above.

When the tumour is adherent to the intercostal muscles and ribs, the operation, of course, to be satisfactory, must be rather severe, but still I think that it is quite justifiable, although one has to remove portions of some of the ribs and intercostal muscles; he pleura will probably escape injury. In one of Dennis's cases portions of as many as three ribs were removed at the operation, the patient making a good recovery and remaining free from recurrence a year later.

(a) "Erichsen's Surgery," 1888, vol. ii, p. 779.

Infiltration of the skin no longer puts operation out of the question, since after very large amounts have been removed the surface can be covered in with Thiersch's grafts. This condition, therefore, calls for a free operation.

Few surgeons would hesitate to relieve a patient of a rapidly growing tumour, although there was a strong family history of cancer, but such conditions should make one remove the tissues very freely.

There is, however, a class of case where an operation has sometimes been credited with accelerating the course of the disease. I refer to cases of atrophying scirrhus, which perhaps may have existed two or more years before operation, but after amputation have rapidly recurred and proved fatal. It is probable in such cases that as the tumour was very small, the whole breast tissue was not removed, but in such long-standing cases the cancer cells have probably spread a considerable way along the lymphatic channels, so a free operation is necessary, which probably would not be followed by rapid recurrence. But on this point I should be very glad to have the opinion of practitioners who have watched such cases to the end, both without and after operation.

Lastly, there is one point above all others which seems to influence the freedom of recurrence after removal of the breast for cancer, and this is the previous duration of the disease. Thus, in every one of the 30 p.c. of "cures" got by Dennis, the disease had existed less than six months before the operation. It is still a question whether we ought to look upon a recurrence as a fresh cancerous infection, or as an evidence that all the cancer cells have not been removed. For my own part, I strongly believe in the latter theory, chiefly on account of the better results which have followed when a more radical operation is done, as well as on account of the evidence of recent pathological work.

In the above remarks I fear I may appear to have given my own opinions too freely, but I hope that the fact will induce some of the members of the society who have had much experience in the subject to give us the benefit of their work also.

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A CASE OF APPENDICITIS,

WITH SOME REMARKS ON THE ÆTIOLOGY OF THE DISEASE. (a)

By E. WEARNE CLARKE, M.D., B.Sc.Edin.

SOME weeks ago Dr. Sinclair White related to this Society a case of relapsing appendicitis of a most interesting character, which was brought to a happy termination in his hands by operative measures. I propose in the first instance to detail shortly a case of appendicitis which not long ago came under my own care, and which is remarkable, both on its own account, and because it forms a very distinct contrast to that case of Dr. Sinclair White's to which I have alluded. It concerns, indeed, a phase of the malady, widely different in histories, its circumstances, and mode of termination, and I venture to relate it the more readily that I believe this subject has not engaged the attention of the Society for some time until the present session.

CASE.—My patient was a lad, aged (at the time of his illness) eleven years, healthy and robust, and with no ailments to chronicle, except a mild attack of scarlet fever some six years before, which had left no legacies behind it. Three days before I saw him he had been playing football, and there was a doubtful account of a blow or kick in the side then received. In any case, on the day after the game he was out of sorts, and complained of pain in the lower part of his abdomen, which was attributed to causes of a kind familiar to his age, and treated accordingly by domestic measures. Next day, however, the pain still persisted, and there were occasional bouts of vomiting. It was at this point that I saw him. I found him in bed complaining of pain in the right iliac region and in the hypogastrium, with tenderness in the same situations, perhaps rather more marked at the last-named point. Over the right iliac fossa the abdominal muscles were somewhat resistant and contracted. No tumour or dulness on percussion was to be made out anywhere. Micturition was painful and difficult, very little urine was being passed, and that little was loaded with urates. There was also rectal tenesmus, the frequent calls to stool being attended with much pain and uneasiness. The tongue was thickly furred, the vomiting frequent; the temperature was 100°, and the pulse 120. The boy was directed to keep his bed absolutely; he had some morphia and hot fomentations, with a restricted diet, and his friends were warned to give him no further aperients. The first few days showed little change, except that the abdominal pain and tenderness extended towards the *left* iliac region, and that the abdomen generally became somewhat distended. The temperature, never above 100°, often stood at 99°, and was often normal. The vomiting, at first very distressing, became by degrees less frequent and finally ceased, and with it the troublesome tenesmus. On the whole then, there was an apparent amelioration, except that the pulse remained quick, 120 to 140, and thready and feeble. The undefined and extended painful area became slowly much less marked, but along with this there was very much more pronounced tenderness in the right iliac fossa, and a sense of deep resistance and tension, at first very ill-defined, began to be experienced there. After pretty frequent and minute examination, a little dulness was detected above and parallel to Poupart's ligament, and this dulness and sense of resistance very gradually became more distinct. The whole of the physical signs, in short, tended to localise themselves in the iliac fossa. By the end of the second week there was a definite enough swelling, the tumour was apparent; and, moreover, one could begin to make out a little fluctuation in it. Also a new feature appeared—a painful swelling behind the angle of the lower jaw on the left side, which presently manifested itself as a genuine parotid bubo, an event not rare in these cases. The little patient began to lose flesh rapidly and to show signs of debility, and he had an irregular and somewhat hectic temperature. I then explained to his parents the position as to operative measures, which I deemed essential, and which I had already urged at an earlier stage. I found them absolutely averse to anything of the kind; whereupon I asked that another opinion should be taken, and Dr. Dyson was selected, who was good enough to promise us his help a little later in the day. An hour or so later on, however, I was summoned urgently, and found the boy sitting up in bed, breathing with extreme rapidity, with cyanosed face and an indescribably anxious look, a pulse so feeble that it could not be counted, and a temperature of 102°. I was told that quite suddenly he had been seized with a coughing, spluttering fit; and, indeed, he was spitting out quantities of a fluid which was chiefly unmistakable pus, and pus with a strong fæcal odour, which was welling up constantly. I could make no examination, I got him rallied somewhat; and shortly afterwards Dr. Dyson and I examined him together, and found dulness over a wide area of the base of his right lung, with bronchial breathing and abundant crepitations. We agreed, of course, that operation was now out of the question, and that the prognosis was of the gravest. For the next twenty-four hours this state of things lasted. At the end of that time another remarkable thing occurred. There was a sudden, free, loose movement of the bowels, followed by a second and third, and these stools contained pus and mucus and a few scybalous masses. I should say that after the first week the bowels had acted naturally, and that the evacuations had been fairly firm in consistence. Coincidently, the swelling in the iliac fossa diminished, and with it the general distension of the lower abdomen. After a few days the distension was gone, and the swelling in the iliac fossa was represented only by a hard lumpy mass, which gradually diminished in size. The temperature, however, remained persistently elevated, the pulse was still rapid, the lung was still consolidated, and the expectoration still contained traces of the same purulent stuff. For two weeks the issue was doubtful, but at last a gradual change for the better occurred. The temperature fell, and at last reached normal limits, expectoration lessened and then disappeared, the pulse became less frequent and stronger, the appetite returned, and the general condition improved; finally the lung very slowly began to clear up. There was a long but uninterrupted convalescence, and for a long time one could make out a hard mass in the iliac fossa, but it also slowly melted away, and the lad returned to his former good condition of health. I had an opportunity of examining him a few weeks ago, nearly two years since his illness, and there now remains not a trace of the mass perceptible.

(a) A Paper read before the Sheffield Medico-Chirurgical Society.

This case is, to my mind, a very typical one of that form of appendicitis which results in a localised suppurative peritonitis; and the termination, by secondary perforation of the abscess into the bowel is quite a common event, so much so that it may be said to constitute the natural method of cure in such cases when left to themselves. There are numbers of similar instances recorded, but it is not quite so clear what happened to the lung. Two alternatives are possible. Either the pus, burrowing behind the ascending colon, perforated the diaphragm and thus gained the pleural cavity and the lung, or we had to deal with a consecutive infective septic pneumonia.

We had, very fortunately, no opportunity of settling the pathological question *de visu*, but I incline to the former supposition. There are recorded cases which at least render it a reasonable enough hypothesis.

Of late a great deal of attention has been paid to the group of symptoms which are comprehended under the name of appendicitis. The use of the term expresses the conviction, which has now, we may say, reached the point of certainty, that the appendix is responsible for the appearance of most of the conditions which we were once accustomed to group under the names of typhlitis, perityphlitis, and paratyphlitis. The history of this affection in recent years affords a remarkable example of what one may term the evolution of pathology. It is not so very long ago since all the phases of the malady were ascribed to various stages of affection of the cæcum itself. Following the authority of Albers, of Bonn, there was supposed to be a stasis of fæcal matters in the cæcum, which set up catarrh, irritation, and ulceration of its mucous lining, which might be propagated through the cæcal walls to its peritoneal investment, and to the parts adjoining. There was further supposed to result an inflammation of an equally supposed retro-cæcal cellular tissue, which might proceed to suppuration. The appendix was mostly left out of account; it was not considered to have anything to do with the matter, and its condition was not usually examined in making an autopsy. If from time to time an authentic perforation of the appendix was discovered and described, it was considered as something apart from the ordinary run of the so-called typhlitis; it was called "fæcal abscess," and was thought a disease of a totally different character. The credit of rescuing the appendix from this ill-deserved obscurity undoubtedly belongs to the abdominal surgeons, notably to Sands, Weir, Bull, Fitz, and many others in America, and Treves among ourselves. With the progress of abdominal surgery intervention came to be solicited in these cases; at first in the graver, then in the less severe. These operations, performed often early in the course of the disease, showed very conclusively that in cases called typhlitis or perityphlitis, the appendix was the site of the primary lesions. The normal anatomy and the pathology of the appendix have since then received minute attention at the hands of many observers, with the result that the cæcum has been relegated to quite a subordinate place; and the pendulum has so swung over that a recent writer (Talamon) says that in order that the clinical signs of the classical typhlitis may appear, the appendix must be affected.

Ætiology.—There are several questions of interest in connection with the causation of this disease. A point of primary importance in this respect is that the human appendix is a functionless organ, and that from an evolutionary standpoint it is (as was recognised by Darwin) an example of retrograde metamorphosis. It represents all that is left in the human subject of the capacious appendices of the herbivora and rodents. Its blood supply is meagre; and while it is frequently congenitally bent or curved on itself, or assumes an abnormal position, it in any case possesses a wide range of movement, and is apt to wander from its normal site and contract adhesions to other far distant viscera. These considerations are sufficient to show that it is an organ, which, *primâ facie*, might be expected to become liable to catarrhal and inflammatory mischief. Histologically, its mucous lining is remarkable for the abundance in it of masses of lymphoid elements similar in structure to the agminate glands of the intestine. It possesses also a few Peyer's patches. Various observers—Bland Sutton and Ransohoff in particular—have remarked the striking analogy which this lymphoid material has to that of the tonsils, and the former author also points out that the inflammatory lesions of the two organs present also a close analogy. This fact, indeed, was observed and referred to nearly ten years ago by Fox, who also pointed out that inflammations of both tonsils and appendix are diseases of early life and apt to occur without obvious cause. The outer layers of the appendix simulate in an incomplete manner, the structure of the muscular coats of the intestine. They are of fibrous tissue, with a varying amount of muscular fibres, arranged circularly and longitudinally, and the organ possesses a certain degree of contractility, with but little extensibility.

Another factor of the greatest importance is the part played in its inflammatory lesions by micro-organisms. The appendix, a sort of back-water of the intestinal tube, becomes a gathering-ground for any organisms it may contain, and under certain conditions a kind of culture-tube. It appears exceedingly likely that when the appendix undergoes certain conditions of obstruction and compression, some species of these micro-organisms multiply in its mucous secretion and in its walls, and presently bring about its ulceration, gangrene, or perforation. The exact species of organisms which bring about these changes vary in different cases. The bacterium coli commune appears very frequently, but the streptococcus pyogenes and the staphylococcus aureus and others have also been observed. These facts are results of the labours of Ruffer, Fränkel, Laruel, Welch, Malvoz, and others. A point of some interest is in what manner these organisms gain access to the intestine. According to Alapi, it seems that pyogenic organisms are killed in the stomach by the normally acid gastric secretion, but that if this secretion be temporarily rendered alkaline they can readily pass into the intestine in an active state. Thus, while the bacterium coli commune seems to play a very active and preponderating part, it is not the exclusive organism found; and in view of the obvious bearing of these points on the pathology of perforations of the intestine at other situations than the appendix, the further development of this subject will be awaited with interest.

But apart from these considerations there is another factor which has received more general attention. It is the part played by foreign bodies. It seems that a celebrated teacher of anatomy used to tell his students that the only function of the appendix was to act as a receptacle for cherry stones. And, indeed, not only cherry stones, but all manner of unconsidered trifles have been found in the appendix—fish bones, tintacks, seeds and stones of fruits, biliary and intestinal calculi, lumbrici, and last, but by no means least, hardened fæcal masses in the shape of scybala. Many of the bodies formerly supposed to be stones or seeds have when more carefully examined by the microscope and chemically, turned out to be fæcal matter, often with a nucleus of extraneous nature, and often too with a coating of phosphatic salts. Such bodies frequently present a strange resemblance to fruit-seeds in shape and hardness. These bodies, of extra- or intra-intestinal origin, have frequently been found from time out of mind, either lying in the ulcerated or perforated appendix, or in the pus of a peri-appendicular abscess.

Of a total of 760 cases collected from various sources, 450 times the presence of a foreign body is expressly noted; and of foreign bodies, scybala are the most numerous. These bodies have been long suspected of playing an important part in the production of the disease, but the exact mechanism was dubious. They were thought to produce catarrhal or other changes by their mere presence, a view which is negatived by the fact that they are often present without producing any bad results. The more recent view is somewhat as follows:—The foreign body slips into the narrow cavity of the appendix, which has at its cæcal extremity a fold of mucous membrane which has received the name of the valve of Gerlach. It becomes impacted, so that the feeble contractions of the appendix are powerless to expel it. If it be a pointed body, pin or fishbone, it may, of course, actually push its pointed part through the appendicular wall. If it is a rounded body, it apparently does little or no harm so long as it does not occlude the appendicular lumen. If it does occlude it, the first result is accumulation of the products of the mucous glands of the appendix, and its consequent distension. This goes on till the feeble circulation is impeded or arrested. Then come into action the microbic tenants of the appendix, which proliferate, attack its defenceless parietes, and bring about their destruction.

The fæcal masses which thus act in so harmful a manner appear very frequently at least to have their origin in defective functional activity of the colon—a sort of chronic colitis showing itself by abnormal dryness or secretion, and more or less atony or irregular contraction, and translated clinically by vague digestive disorders, abdominal uneasiness, diarrhœa, constipation, and the like.

In addition to the obstruction of the appendix by foreign matters from without, it should be noted that a cystic dilatation has been observed, in which from obliteration of the upper part of the canal from some cause not well understood (probably ulceration and subsequent cicatricial contraction) the cavity of the appendix becomes dilated and filled with a milky fluid. This is frequently the condition met with in cases of true relapsing appendicitis.

As to occasional and subordinate causes, the disease is most common in childhood and adolescence, and far more common in the male. It appears certain that the ingestion of excessive or unsuitable diet, cold, and various traumatic causes, such as kicks, blows, and strains, have occasionally determined the outbreak in predisposed persons.

It remains to add that the appendix may be involved in the course of various specific processes, tubercle, typhoid fever, dysentery, cancer, and even, as in one or two instances recorded, actinomycosis, and; that these may thus set up a specific form of appendicitis.

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Selected Prescriptions and Therapeutic Notes.

103.—For the Green Diarrhœa of Infants:—

℞ Acidi lactici diluti, ♏iv;
Tinct. limonis, ♏j;
Syr. Simplicis;
Aquæ, āā ℥ij.

M. A teaspoonful thrice daily after suckling.—*The Practitioner.*

104.—A Dressing for Soft Chancres:—

℞ Pulv. camph;
Plumbi acetatis, āā ʒj;
Pulv. amyli, ad ℥j;

M. The chancre should be freely sprinkled with the powder three times a day, and immediately afterwards covered with a piece of cotton wool which has previously been dipped in castor oil.—J. Monroe.

105.—For the Gastralgia of Young Girls at the Age of Puberty:—

℞ Argenti nitratis, gr. j;
Glycerini, ʒiiiss;
Aq. destill, ad ℥vj.

M. A dessertspoonful three times a day.—
Escherich (*La Semaine Medicale*).

106.—Salicylate of Soda has been found of use in the treatment of tetanus, following suppuration of the remains of the umbilical cord in the newly-born. For a child of nine days, about one grain is the dose, administered at intervals of three hours, until relief is obtained.

107.—Useful Gargle for Chronic Pharyngitis:

℞ Salolis, gr. xxxv;
Tinct. myrrhæ, ʒijss;
Sp. vin. recti, ℥jss.

M. Gargle the throat thrice daily with a solution made up of a teaspoonful of the above added to eight ounces of water.—Schmidt.

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The London College of Physicians have agreed to the request of the Chelsea Hospital of Women to appoint a representative of the College to serve on a committee to investigate the charges brought against the Hospital by the Medical Officer of Health for Chelsea.

Dr. Henry Pomeroy Truell of Wicklow, has been appointed a Deputy Lieutenant for his County, a distinction which does not often fall to the lot of a medical man.

The Manchester Royal Infirmary has received £50,000 by the will of Mr. Weston, a yarn agent of that city.

Clinical Records.

CASES IN PRIVATE PRACTICE.

By Dr. J. Pearson,

Assistant Medical Officer to the Sheffield Children's Hospital.

Case of Excision of the Shoulder.

Mr. M., a fireman, presented himself at my surgery in April, 1892, complaining of pain in the left shoulder-joint and stiffness. He could only move his arm an inch or so from his side. The patient also complained of loss of flesh. He had previously weighed 11 st., and his weight then was 9 st. 2 lb. He had also a very unhealthy appearance

Previous History.—Whilst attending to his duty as a fireman in January, 1891, he fell off a wall 12 or 13 feet in height, on to his shoulder. He, however, continued at his work. A few weeks afterwards he had aching pains in the joint, and had to go off duty for ten days (that was in May, 1891). He was off duty again in July for a week or two, and his arm was partly ankylosed. He up to this time thought it was rheumatism. The pain continued increasing, and on Sept. 16th he went into the Public Hospital. He was there examined under ether, but left the hospital on October 3rd, before an operation was performed. The patient continued to do light duty until he came to see me on April 8th, 1892.

Condition at that time.—He had very slight movement in the joint, and it was attended with great pain. There was an abscess pointing on the front of arm about 2½ in. below the joint. This was opened and a probe passed in the direction of the shoulder-joint, but did not reveal any dead bone. The sinus continued to discharge unhealthy pus for a few weeks, then another abscess pointed behind about half way down the scapula; this was opened, and an operation suggested, bnt the patient did not agree to have one done until June 28th.

With the assistance of Mr. Pye Smith and Dr. Willey to give ether, I cut down upon the joint and found several loose pieces of bone and the head of humerus quite rough and spiky. The loose pieces were removed and the head well scraped with a raspatory, and the wound stitched up, leaving a drainage tube in. The sinuses were well scraped out. The patient soon began to improve and gain weight; the sinuses, however, did not heal, but the man was free from pain for nearly eight months. I then persuaded him to let me operate again. Mr. France assisted me and Dr. Porter gave ether. I found on cutting down considerable disease, both of the head of the humerus and the glenoid cavity, also the tip of the coronoid process of scapula was rough and bare. There was also a small collection of pus at the back of the head. I this time removed the whole of the head of bone and the tip of coronoid, and scraped out the glenoid cavity and put in a drainage tube back and front. The patient made a rapid recovery, and was doing light duty as a policeman in two months, and the sinuses quite healed. He has now been able to do ordinary fireman's duty for six months or more, and has gained 2 st. in weight. He can lift a very considerable weight with the arm, but cannot extend it laterally quite to a right angle with his body.

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Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Meeting held Wednesday, April 4th, 1894.

The President, Dr. G. E. Herman, in the Chair.

Dr. Amand Routh brought forward three cases in which

VAGINAL CYSTS WERE CO-EXISTENT WITH THE PAR-OVARIAN CYSTS,

which appeared to the author to have an important bearing on a moot point in female anatomy and homotology. This paper will be found in another column. In the discussion that followed,

Mr. Alban Doran pointed out that, though cysts were tolerably common in the upper, horizontal portion of Gartner's duct, *i.e.*, the part enclosed in the broad ligament, they were very rare in the lower part, in fact, vaginal cysts of all kinds were excessively rare. This, however, was, he admitted, only negative evidence, and did not militate strongly against the correctness of the author's assumption in regard to the course of this duct. Fischel had succeeded in tracing the duct into the substance of the cervix, where it seemed to double back on itself. From a practical point of view, he remarked that cysts of the vagina required to be dealt with very cautiously on account of their anatomical relations. He referred to a case in which a vaginal cyst had attained very considerable dimensions, and was attributed to distension of Cowper's gland, but he did not believe this to be the case. He insisted that these cysts must be distinguished from cysts of the vulvo-vaginal glands which, though surrounded by large vessels, were nevertheless accessible enough in the event of hæmorrhage.

Mr. Bland Sutton said he was disposed to accept the author's conclusion that this cyst originated in a patent Gartner's duct, but he pointed out that it was just within the reach of possibility that the duct in question might have been an abnormally placed ureter, for it was, he said, well known that women sometimes possessed an accessory ureter which in a case under his own observation, opened into the urethra near the neck of the bladder. This subject interested him because it was one of the first regions which he explored in his search for the potential causes of cyst-formation in the female. He had at that time examined a large number, about 70, of uteri from cows and sows, and in these he found Gartner's duct running along the ventral wall of the uterine cornua usually losing itself in the vaginal wall. The difficulty in deciding the exact termination of the duct was doubtless owing to the fact that the lower part was the first to become obliterated, and it was consequently rare to get a persistent duct, the termination of which could be traced to the vagina. The early disappearance of the lower part of Gartner's duct also explained in a great measure the comparative rarity of cysts arising in this portion compared with the frequency of tumours of the parovarium. Cysts arose more frequently in the middle portion than one was apt to suppose, but when these attained a large size, they closely simulated a parovarian cyst, with which they were usually classed. It was the co-existence of the two cysts that made the author's case particularly valuable.

Dr. Leith Napier referred to a case which seemed to have some bearing on the subject under discussion. The patient, a young married woman who had had syphilis and probably gonorrhœa, presented a cyst the size of an orange in the right side of the pelvis with a good deal of thickening on the left side. On three occasions the menstrual period had been associated with an attack of peritonitis, placing her life in danger. On opening the abdomen, in the expectation of finding a tubo-ovarian cyst, he found, amidst evidences of intense peritonitis, a right broad ligament cyst, partly of inflammatory nature, and on the left, a smaller cyst about 5 cm. in diameter, inside of which they found a small purulent cyst as large as a pigeon's egg. He asked the author whether he could explain this curious formation on his hypothesis.

Dr. Herbert Spencer pointed out that the middle part of Gartner's duct had been traced to the uterus and along the cervix to the vagina which he imagined was the usual course, that is to say in the outer part of the uterine wall and not in the broad ligament. He had in his possession a preparation of a fœtus at about the seventh month in which the duct, somewhat dilated, could easily be seen with the naked eye, and growing from the wall was a little tuft of papillomatous formation. It was generally concluded that the lining membrane of Gartner's duct was very apt to give rise to a papillomatous growth. The microscopical appearances of Gartner's and Skene's ducts were quite different, the latter being composed of glandular epithelium with numerous recesses, in fact its structure was altogether peculiar.

Dr. Griffith observed that Skene himself did not describe the duct thus, and he asked how the last speaker knew for certain that he was really examining a Skene's duct. He and others had on several occasions done their best to find a structure corresponding to that described by Skene but their efforts had been in vain. He pointed out that the mucous membrane of the female urethra was remarkable for the great number of depressions and crypts which in some parts extended even beyond the muscular coat, and he asked how the last speaker could be sure that he was not examining one of these depressions. He thought it was a pity to assume, as the author had done, that these points were definitely settled, for this was far from being the case.

Dr. J. **Oliver** dissented from the view that vaginal cysts were so very rare, seeing that he had met with six of them within a few months, two of which originated in Gartner's duct, both being on the right side of the vagina, extending from its roof towards the anterior wall, to close upon the remnants of the hymen. One of them contained three ounces, and the other, six ounces of a fluid of low specific gravity resembling that met with in parovarian cysts. The vaginal cysts, however, might contain any kind of fluid, in one instance it was treacly, probably owing to hæmorrhage into the cyst. He agreed that many vaginal cysts originated in Gartner's duct.

Dr. A. **Routh**, in reply, pointed out that no communication had as yet been shown to exist between Gartner's ducts and Max Schuller's glands.

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LIVERPOOL MEDICAL SOCIETY.

Meeting held Thursday, March 29th.

The President, Mr. C. **Puzey**, in the Chair.

REGISTRATION OF PLUMBERS.

Dr. **Steeves** moved the following resolution, which was seconded by Dr. Carter, and carried unanimously, "That the members of the Liverpool Medical Institution, fully recognising the great importance of an efficient system of Registration for Plumbers, are of opinion that such registration should, without delay, be placed on a firm legal basis by Act of Parliament;" and that this be sent as a memorial to the President of the Local Government Board, Sir Walter Foster, M.P., and Mr. Lees Knowles, M.P.

CASES.

Operation for Intestinal Obstruction.—Mr. **Robert Jones** related a case where he operated for intestinal obstruction, the obstruction having lasted twelve days. There was considerable distension, but a median incision was made and the cæcum found collapsed. He also felt empty small intestine in the pelvis. The obstruction was placed in the shape of a band about three-quarters of an inch broad, which compressed the ileum, producing complete blockage. The band was severed, and fæcal vomiting, which had been constant up to the operation, quite ceased, and the patient rapidly convalesced.

Hydatid of the Liver.—Mr. **Robert Jones** also related a case of hydatid of the liver, which he incised and stitched by a double row of sutures to the abdominal wall. He removed 120 ounces of fluid. The patient recovered.

Idiopathic Tetanus.—Dr. **Archer** related a case of idiopathic tetanus. There was no history of wounds or injury. It was not a typical example of the disease, as the two most distinguishing features viz., trismus and opisthotonos, were entirely wanting. However, Dr. Archer submitted that the other spasmodic manifestations, together with the history were quite sufficient to justify a diagnosis of tetanus being made.

Dr. **Glynn** asked Dr. Archer if it was not possible that his patient had been inoculated through some small and unrecognised wound. He referred to certain cases of tetanus that had come under his notice where the specific poison of tetanus appeared to have been introduced through slight abrasion or wounds—one, a case of ingrowing toe-nail in a greengrocer who walked about his shop wearing worn-out slippers, and probably became inoculated with the organism of tetanus conveyed in the earth brought with potatoes and other vegetables; another, a case where the specific poison appeared to have been introduced through a slight abrasion of the knee, and another where it entered the blood through a small cut on the finger.

Dr. **Bradshaw** pointed out some features in Dr. Archer's case that were very unusual in idiopathic tetanus, namely, the early fatal issue, the difficulty in swallowing, and above all, the absence of trismus. The case related reminded him forcibly of the symptoms of hydrophobia.

Dr. **Alexander** showed a specimen "Cast of Mucous Membrane of Bladder."

Dr. **Hope** read a paper on

INSANITARY PROPERTY AND ARTISANS' DWELLINGS.

The nature of the property specifically dealt with as insanitary consists of three-roomed, back-to-back, and side-to-side, houses arranged in closely congested courts, being without open space of any kind, and having the water-closet and ash-pit accommodation and the water supply variously disposed in the court; the entrance to the court being narrow, and frequently built over, and so converted into a tunnel. Many of these courts were constructed prior to 1847, and are in a ruinous condition. The existence of this class of property is owing to the rapid development of the city in the earlier years of the century, at a time when no control was exercised over the erection of houses. The construction of back and back property was not put an end to till the year 1864. From that year, measures had been in gradual progress for dealing with the existing evil. A large insanitary area was dealt with under Cross's Act, and the Victoria Buildings were erected on the site. These were opened in 1883. Since 1884, 2,860 houses of the type described have been demolished, and various suitable dwellings erected on their site. Hitherto the "Housing of the Working Classes Act" of 1890 has not been put into force, as it is generally considered more convenient to act under the "Liverpool Sanitary Amendment Act," and its various amendments. A comparison was made between the two Acts by Dr. Hope, and their various advantages and disadvantages were closely criticised, and the mode of procedure under each was set forth. The death-rate, it was stated, in areas which had been demolished, had for a series of years ranged between 40 and 60 per 1,000, while in the new cottages or blocks the mortality during the last three years had approximated only to 22 per 1,000. Up to the end of 1893 a total sum of upwards of £265,000 had been spent by the Corporation in demolition of houses unfit for human habitation, a sum which does not include the cost of the dwellings erected on the cleared areas. The work must necessarily progress slowly, as reconstruction must accompany demolition. Dr. Hope expressed an opinion in favour of the erection of cottages rather than large blocks of four or five storey dwellings.

Dr. **Steeves** said he had once to take action under the "Artisan's Building Act" in the Toxteth Park district, where the demolition of the property had to be undertaken. In this case the ventilation and light were bad, houses back to back, dilapidated and defective walls, floors, and ceilings, and the absence of all sanitary conveniences.

Dr. **Moore**, referring to the objection that the new dwellings built upon clearer areas do not become inhabited by the same class of people as those displaced, pointed out that such consideration ought not to stay the work of sanitary progress.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Thursday, March 15th, 1894.

The President, Mr. **Richard Favell**, M.R.C.S., in the Chair.

Dr. **Hargreaves** brought forward a case of

SERO-CYST OF MAMMA.

The patient, Mrs. R., æt. 51, ceased menstruating six years ago; has a family of children, some upgrown. Fourteen months ago her son playfully took hold of her under each arm from behind, when she complained of severe pain in right breast; shortly after perceived a small lump deep in the breast, and two months after injury began to apply ung. pot. iod. I saw the patient four months ago, when I could feel a lump in the body of the breast, and applied emplas. belladon., but in the beginning of January the tumour had become superficial and fluctuating. When incised there issued dark straw-coloured serous fluid (quite thin and limpid). The breast was treated with stimulating applications and pressure, but the wound formed a fungating excrescence of soft spongy granulations from which issued serous fluid to the extent of about 2 oz. a day. The tumour with excrescence is situated two inches above and to the outer side of right nipple; no retraction of nipple, and no enlarged axillary glands. In removing tumour the elliptical incisions were extended beyond tumour to include the nipple. The tumour occupied the whole depth of the breast, to the sheath of pectoral muscle, the fibres of which were exposed in the removal. On examination after removal the cyst is found to be the size of a hen's egg, well defined with membrane and containing softened purulent sebaceous matter and no other cyst or morbid growth was found.

Mr. E. E. **Waters** introduced a case of

HYPERIDROSIS AND HEMIANÆSTHESIA.

Patient, a man, æt. 30, attributes his symptoms to a fall received three years ago, in which he injured his head. Since that date he has perspired freely on that side, and also been anæsthetic. There are no subjective sensory phenomena. There is complete anæsthesia on the left side of the body, sharply bounded by the middle line. Reaction to heat and cold is indefinite. The special senses are affected. The field of vision of the left eye is contracted, but the pupils react to light and accommodation. The patient is deaf on the affected side, and cannot taste with that half of the tongue. All the reflexes—organic, tendon, and superficial—are present on both sides. The left half of the body is constantly moist with perspiration, which becomes very marked on the least exertion.

Dr. **Pearson** gave particulars of a case in which he excised the shoulder of a man the victim of an accident. The details of this case will be found in another column under the heading of "Clinical Records."

CASE OF DENTAL REPLANTATION.

Mr. **Frank Harrison** showed a coryliser and read the notes of a case of dental replantation. A central upper incisor which had been knocked out and immediately replaced at the age of 10 was removed fifteen years later by Mr. Harrison for æsthetic reasons. The general aspect was that of a healthy tooth, and strange to say, the central cavity contained perfectly normal healthy pulp.

The President and Dr. Martin made remarks.

Dr. **Gwynne** read the notes of a case of embolism of the pulmonary artery.

The President, Mr. Atkin, Dr. Porter, Dr. Helm, Mr. West Jones, Dr. Hargreaves, and Dr. Sinclair White made remarks.

Dr. **Wearne Clarke** read a paper on "Appendicitis," which will be found in another column.

The President, Dr. Gwynne, and Dr. Sinclair White discussed the paper.

Dr. **Helm** showed a syringe that could be readily and effectively sterilised, with which he had been injecting Brown-Séquard's fluid for the palliative treatment of a case of cancer of the tongue too advanced for operative measures.

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WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Meeting held April 6th.

Dr. **Donald Hood**, President, in the chair.

Mr. C. **Mallet Bluett** showed a foreign body, a circular disc about 1¼ inches across, and passed per rectum.

Mr. C. M. **Yearsley**.—Fibroma of ovary.

Dr. H. **Wilson**.—A case showing enlargement above the hygomas.

AMPUTATION OF THE BREAST FOR CANCER.

Mr. L. A. **Bidwell** read a paper on the above subject, which will be found in another column. In the discussion which followed,

Mr. **Jessett** agreed with the paper in its entirety, except as to incision, liking transverse incisions in all cases.

Mr. **Keetley** complimented the author, mentioning his predilection for the rectangular position in extensive operations likely to lead to much cicatricial contraction.

Mr. **Bowreman Jessett** read a paper on the

TREATMENT OF ADVANCED CASES OF CANCER OF THE UTERUS.

The cases alluded to were those too advanced for removal of the uterus. In those involving surrounding organs, the application of chromic acid, one part to four of water, was advised with iodine water douche and morphia and belladonna suppositories. In those not so far involved, but yet past extirpation, the whole interior of the organ is thoroughly scraped by the author with his own instrument devised for the purpose, and the cavity is plugged with wool permeated with zinc chloride. This is removed in a few days, and in seven to ten days the slough formed of practically the whole uterus comes away. Illustrative cases were then read.

Dr. **Schacht** inquired if Mr. Jessett knew how far the subperitoneal uterine tissue was removed?

Dr. **Rol** asked if there was any trouble in removing the plugs.

Mr. **Bidwell** remarked that the post-mortem on a patient after the separation of the slough would settle the query raised by Dr. Schacht.

Mr. **Jessett** replied briefly, stating that he had not lost a patient under this treatment.

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CATHOLIC UNIVERSITY MEDICAL SCHOOL MEDICAL AND SCIENTIFIC SOCIETY.

Meeting held Monday, March 12th.

The Vice-President, Dr. **Roche**, in the Chair.

Mr. **Coyle** showed amyloid liver, spleen, kidney, supra-renal and intestine.

Dr. **McWeeney** showed the viscera from a case of an elderly woman who had been a patient under Dr. Redmond, in the Mater Hospital, and in whom there was found *post-mortem* an enormous gastric ulcer, about five inches in circumference, which had destroyed the wall of the stomach, the left lobe of the liver being laid bare in front, and the pancreas behind; the ulceration had apparently become stationary, and death was immediately due to œdema of the lungs, consequent upon atrophic and fatty heart. The other conditions found at the autopsy were universally adherent pericardium, pulmonary tuberculosis, with cavities in both apices, with large white kidneys. The exhibitor made some remarks on the causation of gastric ulcer.

Dr. **Redmond** gave a short account of the clinical history of the case.

Dr. **Joyce** showed an aneurism of the abdominal aorta. The man from whom it had been removed was under treatment four years ago in the Whitworth hospital. He then complained of persistent constipation, and great pain in the abdomen. For a long time it was believed the trouble arose from scybala in the colon, but no bruit was heard, and aneurism diagnosed. The aneurism burst about the end of February. At the autopsy the heart was normal; the aneurism pressed on the colon and liver, thus accounting for the pain and constipation.

The **Vice-President** made some remarks on the great tendency of abdominal aneurisms to be latent.

Mr. **Roughan** read a paper on

SUPRAPUBIC CYSTOTOMY.

On the 3rd of February, Mr. McArdle performed this operation, removing two projecting lips of prostatic tissue and a ridge which projected into the bladder in front of a sac which had contained a large encysted stone. Hæmorrhage was successfully treated by tampooning with iodoform gauze. The bladder was drained by a tube adopted by Mr. McArdle on the suggestion of Prof. Birmingham. It consists of two limbs bent at right angles; the limb which is introduced into the bladder rests almost on a level with the internal urinary meatus. Mr. Roughan protested against the inaccuracies of the diagram of the surgical text-books which placed the internal urinary meatus deep in the pelvis, while frozen sections had shown it to be on a level with the *upper* margin of the symphysis. Petersen's bag had proved useless and cumbersome in these operations on the prostate and trigone, while digital support in the rectum had proved extremely valuable.

Dr. **McArdle** explained that the tube might be used as a permanent drain, being connected with a bottle in the pocket of the patient. The tube had proved an almost perfect drain.

Dr. BYRNE said the ordinary drainage tube is nothing but an ornament. He had found that with them it was necessary to constantly change the dressings, owing to the extravasation of urine.

Dr. MCWEENEY read a paper on a case of

LEUKÆMIA,

for permission to study which he was indebted to Dr. Boyd, in whose ward it had occurred in the Mater Misericordiæ Hospital. The patient was a middle-aged farmer, and the disease was of the spleno-medullary type. When first examined the red blood discs were 67 per cent. of the normal, and the relation between them and the white cells about 8 to 1. Under treatment the proportion improved to 1 in 20, the Eosinophyl cells were greatly increased, and enormous myelocytes with and without Ehrlich's granules were very numerous. Neutrophil granulations were abundantly present, and nucleated red blood cells were to be found in each field, but he had been unable hitherto to demonstrate satisfactorily Ehrlich's group of granulations. The significance of the various morphological changes in this disease was discussed, and allusion was made to the metachromatism displayed by the nuclei of the nucleated red blood corpuscles as compared with those of the leucocytes; certain appearances were also found in this case pointing to the extrusion of the nucleus from the nucleated red cells, and the occurrence in the circulating blood of free nuclei apparently belonging to those elements seemed to point in the same direction. In conclusion, the share taken by the bone-marrow in the production of the above changes was discussed and a brief account given of the literature of the subject.

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France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, April 7th.

INFANTILE ECZEMA.

DR. MARFAN gave an interesting clinical lecture on infantile eczema a few days ago at the Children's Hospital, of which I give a brief summary :—

The different varieties of infantile eczema might be classed under two heads, eczema seborrhœic and dry eczema in disseminated patches.

The former commences almost always on the head, and is in general preceded by crusts, consisting of yellowish greasy squames so frequently to be met with in children. The eczema manifests itself by the apparition of inflammatory phenomena on subjacent skin; beneath and around the crusts is seen redness and a marked tension of the skin accompanied by pruritis, and later on a characteristic humidity. But the affection spreads, first over the whole scalp, then on the temples, the forehead, the eyebrows, the cheeks, and the ear, and above all in the reto-auricular furrow, where it is red, shining, and wet. Sometimes it descends to the neck, where it creates very painful fissures. But one of the chief characteristics of this kind of eczema is that it generally respects the region of the eyes, the nose, and the mouth. The children affected with this variety are generally very large and fat, and present frequently intertrigo in the folds of the skin about the legs. The malady always appears in the first year, and generally in the third or fourth month; it frequently disappears at the time of weaning, but sometimes persists into the third or fourth year. However, at that period it becomes modified, the scalp cleans off, but patches of eczema appear on other parts up to then untouched, and further on an eczematous disposition similar to that seen in the adult persists for many years.

In the second variety (the dry eczema) the scalp is respected. It developes in the form of patches, small, round, or irregular; the skin is red and slightly infl[illegible] covered with small crusts; erosions or fissures are frequently seen on the surface. The eruption is generally observed on the cheeks and on the forehead; it can be seen also behind the ear, around the nose and mouth, on the neck, wrists, hands, abdomen (in the umbilical region), on the back and legs.

The children who present this variety are not of the florid, healthy aspect as those affected with the first variety; they are often emaciated and cachectic; the abdomen always voluminous. The malady is essentially chronic and excites a predisposition to eczema as observed in the adult.

As to the etiology, four principal factors are supposed to play an important *rôle:* Defective nutrition and digestive troubles as a consequence, dentition, heredity, neuro-arthritic, parasitism.

The infants affected with seborrhœic eczema are generally nursed; more rarely they have a mixed diet. The mother in general observes no fixed rules in the feeding of the child; at any and every hour, according to the disposition, the infant was fed and over-fed.

The dry eczema is seen in children brought up on the bottle; the milk is generally of a bad quality, the bottle seldom properly cleaned, and chronic gastro-intestinal dyspepsia is the result.

Dentition has doubtless some influence in the production of both forms of eczema, but it is as yet ill-defined, while heredity has but a predisposing effect. As to parasitism, to which Unna attributed so much importance, there is every reason to believe that it has but a secondary influence.

As regards the treatment, M. Marfan recommended, if the child be nursed, that the hours of feeding be regulated, every two hours during the day, and only twice during the night. The diet of the nurse should be also attended to—no pork, salt fish, nor coffee allowed, and but a moderate quantity of wine or beer. He gives half a grain of calomel once a week, and orders the head to be washed with a three per cent. solution of boric acid and poulticed with potato flour for two or three days. At the end of that time the following ointment is applied :—

Oxide of zinc, ʒj ;
Sulphur, xx grs. ;
Lanoline, } ℥ss.
Vaseline, }

In the case of dry eczema, the gastro-intestinal trouble should be attended to by the administration of salicylate of bismuth of benzonaphthol, and a pomade as follows ordered :—

Oxide of zinc, ʒj ;
Starch, ʒj ;
Salicylic acid, ii grs. ;
Vaseline, } ℥ss.
Lanoline, }

RUPTURE OF THE KIDNEY.

M. Marchand related an interesting case of rupture of the renal organ at the meeting of the Société de Chirurgie. A man, æt. 37, was thrown out of a carriage on the sidewalk, the edge of the kerbstone striking the region of the left kidney. Extreme pain was immediately felt, and the doctor who was sent for diagnosed, from the high temperature, thready pulse and collapse, a rupture of some organ. The following day retention of urine set in, and when the catheter was passed a quantity of blood was drawn off. This hæmaturia last two days. M. Marchand was called in on the fourth day, and found the condition of the patient as follows:—The abdomen considerably distended, with great tenderness and vomiting; a large painful swelling in the lumbar region on the left side; considerable ecchymosis in the inguinal region extending to the root of the penis. In presence of these symptoms he did not hesitate to diagnose rupture of the kidney, and proposed immediate interference, which was accepted. A long lumbar incision was made, cutting through the muscles to the aponeurosis, which was found greatly injected with blood. As soon as it was perforated, a stream of blood flowed out, mingled with clots. The cavity was cleaned out, and when the kidney was exposed M. Marchand found it divided into two fragments by a very large rent. Both portions were removed by the usual method followed in nephrectomy, and the patient fully recovered in three weeks.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 7th.

CARCINOMA OF GALL-BLADDER.

AT the meeting of the Hufelandsche Gesellschaft, Hr. Saalfeld showed a man, æt. 43, who first came under treatment in May, 1893, with icterus and itching of the skin. The symptoms disappeared in hospital, but returned not long afterwards. At the close of last year he came under the speaker's care with jaundice and itching. There was firm resistance in the right lobe of the liver, which moved on respiration, when it was discovered also that there was a tumour in the region of the stomach and some tumours on the skin. The first thought was of echinococci of the skin, but examination of a portion of the skin, revealed typical carcinoma. Treatment had hitherto led to no result, and only some of the symptoms could be relieved. The patient was losing flesh. The jaundice probably depended on a primary carcinoma of the gall-bladder. The hydrochloric acid of the stomach was much diminished.

The speaker showed a second case, one of cancroid of the left external canthus. The character of the affection was not so markedly pronounced that there could be no doubt as to the diagnosis. One might take it to be a case of lupus, or even of syphilis, either gummatous or ulcerative. Glass pressure showed absolutely no nodules, and the colour was entirely different from that of gumma.

Hr. Liebreich then showed his apparatus for glass pressure, which he had substituted for the simple object glass first used, and which was dangerous for both examiner and examinee. By means of it, small and otherwise scarcely noticeable formations were easily recognisable to the naked eye.

In a paper on the employment of iron, Hr. Langgard gave it as his opinion that the form in which it was introduced into the stomach was indifferent; that the resorption varied, and that this variation depended on causes we were not able to explain; that as regarded its action, its property of blood-making, and also its astringent and tonic influence on the mucous membrane of the digestive tract, were to be taken into account.

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The Operating Theatres.

LONDON HOSPITAL.

EXTRA-PERITONEAL TUBERCULAR GLANDS.—PROBABLE DISEASE OF THE CÆCUM.—Mr. TREVES operated on a young man, æt. 19, who had been sent into the hospital with a diagnosis of typhlitis; he had suffered for nine months from pain which was indefinite even to the patient; this pain had mostly been about the epigastric region (which, as the surgeon remarked, is the most common seat of pain in abdominal cases). After a little time this became localised on the right side, there was no peritonitis and no vomiting, but diarrhœa was present with clay-coloured motions. The patient had been in bed for six months undergoing rigid diet. On examination the belly was found to be flat with a lump on the right side which had been talked of as appendicitis; it certainly was in the region of the cæcum and there was a feeling of resistance, but Mr. Treves thought the lump was probably glandular, but as he remarked, it was very difficult to say what it really was. He cut down on to the cæcum, saying he had to be very careful, as the bowel might be adherent to the peritoneum. He cut out some extra-peritoneal tubercular glands, remarking that he did not feel inclined to follow the chain of glands which went down into the pelvis. He pointed out that it was a good specimen of tubercular peritoneum, showing trouble inside the bowel; it was evidently a case of much thickened cæcum with a mass of thickened omentum over it; probably, he remarked, if the cæcum were opened tubercular ulcers would be found on the inside. The peritoneum was first sewn up, then the skin, the peritoneum being sewn first in order to obviate any chance of ventral hernia, which would be very liable to occur in this situation, owing to the gravitation of the intestines. Mr. Treves said that the rest of the parts could not be touched after the removal of a portion of the glands, but probably the mere opening of the abdomen would put a stop to this crude form of tuberculosis.

PYONEPHROSIS—NEPHRECTOMY NOT POSSIBLE OWING TO EXTENSIVE ADHESIONS.—The same surgeon operated on a middle-aged woman, the subject of an enlarged right kidney and pus in the urine. Mr. Treves commented on the difficulty of performing nephrectomy in such a case owing to the proximity of the vena cava. He began by making an incision through a much-thickened right linea semilunaris; he enlarged the opening several times to get clear of the colon and of the liver, and came down on a mass adherent to the liver and to the gall bladder. What this was he was not at first quite certain; it dragged the liver down, and the adhesions were very dense, like leather, but after snipping through a few of the latter he found the mass to be really the kidney; in doing this he came down on the vena cava, to which the tumour was also adherent, as also to the duodenum. In such a case Mr. Treves said he thought discretion the better part of valour, and that it was almost impossible to take the kidney away, as the division of the adhesions would give rise to a lot of hæmorrhage; he considered, therefore, the best plan was to cut down in the loin, open the kidney, let out the pus and drain. This he proceeded to do: when he reached the kidney through this opening he remarked that unfortunately he had come down on the healthy part of the organ, so that he had to then cut through the whole thickness of the kidney to get at the collection of the pus; this latter on being reached by a long knife was found to be considerable. No stone was felt. A gauze drain was left in. The tumour at the abdominal incision was then, of course, found to be collapsed. This wound was sewn up as a whole, no separate stitches being put in the peritoneum, as a ventral hernia was not to be feared in this situation. Mr. Treves said he was sure he had done the right thing in this case, as it would have been bad surgery to have attempted a removal. He said the question might be asked : Why not open the kidney in the loin at once in these cases ? In answer to this he thought the proceeding was disadvantageous, as a pyonephritic kidney was a pus-producing cavity which it was much better if possible to take away by abdominal nephrectomy ; this he considered could always easily be done on the left side, but on the right he thought the surgeon should always be prepared to hold his hand.

MIDDLESEX HOSPITAL.

LAPAROTOMY FOR EXTRA-UTERINE GESTATION.—Dr. WM. DUNCAN operated on a woman, æt. 34, who had had three children, the last being born three years ago. Since then the catamenia had recurred regularly until five months ago ; she then missed one period. At the date of the next she had a sanious discharge which continued more or less up to the time of operation. Four months ago, whilst in bed, she was suddenly seized with pain in the hypogastrium and fainting, which latter lasted ten minutes. She then got up, and was again seized with fainting. She was kept in bed until her admission to the hospital, when it was found that she had an irregular swelling in the lower abdomen ; this on the right side reached half-way up to the umbilicus, whilst on the left side it was more defined, and felt like a slightly enlarged uterus. Auscultation revealed nothing. There was very slight secretion in the breasts. Per vaginam the os uteri was found to be patulous and pushed forwards and upwards behind the symphysis pubis by a rounded swelling which filled up Douglas's pouch and depressed the vaginal roof. Dr. Duncan diagnosed an extra-uterine gestation, which was probably in the first instance tubal, that when the patient had the attack of fainting the tube ruptured between the layers of the broad ligament where the fœtus was now developing. On opening the abdomen in the middle line by an incision extending from just below the umbilicus to the pubes, the placenta at once appeared in view over the whole surface of the tumour with the exception of a small space at its upper part. An opening was made in this space, when a lot of amniotic fluid gushed out. Dr. Duncan then inserted two fingers through the opening, seized the feet, and and extracted the fœtus. During the extraction of head the opening was torn, causing a free bleeding from the placenta ; this was stopped by large forceps, but on attempting to stitch the edge of the sac to the parietal peritoneum some more of the placenta became detached with furious hæmorrhage from the deeper part of the sac, so that the operator decided to at once remove the whole of the placenta ; this was done whilst the abdominal aorta was compressed by Mr. Hulke. The detachment of the placenta took only about a minute, and the amount of blood lost altogether was not more than many women lose at an ordinary confinement. The sac was now tightly packed from below upwards with iodoform gauze (in all nine yards were used) ; no further oozing took place. The edges of the sac were carefully sewn to the parietal peritoneum at the lower part of the abdominal incision ; the upper part of the wound was sutured in the usual manner and the whole dressed with iodoform gauze. The operation lasted about an hour and a half. Dr. Duncan pointed out that the fact of the placenta being all over the front of the tumour made it impossible to extract the fœtus without tearing the placenta. He remarked that the severe hæmorrhage which occurred made him adopt the method recommended by some operators of removing the placenta at the time of operation instead of leaving it to separate by disintegration as he had at first intended. The care with which the placenta was removed and the comparatively small amount of blood lost, owing in a great measure to the effective manner in which the aorta was compressed, made him feel disposed to adopt the same procedure in any future similar case.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 11, 1894.

THE INTERNATIONAL MEDICAL CONGRESS AT ROME.

THE triennial meeting of medical men of all nations known as the International Medical Congress has on the last two or three occasions been a conspicuous success. Congresses are the fashion of the period ; and it cannot be disputed that they serve a useful purpose both in the dissemination of knowledge as well as in the promotion of international courtesies among scientific men. In this respect the *réunion* at Rome just held must be regarded as having fulfilled its mission to an eminent degree. When men of "light and learning" meet together and discuss questions of great import to the profession and the public, it must be that the world becomes richer from the diffusion of the knowledge thus brought about. It is, perhaps, too early yet to speak of the true scientific value of the Congress just concluded. To attempt to make any estimate of the scientific results achieved would at present be premature. The attention of those who took part in the meeting is probably still fully occupied in the recollection of the many wondrous sights and scenes, the hospitality of their hosts, and the enjoyment of which the visit to Rome was generally productive. Until the subsidence of all this, shall we say, not unnatural excitement, it is scarcely possible to expect those best qualified to judge to proclaim their opinion of the value of the Congress from a scientific point of view. It may, however, be taken as a fairly sound axiom that whatever is done at these international medical congresses by the readers of papers and others is something worthy of the occasion. For the most part the "contributors," as our Italian *confrères* call them, are not anxious to perform unless they have something novel—something of their best to bring forward. In this respect these international congresses markedly differ from those professional *réunions* which are not of an international character. At these latter, the effort is not so much to do something good, but rather at any price to do *something.* Self-advertisement, we fear, is the sole incentive to the performance of many readers of papers in these cases, and there is no doubt that generally the mere fact of doing "something" continually proves a very profitable undertaking—indirectly. But everyone who undertakes to perform before an international audience of his *confrères* doubtless makes up his mind beforehand that his communication must be the best that he can produce. Here the consideration of his reputation has to be given the first place; consequently, it happens that these congresses become the medium of the publication to the world of medicine of the results of much valuable original work. So far, a mere fraction only of the papers read at the Congress in Rome has reached this country: according to the general secretary, the total number of contributions equalled 2,700; it must thus appear plain that it will be a long time yet before the main features of the proceedings will be available for publication. But of the public addresses a great deal can be said. From the President's (Professor Guido Baccelli), which was delivered in Latin, much that was excellent in thought and expression could be gathered; moreover, the charm of oratory seems to have rendered its delivery doubly attractive to those who could appreciate the meaning of its flowing periods. Again, a very notable performance was that of Professor Virchow, whose address on "The Influence of Morgagni on Anatomical Thought" recalls somewhat his Croonian Lecture before the Royal Society two years ago, in which he called attention to the work of a "forgotten English anatomist," Edward Glisson. The short abstract of this address, published in the official journal of the Congress, shows how thoroughly Virchow had mastered his subject, and how much reason he had for concluding that Morgagni taught us to think anatomically, and thus became entitled to the distinction of being regarded as the founder of modern pathology.

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THE MEDICAL DEFENCE UNION.

It is matter of common knowledge that the conduct of affairs of the Medical Defence Union has given rise to a considerable feeling of dissatisfaction among members of that body. Matters have now been brought to a crisis by the resignation of Dr. Leslie Phillips, the provincial secretary, and by the withdrawal of the Council from the appeal in the action brought against the Union by Dr. Bloxham. Readers may be reminded that this litigation arose out of a partnership dispute between Dr. Collie and Dr. Bloxham. As already reported in our columns, both these gentlemen were members of the Defence Union, and each of them invoked the aid of the Society. One of the litigants, Dr. Bloxham, applied to the provincial secretary, and was dissuaded from further expectation of obtaining help on the ground that such cases were not within the province of the Union. The other litigant, however, sent in his application to the London secretary, by whom it was laid before the Council and accepted. This decision was naturally looked upon by Dr. Bloxham as likely to prejudice his case materially. He accordingly applied for an injunction to restrain the Union from supporting Dr. Collie in either of the cross actions then pending. His application, on appeal, has been completely successful, as the Defence Union had to retire from the case, and allow a perpetual injunction to be entered against them. Before this conclusion was arrived at the Judges of the Supreme Court strongly insisted that the action of the Council afforded that unwarrantable and judicious interference known to the English law as maintenance. The offence is a serious one, and must be considered apart from the merits of the original dispute, which, indeed, were not disclosed at the trial, and are officially known only to members of the Council of the Union. The future policy of the Society, however, must be determined on abstract principles, and not on the ultimate issues of the private quarrels of Drs. Bloxham and Collie. It is obvious that the Defence Union will have to arrive at a clear conclusion as to whether it should interfere at all in actions between medical men. As to the wisdom of such interference, the members have already expressed an emphatic opinion in a resolution passed at the crowded annual meeting of 1893. Indeed, in the absence of fuller information, which the Council has declined to afford either to members or to the Supreme Court, it is difficult to conceive how an elected Council could have ventured to act in opposition to the spirit of so definite an instruction. To a certain extent some of the complications of this unfortunate affair have arisen from the existence of a dual secretaryship. The resignation of Dr. Leslie Phillips, an old and tried official, has paved the way to a simpler administration of the secretaryship, but we are of opinion that no change will be really efficient unless it substitutes a paid and responsible officer for the present cumbersome arrangement. Upon this and other matters, however, we understand that the Society will shortly be invited to express an opinion. The days of the Union are young, and it cannot afford to be even suspected of unduly interfering in private business actions between medical men. Only a short year ago the Association found itself plunged into debt through the costs of a similar internecine conflict. The member on whose behalf that debt was contracted occupied, as our readers will remember, the position of President of the Society. It is doubly unfortunate, then, that the costs now incurred in the Bloxham case should be on behalf of a member of the Council. The Medical Defence Union is a society to which many earnest men have looked hopefully as one pregnant with future possibilities of good to the profession. It has been regarded not only in the narrow sense of a protective corporation, but also as the germ of a great movement towards the consolidation of other and wider interests. The present appears to be the critical moment which comes sooner or later in the history of all such societies. It would be a thousand pities if the mistakes of a session were allowed to wreck the results of many years of patient and painstaking effort. At the same time it cannot be too firmly insisted upon by members of the Union that the Council is an elected administrative body, and is therefore the responsible servant of the Society. It is rumoured, with what degree of truth we cannot determine, that of late a spirit of parochial narrowness and jealousy has influenced the actions of the Council. We should be slow to believe that such a state of affairs has arisen, but, in any case, the rumour is one for the Society to deal with and discuss. Whether or not the Medical Defence Union is to fulfil the promise of its vigorous youth will depend on the firmness and energy of its members in asserting their rights against any assumptions of arrogance or of bureaucracy on the part of its governing body.

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Notes on Current Topics.

The late Professor Brown-Sequard.

Medical science has suffered a great loss by the death last week of Prof. Brown-Séquard from pulmonary congestion. We are indebted to our French Correspondent for the following sketch of his career: Born at Port St. Louis in 1817, Brown-Séquard came to Paris in 1838 to complete his medical studies, and took his degree two years later. He immediately devoted himself to the researches of experimental physiology, on the composition of the blood, animal heat, affections of the spinal cord, and the nervous supply of the sympathetic ganglia. In 1864 he went to the United States, and was appointed Professor of Physiology and Nervous Diseases at the Harvard College. He returned to France in 1869, where he remained but four years, when he went back to New York and founded the "Archives of Scientific and Practical Medicine." On the death of Claude Berna[illegible] he returned to France, and was elected to the [illegible] chair of that illustrious physiologist. In 1886 Brown-Séquard became a member of the Académie des Sciences, and was created a Chevalier of the Legion of Honour. Such was the *curriculum vitæ* of the eminent *savant*, but it must not be inferred that all was *couleur de rose* in his life. Brown-Séquard may be truly called a self-made man. While yet a student, he was burning with zeal for the field in which he was destined to make such a brilliant name, devoting all his meagre pecuniary resources to the purchase of instruments and materials necessary in his search after knowledge. Frequently he had exhausted his straitened allowance, and numerous are the stories related by him with much humour about the plans he resorted to to acquire the "subjects." One day he succeeded, by considerable privation, in procuring a dog and a coat, this latter to pay a visit to a doctor who was to take him as an assistant, the dog was for experimental purposes. Being obliged to absent himself for some hours, he shut the dog up in his room. When he returned the dog had eaten the coat! Brown-Séquard had gained an immense popularity in late years by his method of regenerating the debilitated nervous system with injections of organic solutions, fully described in this journal. When he announced to the Académie des Sciences his method, and, above all, when he coolly stated that he had tried it on himself, and felt in consequence that he was ten years younger, his colleagues smiled ironically. The press especially tried to hold him up to derision, but the venerable physiologist stood the storm, and he had the satisfaction of seeing his novel treatment followed by very many of his medical brethren in all parts of the world. Brown-Séquard had attained to the age of 77, and was married three times. The death of his last wife preyed much on his mind, and contributed in some measure to his unexpected end.

The Dublin Students' Emeute.

The Council of the College of Surgeons, in due time and without hurry, deliberated last Thursday upon the demands of the students to which we have already referred, and delivered a conciliatory reply. As regards the question of remitting the rejected student to further studies, they intimate that it will be time enough for the students to complain when any considerable number of them are sent back to such work. As to the diploma fees, which are declared by the students to be excessive, the College has intimated its intention to confer with the College of Physicians on the subject, and has expressed, in a general way, its agreement with the complaint of the students. It also meets the student half way on the question of the re-examination fee, and assents to the proposition that an idle or ignorant student shall pay for re-examination only what he costs to re-examine. At the same time the Council of the College points out that, in the London Colleges and elsewhere the re-examination fee is three or four times as large as that of the Irish Colleges. The students held further meetings, and probably the newspapers will contain further terrifying manifestoes from them! We again venture to counsel calmness and discretion, and to deprecate hurry and heat. It is not to be supposed that Colleges are going to settle questions which involve important principles and the loss or gain of thousands of pounds in a few hours at the dictation of students. The College of Surgeons could not do so if it wished. The students have advanced their cause by bringing to the front questions which deserve to be quietly discussed, and grievances which are recognisable, and we hope they will not spoil their chances of success by talking nonense and asking that things shall be done in a moment which, if ever done, will necessarily take time.

Dr. Briggs and the War Office once more!

It is hardly credible that the Army administration should venture to continue their persecution of Surgeon-Lieutenant-Colonel Briggs in face of the resolutions in Parliament and of Mr. Stanhope's declaration that he had only done what any man was bound in honour to do. The facts of the case, however, as stated by this much-persecuted officer in a printed circular addressed to Members of Parliament, show that the military authorities have no intention of allowing Mr. Briggs to hold his commission in peace. The absolute necessity of army administrative reforms of a sweeping nature are loudly insisted upon by a certain class of journalists and politicians. The treatment of Mr. Briggs assuredly points the moral of their clamour, for that officer has been three times reinstated in the service and four times deprived of his commission. The action of the Commander-in-Chief appears to have been of the autocratic nature that one is given to understand rules the service of the Czar. He has refused again and again to have the matter referred to a public trial, and yet has not the common honesty to forget his grudges when Surgeon-Colonel Briggs is reinstated in his post. An occurrence of this kind is not calculated to increase the confidence of the public in the administration of the Army, and is bound to alienate the sympathies of medical men.

Salicylic Acid as an Ecbolic.

Salicylic acid and its salts have become of such general use that it cannot be considered out of place to draw attention to the fact that in about one-third of the cases in which it is given to pregnant women it produces abortion. The subject for the past five or six years has been attracting attention. Dr. Shaw has reported two cases in which the use of the salicylate of soda produced bleeding, and in commenting on them writes: "The treatment of acute rheumatism by salicine and its derivatives is so widely popular that it is of great importance to consider any drawbacks there may be in its adoption." Somewhat similar views were advanced in the Clinical Society's discussion on the subject. Rinz, however, from his experience with the acid, and from a study of the literature of the subject, concludes that salicylic acid acts on pregnant wombs as an ecbolic. The question will naturally arise as to the purity of the sample used, but we think when salicine has been found to produce bleeding from the gums and nostrils, we may fairly conclude that bleedings following on the use of salicylic acid or its salts are not the results of impurities in the specimen, but are due to the physiological properties of the drug.

"Immodesty in Hospitals."

Under the above prurient title the letter of a correspondent, who signs himself "An Indignant Husband," has recently appeared in a London evening paper. The communication in question is so characteristic of a certain kind of moral pathology that we reproduce it in full:—

> "Sir,—My wife, suffering from a disease peculiar to women, and wishing to avoid the expense of a long doctor's bill, attended the out-patient department of one of our great hospitals. She went prepared to submit herself to a thorough examination. Judge her surprise when she found herself surrounded by a crowd of gaping and jeering students, chiefly boys barely out of their teens. She returned home in a state of extreme nervous excitement, detailing to my private ear the nature of this degrading and disgusting exposure. Although only a working man, I immediately called in a private doctor, under whose care, and without any painful and indecent exposure, my wife is now regaining her health. Surely there must be something wrong in the management of our hospitals when our wives and daughters cannot attend them without submitting themselves to these and similar outrages.—Yours, &c.,
>
> "An Indignant Husband."

With regard to this extraordinary epistle it may be noted: First, if the husband was able to pay a doctor, why did he allow his wife to receive charity? Secondly, we challenge the writer to prove the presence of a crowd of "gaping and jeering" students on such an occasion in an hospital in London, or any other part of the United Kingdom; and, more than that, we have no hesitation in saying that his assertion is untrue in word and in fact. Thirdly, any medical man who treats uterine maladies without examination is likely to do an injustice to his patient. Fourthly, the investigation which is a necessary preliminary to thorough treatment can be neither indecent nor immodest when regarded from a pure and proper point of view. The only impurity involved is that suggested by the patient, who attributes motives of the basest kind to a necessary routine clinical proceeding. Lastly, the presence of students is, rightly enough, one of the conditions under which medical charity is granted.

Sewage Electrolysis.

Dr. Kelly, Medical Officer of Health for the Borough of Worthing, and of the combined sanitary district of West Sussex, has published his report upon M. Hermite's system of treating sewage matter with electrolysed sea-water. We briefly referred to this subject last week. His trial has been of an elaborate nature, and contains analyses, chemical and bacteriological, by Drs. Dupré and Klein. Dr. Kelly's is the first public investigation in England of M. Hermite's system, and it is somewhat disappointing to find that his report is an unfavourable one. With regard to the question of cost, Dr. Kelly points out that in addition to the annual expenditure in providing sufficient electrolysed water there would be a very great outlay in putting down the requisite plant in the shape of fresh mains, pipes and cisterns, so as to furnish a supply to every household.

Frauds on Medical Men.

The specialism of crime has long since produced the thief who devotes his skill and energies to the plunder of medical men, Coats, carriage clocks, instruments, umbrellas, books, and other portable articles lying about consulting and waiting rooms form the chief objects of attraction. From the nature of his pursuits it is as a rule particularly easy for any rogue to gain access to the interior of a doctor's household. Quite recently an old specialist of this class was sentenced at the Old Bailey for a series of offences. In the first case, although watched by the page-boy, he carried off a hat and other articles from the house of Dr. Smith, of Great Portland Street. He then visited Dr. Elam's, of Upper Montague Street, and stole a clock worth thirteen guineas from the consulting room. His next feat was to steal another carriage clock from the house of a lady doctor in Gower Street. His last fraud was of a more elaborate character, and involved the use of a forged telegram and a forged cheque, by means of which he induced Dr. Selwyn Quartley to lend him a sovereign. One is glad to find that the Recorder has put this enterprising specialist into safe keeping for the next five years. Medical men will do well to remember that London, and indeed every other large city, abounds with rogues of a similar stamp, and servants in a doctor's household should be specially warned to keep an eye on the movements of strangers.

The Royal College of Physicians of London and the Gresham University Commission.

At the Comitia of the Royal College of Physicians held on the 5th inst., the consideration of the report of the delegates on the Report of the Royal Commission on the Gresham University Charter was dealt with, and after a long discussion the following resolution was agreed to:—"That the delegates of the two Royal Colleges do cordially approve of the general provisions in the Report of the Gresham University Commission, particularly in so far as they relate to the said Colleges, regarding them as being in accordance with the principles which the Colleges have hitherto affirmed and accepted, and as constituting the most comprehensive and academic scheme hitherto proposed." Two amendments were proposed prior to the above resolution being put, but they were both lost. Although, perhaps, the scheme could be improved in certain particulars, we are nevertheless strongly of the opinion that a University founded on the lines laid down in the Report of the Commissioners should be included as quickly as possible among the London medical corporations. The longer the delay the greater will be the loss to the London medical schools. The outlook, even now, in this respect, is by no means encouraging. Indeed, before very long, if the same attractions for medical education in the provinces be maintained, the result will be that London will be a teaching centre for medicine—only in name.

Le Caron as a Medical Man.

The death of Le Caron, the notorious Fenian spy, ends the last chapter of an extraordinary career. During the last twelve months he has suffered from a painful internal complaint, which proved fatal a few days since at his residence in South Kensington. For two years he had lived a retired life in the neighbourhood mentioned, where he passed under a name that had been assumed, no less than that of Le Caron, and adopted from an aristocratic English family. Strange to say, he posed among his neighbours, and even to his landlord, as a retired medical man. So far as we know, his only claim to any such distinction lay in the fact that he once carried on a druggist's business in America, and that he retired from the American army with some honorary compound title which contained the word "surgeon." It is certain, however, that he had not studied medicine, and was not a qualified man. The medical profession will hardly appreciate the honour that has been forced upon them of affording vicarious shelter to a man whom Sir Charles Russell denounced as "a living lie, who had subsisted by the betrayal of his friends." It is not a little remarkable that Le Caron closed his dangerous career by dying peacefully in his own home.

Progress of Female Medical Education.

As evidence of the rapid strides being made by women towards the medical goal, reference need only be made to the examinations just concluded in the University of Glasgow. Thereat passed fifteen for the first professional M.B. and C.M., seven for the second, and two for the third examination. This, be it remembered, is what is taking place at one institution only. The increase, it is true, is not so marked in England, but Edinburgh and Dublin show unmistakable evidences of its onward progress, in order to prove, we may assume, that enlightenment blossomed only in the latter part of the nineteenth century, and to "show us how divine a thing a woman may be made." Hitherto man has been accused of making "medicine divine," but the *fiat* of his doom has gone forth—he has had his day, and the divinity which was wont "to shape *our* ends" is now wooed and won by woman.

Nursing in Excelsis!

When, some twenty years ago, the passing generation of our profession were, for the first time, horrified by the proposal that the nursing Gamps of that day should be superseded by lady nurses specially trained for the purpose, they could have had little idea of the popularity and importance to which the nursing sisters of to-day have attained. Not only have these ladies completely routed all other sorts and conditions of nurses out of the field, but they have succeeded in making themselves somewhat of a fashionable craze. They have their own special Bill in Parliament for the purpose of elevating them to the position of a recognised branch of the medical profession. More remarkable still, they have a pension fund amounting to nearly £170,000, with an annual income available for pensions, &c., amounting to over £30,000. Four individuals in the City of London contributed of themselves £20,000. The contrast of this capital sum of £170,000 and this yearly income of £30,000 enjoyed by the nurses with the paltry yearly income of £3,728 enjoyed by the Society for the Relief of the Widows and Orphans of Medical Men is illustrative of the substantial advantages gained by those who can make themselves the fashion, and of the sparing sympathy which the public expends upon poor people who have few friends and cannot help themselves.

The Chelsea Vestry and the Hospital for Women.

The Chelsea Vestry, at its last meeting, appointed a Committee to consider and advise the Board what further action, if any, should be taken in the matter of the Chelsea Hospital for Women. At the ordinary meeting held on the 3rd inst. this Committee reported that they had carefully considered the reports of the Medical Officer of Health on the subject, and the communication from the treasurer of the hospital, with the comments of the Medical Officer of Health thereon, and also the letter from the President of the hospital, asking whether the Vestry would nominate one of their number to serve on a committee of inquiry. The Committee recommended that the Vestry decline to be represented on the proposed committee, and they were of opinion that the professional members of the committee should be limited to members appointed by the Royal Colleges of Physicians and Surgeons of London. Strong objection was taken to the appointment of the consulting medical officers to the board of inquiry, and we must confess that we think this contention on the part of the Vestry is quite correct. The officials at the hospital should act absolutely without partiality in the matter, and display no suspicion of favouring their own side. By adopting this policy they will gain adherents to their cause whose support might be of some value to them in the future.

A Curious Position for a Coroner.

The newly-appointed Deputy Coroner for East London, Dr. E. K. Houchin, found himself in a curious dilemma at an inquest a few days ago. The inquiry was held for the purpose of ascertaining the circumstances of the death of an infant, æt. 3 months. The mother deposed that the child was suddenly taken ill on the 1st inst., and died the same evening. She sent for a doctor, but he was unable to save the child. At this stage of the proceedings the Coroner informed the jury that the doctor who was called by the mother was himself. Here, then, appeared to be a difficulty out of which it would not be easy to escape. But the Coroner was equal to the occasion: he stated that as it was impossible for him to give evidence, and at the same time act as coroner, he had related the facts of the case to another doctor, who would therefore give evidence in his place. This arrangement was duly carried out, and the jury immediately afterwards returned a verdict of death from convulsions. Such an experience as that above narrated must surely be a unique one in the records of "coroners' courts."

The Medical Battery Company.

The Medical Battery Company is again the subject of public notice. The creditors of the Company were called together last week to consider a scheme of reconstruction devised by a joint committee of debenture holders, shareholders, and those having claims against the manufacturers of the so-called electropathic belt. The meeting was a private one, the purpose of the gathering being stated to be merely to gain, informally, some opinion on the methods advocated before these were submitted for formal adoption. In time, perhaps, some entirely new electropathic appliance will be made to bid for popular favour in the place of the discarded belt.

The Carlow County Infirmary.

The position of Surgeon to this Infirmary, vacated by Mr. O'Callaghan, was filled on Tuesday, the 3rd inst., by the appointment of Mr. Broomfield, of the City of Dublin Hospital, to whose candidature we have already referred. Mr. Broomfield is well and favourably known as a surgical teacher in Dublin, and has been acting for Mr. Croly in the surgeoncy of the City of Dublin Hospital for some months past. He is also a Councillor of the Royal College of Surgeons, Ireland, and has been named as a representative of the College at the approaching Congress of Hygiene and Demography at Buda-Pesth. Mr. O'Callaghan, as we have said, leaves Carlow Infirmary, and will take up his practice in Harley Street, London. His speciality is abdominal surgery, and we believe he has learned the speciality with Mr. Lawson Tait. He was successful in raising the Carlow Infirmary to a position of popularity and efficiency which it did not always occupy.

Maternal Impressions.

The perennial subject of maternal impressions is one of great interest to the medical profession, and although we find nothing in either medical or general literature to give countenance to some of the cases put forward, especially by the uneducated classes, nevertheless many strange cases placed on record by respectable and accomplished physicians cannot be explained otherwise. The most recent and one of the most marked evidences of this influence is the case recorded by Dr. Garthright (*Virginia Medical Monthly*), which is as follows:—Mr. ——, by the explosion of a keg of powder, was severely burned about the hands, arms, face, and neck. When taken home, his wife, who had been pregnant for five months, met him calmly, and, she says, without the slightest trepidation. In September following the wife was delivered of a female child. On examination of the child the eyelashes and brows were seen to be absent, the eyelids thickened, and the conjunctiva inflamed; its left ear, like that of its father, was doubled upon itself; on its chin was a large cicatrix, and its whole face was covered with dark brown blisters; on its neck was a large abraded surface; its hands and arms were similarly blistered; its left thumb was bent over the index finger, and the other fingers over the thumb – in a word, the newly-born baby closely resembled, in its disfigurement, the father after he had been injured by the explosion. We offer no explanation of the subject, we simply report a case. So far, discussion on maternal impressions has not been productive of much good, but from time to time the subject forces itself on the notice of the medical profession, and we are brought face to face with facts that in the near future require interpretation.

The Secretaryship of the Royal College of Surgeons, Ireland.

On Thursday last Dr. Robert H. Woods was elected to be Secretary of the Council in the room of Dr. A. H. Jacob, resigned. There were six candidates, Mr. J. Barton, Mr. Goulding, Mr. Hilles, Mr. Pratt, and Mr. Glasgow Patteson, all Fellows of the College: Mr. Woods is surgeon to the throat department of the Richmond Hospital, and presents a very distinguished University record, having gained a gold medal in experimental physics. The salary has been reduced from £250, which Dr. Jacob received, to £100. Mr. Woods is young, quick, well-educated, and ready for work, and ought to make a good secretary. He will have plenty to do.

The Degrees of Fertility at Different Age-Periods in Men and Women.

Some interesting observations were communicated at the meeting of the Royal Society on January 18th in a paper by Joseph Koösi, member of the Hungarian Academy of Sciences. The subject was an inquiry into the fertility of each sex, based upon observations made with regard to statistics available at Buda-Pesth. Among husbands of 39 years of age, the probability of becoming fathers is, with a wife of 20 years, 31 per cent., and with a wife of 30 years, 20 per cent. On the other hand, for husbands of 40 years, the chances are with a wife of 35 years, 27 per cent.; with one of 40 years, 17 per cent.; and with one of 45, only 2½ per cent. Again, two degrees of fertility appear to exist for each age, namely, the physiological and the actual fertility. The former is the result of the unrestrained exercise of the sexual functions, while the latter is the outcome of such functions controlled by forethought, initiated by motives of morality. It is among newly-married couples, admits the author, that the physiological factor is nearly exclusively active. But after the birth of the first child, the degree of physiological fertility declines, and under the influence of the moral factor, it is reduced to an extent exceeding all expectation. For example, with mothers of 30—35, the reduction is to 78 per cent.; with those of 43, to 2 per cent.; that is to say, 98 per cent. of the physiological faculty is suppressed in these latter cases. With men the influence is also very great, though it is less pronounced than in women.

The Coronership for North Dublin.

The election of a Coroner for the North City in room of Dr. Davys, deceased, takes place this day (Wednesday). It is remarkable how little interest has been excited in the giving away of this valuable appointment, and the indifference shown is the more remarkable because the selection lies with the whole of the Parliamentary electors of the North Dublin district, and it is a rare phenomenon to see placidity when so large an Irish constituency has to be polled. Indeed, we should have with enthusiasm joined in the fray ourselves on behalf of the medical candidate if we had known last week of his candidature. There are two competitors, Dr. Murphy, of Skerries, an intelligent and experienced member of our profession, and Mr. Friery, a solicitor. Of course we are aware that, in all such elections the only qualities worth naming are politics, religion, and family connections, and we believe that Dr. Murphy fills all the requirements in these respects, but, in addition, is a capable man, which is more than can be said for some Irish coroners. He, at all events, will know something about a cause of death, which, probably, is more than his lawyer competitor can boast of. We wish him success.

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The Eleventh International Medical Congress at Rome.

[From our Special Correspondent.]

Rome, April 5th.

This is the last day of the Congress, and by the time these lines are perused by your readers this great and successful meeting of medical men will have become a matter of history. In the midst of so many and great attractions, and within easy reach of the far-famed bay, a visit to which is generally held to be necessary before a person becomes qualified to die, it is not surprising that the purely scientific objects of the *réunion* should in a measure have been overlooked by the members. Indeed, no secret has been made of the fact that a large proportion of the medical men attending the Congress with their wives came solely for the purpose of making use of the excellent facilities provided for them for seeing Rome and its vicinity under the most favourable circumstances. What wonder, then, that attendance in the Sections should have frequently been of limited degree! What more natural than that the members should have exchanged the attraction of listening to the periods of a *savant* on some abstruse professional topic for that of a well planned excursion to some place of interest either in Rome or its neighbourhood. If, however, science has been at a discount, so far as the bulk of the members are concerned, nevertheless, the enjoyment derived from the visit has, I should imagine, made ample amends in causing them to congratulate themselves upon having undertaken the expedition.

Some Interesting Statistics.

The general secretary, whose duties will by no means have come to an end when the Congress terminates, has published some interesting details regarding the attendance of the members, &c. He asserts that the attendance from Germany was upwards of 900; England and her colonies about 700; the Austrian Empire and the Hungarian Kingdom, 700; France about the same; Spain, Russia, Switzerland, and the United States of America about 200 respectively; and 500 members came from Portugal, Sweden, Norway, Holland, Belgium, Turkey, Roumania, Servia, Greece, Mexico, the different South American Republics, and Japan; while there were lastly even representatives from Borneo and Figi. Thirty-two

Governments and 425 scientific bodies sent their representatives, and "more than 1,000 ladies," he gallantly concludes, "connected with medical men have met here from every country to mitigate with the charm of their presence the severity of our work." We have it also on the authority of this official that no less than 2,700 papers had been received for reading and discussion in the sections—an amount of material almost four times in excess of that which was available for the Congress held in Florence.

Professor Baccelli, the President.

The medical profession in Italy must, or at all events should, feel proud of their *confrère* Professor Baccelli, the President of the Congress. He has attained to a position in his country which is probably unique so far as medical men throughout the world are concerned, that is to say, he occupies a seat in the Italian Cabinet as the Minister of Public Instruction. In reflecting upon this fact, it is impossible to avoid drawing comparisons between England and Italy in this regard. When will a member of our profession be offered a seat in the English Cabinet? That is a question to which most of us probably would like to have an authoritative reply. Meanwhile we are again reminded by this circumstance that the English medical profession takes a more insignificant position in connection with affairs of the State than is the case in any other European nation.

Sir Joseph Lister.

The following letter was received by the President from Sir Joseph Lister:—

12 Park Crescent, Portland Place, London.

Most Illustrious Professor,—After the great honour which your classic city has done me, on the proposal of Prof. Durante, by placing my effigy in your new Surgical Clinic, it would naturally be not only a duty, but a great pleasure for me, to be present at the Congress over which you will preside, and to return personally my best thanks and the homage which are your just due. The terrible shock, however, which I have undergone through the loss of my beloved wife has deprived me of the heart for such an enterprise.

Therefore, dear Prof. Baccelli, please accept my excuses and at the same time my best congratulations for the honour done to us by your Sovereign, who has entrusted you with the Ministry of Public Instruction.

My heart will be with you in the Congress, which has my heart-felt wishes for a brilliant success.

Your friend and admirer,

Joseph Lister.

What o'Clock is it?

Those members who have not been to Rome before have had to get themselves accustomed to a little horological detail the ignorance of which is calculated at times to cause some embarrassment. The Italians take the hours of the day just as they come, and in rotation endorse the numbers on their timepieces. The twenty-four hour clocks are the fashion; consequently an announcement that an entertainment will take place at 21 o'clock reads somewhat startling at first. Perhaps, however, this method of numbering has its advantages. Certainly it must have the effect of reminding people that if they receive an invitation for a 21 o'clock performance there is not much of the day left for the purpose.

The "Dies Non" of the Congress.

Sunday, April 1st, was, of course, an official "dies non" so far as the work of the Congress was concerned. The Mayor of Rome invited the delegates and representatives to a grand instrumental concert at the "Constanzi Theatre" at half-past one. The programme was performed by the Municipal Band, and included selections from the works of Meyerbeer, Schumann, Mendelssohn, Wagner, Saint-Saens, Mascagni, Verdi, Rossini, and others. An excursion afterwards took place to the Roman Castelli, in which the ladies of the Congress were *not* privileged to take part. By way of further amusement, a "bicycle race meeting" was carried out under the auspices of the Roman Velocipede Club.

A French Banquet.

The French members of the Congress gave on the 3rd inst. in the Sala Dante, Via Della Stamperia, a luncheon in honour of Professor Bouchard, President of the French Delegates. The French Ambassador for Italy was in the chair, and among the guests was the President of the Congress. Great enthusiasm was displayed throughout the proceedings, which in every respect passed off without a hitch.

An Anglo-American Reception.

Mention should be made of the Anglo-American entertainment, comprising a reception followed by a Cinderella, organised by Mr. S. M. Burroughs, in honour of the English and American members of the Congress. The *réunion* took place on Saturday, the 31st ult., at the Grand Hotel, and was a conspicuous success.

The Members of the "Fourth Estate" at the Congress.

The Scientific Press came in for a large mead of recognition at the Congress. In the first place a meeting was held in the Hall of the Surgical Section for the purpose of discussing the question of establishing a section for the Medical Press in future Congresses. But for the first time in the history of these meetings a special function was held in honour of the members of the Medical Press who were present. A lunch was given by the Scientific Press Committee to their foreign and Italian colleagues, and a large number accepted the invitation and took part in the proceedings. Dr. Casati, as the *Doyen* of the Italian Medical Press, welcomed the visitors; and the toast was also supported by Prof. Rubino, who spoke in French. Prof. Laborde replied on behalf of his French colleagues, and the other official representatives who were present responded for their respective countries. Prof. Lucatello summed up, as it were, "the whole situation" by making a speech in each of the four official languages of the Congress, in the course of which he said that if in the literary republic the sentiment of good fellowship bound journalists together, with medical journalists friendship must give rise to the most cordial and sincere brotherhood, because the Scientific Republic is the most democratic republic. The proceedings, which were most cordial throughout, were fittingly brought to a close by a charming young lady producing her camera and taking a photograph of the group of the medical members of the "Fourth Estate."

The Closing Scene.

The final proceedings were of a very cordial and enthusiastic character. The President, in bidding the delegates farewell, said that in attending the Congress they bore testimony to the fact that for enlightened minds the claims of Science were paramount. He proposed that the next Congress, which would be the 12th, should be held in Russia, leaving it to the Government of that country to determine the place of meeting. In conclusion, Professor Baccelli, who was frequently interrupted by cheers, expressed his warm thanks to all the delegates for their labours. M. Danileffsky, in the name of the Russian Government, accepted Signor Baccelli's proposal, the announcement being received with applause. The representatives of all the foreign Committees then spoke in turn, and referred in terms of warm recognition to the hospitality shown to them by the King and Queen of Italy and the Italian Government. Signor Baccelli, in thanking the delegates on behalf of the Government, expressed the hope that universal scientific concord might always bear the richest fruit.

The Final Lunch.

The final official act of hospitality took place to-day at 12 o'clock, when a lunch was given to the members of the Congress and the ladies. The function was held in the "Terme di Caracalla." Three or four days ago, however, an odd incident occurred in connection with this arrangement. An official announcement was made that several packets of invitation tickets for the lunch had been stolen, consequently it was found necessary to cancel all those which had already been issued to the members, and to prepare a new set. It is to be trusted that the adoption of this plan effectually frustrated the designs of the enterprising thief.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

A University Degree for Scottish Licentiates.—The University Court of St. Andrew's University have resolved by a majority of seven to three to petition Parliament and Her Majesty in Council, or to do whatever may be necessary to have substituted for some sections in the St. Andrews Ordnance No. 4 the following section or provision :—"It shall be competent for the University of St. Andrew's to confer medical degrees after a certified medical curriculum of five years at recognised medical schools, and after careful examination, conducted under the Inspectors of the General Medical Council of Medical Education and Registration of the United Kingdom, on candidates who have not studied medicine at St. Andrew's or any other of the Scottish Universities, provided that the degrees under this section shall be given only to Licentiates of the Royal College of Physicians of Edinburgh, of the Royal College of Surgeons of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow." This is, we suppose, the first definite move which has been taken with regard to this subject, which we alluded to some months ago, as a means of counter-balancing the benefits of a University degree proposed to be offered to the London Colleges when the London University has been set up.

Glasgow University Council—Admission of Women to Bursaries.—The statutory half-yearly meeting was held on the 4th inst. Professor Heckless, in pointing out that he was unable to agree with the majority of the Business Committee in approving, even generally, of the draft ordinance relating to the admission of women to bursaries, scholarships, and fellowships, said it was beyond question that, having been admitted to the University, they ought to be so entitled in respect of all such foundations and on exactly the same conditions as other students or graduates. The position of the draft ordinance seemed to be open to some strong objections, and one was, that because the appropriation of certain bursaries to competition among women only involved in their case an easier competition from the fewness of the competitors, and a consequent loss of the academic distinction which in public esteem was connected with the gaining of a bursary. He thought the Council would agree with him that if women were fit to compete for bursaries and scholarships with men in regard to a certain number, there was no reason why they should not compete in regard to the whole of them. Professor Ramsay moved another amendment to the effect that it be left to the discretion of the University Court to admit women to bursaries under certain conditions and limitations which they may think proper. The two amendments were put to the meeting, when, by the casting vote of the Chairman, Professor Heckless' amendment was carried, which was then put against the report of the Committee, and was carried by 19 votes to 6.

The Irish Veterinary College.—The Glasgow Town Council agreed to communicate the magistrates' minutes submitted last week in reference to the proposed Government grant for the establishment of a Veterinary College in Ireland to the Government. The opinion expressed in them is to the effect that if such a grant were given the existing veterinary colleges in Scotland should also receive grants, so as to enable them to compete on equal terms with the Irish College. This opinion is being widely given expression to by various public bodies in Scotland.

In the annual golf match between the Royal College of Physicians and Surgeons of Edinburgh the Surgeons again wrested the trophy from the Physicians, who won it for the first time last year. The match was, as usual, played at Gullane between fifteen on each side.

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Special Articles.

EMBALMED AND CREMATED.

The depressing and meaningless nature of the funeral ceremony as usually conducted in this country has been fully discussed and condemned in and out of the press, and it may now be fairly left to the Funeral Reform Association to effect some change for the better in its character. The people of the Eastern portion of the Empire, however, take a very different and in many respects a more cheerful and enlightened view of the disposal of their dead. A good deal might be said in favour of the method formerly adopted by the wild Hindu who launched forth the corpse on its frail raft to descend the sacred river, and watched with prayers and songs until it was lost to view. A good deal more might be said in favour of the method which still prevails throughout our Burman empire. Here, among the better classes, the disposal of the body is truly ceremonial accompanied by music and rejoicing of a most remarkable nature. It receives an elaborate preparation for the event. It is embalmed and lies in state for several weeks, during the whole of which time a continual musical festival takes place, and ultimately the body is cremated amid a great display of fireworks. Mr. Justice Jardine in his book on the Burmese Empire, furnishes us with an excellent account of these elaborate ceremonies which took place on the death of a Ponghi, or priest, whose body would probably be more highly honoured, than that of an ordinary person. In this case we learn that soon after death the body was eviscerated and the embalming conducted with scrupulous care in every particular. The body was now filled with spices herbs and resins; the limbs brought into close juxtaposition, and then swathed by bands of white linen, passed many times round, and upon which a thick coating of spirit varnish is laid. In a short time this is ready to receive a complete covering of gold leaf. It is now placed into an elaborately ornamented polished chest or coffin, which some time previously had been made ready to receive it. On this large chest much care and expense is bestowed to make it a fitting receptacle for the body of one held in much veneration. Indeed, the great Talapoins have them made several years before death, and usually excite much curiosity. This chest is also gilt throughout and adorned with sculptured flowers, and sometimes precious stones. In its superb receptacle the body is exposed to public view for many days or weeks, during which time the musical celebration goes on, and those who come to view it offer gifts of rice, flowers, and money, which are usually sufficient to defray the funeral expenses. At length the day arrives for the final part of the ceremonies, that of the cremation of the body. The chest is now placed upon a large four-wheeled car, to which are affixed a number of ropes, so that the people may drag it to the ready combustible pile. Men and women eagerly engage in this work, all contend for the honour of taking a part in the holy work. On arriving at its destination it is received by a regular *feu de joie* of rockets and other kinds of fireworks. The pile also conceals a number of inflammable materials, and after the body is placed in position these are lighted and the work of destruction soon completed. Similar funeral ceremonies are very general among all classes, who in this demonstrative way show their respect for their departed friends, and who firmly believe that they best commend his spirit to the omniscient *Nat*, the creator of the world.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

WHAT CONSTITUTES UNSOUNDNESS OF MIND?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Drs. Goodall and Craig ask me to define my meaning of the term "Climacteric Mania," as used in my letter in your issue of March 28th, and add that it is pretty clear I do not mean "Insanity." They are quite right, I most emphatically do not mean "Insanity." My contention is that women passing through the climacteric are in the first instance never "Insane." That in some instances if great care and attention is not bestowed upon them insanity supervenes there is no doubt; and if it is desired to accomplish this end, I can conceive no more certain way of doing so than by placing these cases into an asylum, where their associates are confirmed lunatics and the surroundings depressing. Drs. Goodall and Craig say "that all who have experience of asylums will agree that this 'Contact Insanity' is in the highest degree uncommon, that practically it is a myth." I shall be forgiven, I trust, if I venture to question this statement, and I contend it is only by most careful and searching inquiry that such a question can be answered in a trustworthy manner.

The term "Mania" as applied to this disease is certainly misleading; a more correct meaning would be conveyed by the expression Mental Disorder connected with the Climacteric. The whole nervous system is in disorder, and most susceptible to develope unhealthy tendencies. It is then, I contend, absolutely necessary that those suffering in this way should have the utmost care and attention.

How? Certainly not by placing them into an asylum, for here, in my opinion, the mental and moral influences are exactly what should be avoided.

Take those showing a tendency to melancholia or hypochondriasis. Is it to be supposed that these are likely to derive a benefit by being placed, more or less, under lock and key, and to be associated with others suffering from different forms of insanity? Does not common sense dictate that such cannot be the most appropriate form of treatment. What then is required is that women suffering in this way should be removed from their home associations, and be placed elsewhere, where they could have bright surroundings, cheerful companions, change of air and scene, and be as much as possible supplied with bodily and mental amusements.

It is here, as I have pointed out, that the difficulty arises, for among those who are unable to pay for such a change, at present there is no home provided into which such patients can be removed, and thus the chances of their recovery are much lessened. If such homes did exist, I am strongly of opinion that a large percentage of cases would be safely guided through this critical period, and that it would be found that many more than 30—40 per cent. would recover.

The question is to my mind so large and important that I cannot help thinking much good would accrue if a committee were formed composed of equal numbers of general physicians, psychologists, and gynæcologists, to inquire into and report upon the subject.

I am, Sir, yours, &c.,

Fredk. Bowreman Jessett, F.R.C.S.

1 Buckingham Palace Mansions.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Whatever may be thought of Dr. H. Macnaughton Jones's views as to what "constitutes unsoundness of mind," he does not appear to me to suggest a very lucid exposition on the principles and spirit of law which might be supposed to govern the class of cases in question. I note he remarks: "I for one certainly feel that the interests of the public and profession, as well as the safety and liberty of numbers of afflicted women, have been best protected by the verdict of the jury in the case of the Commissioners in Lunacy *versus* Sherrard;" and he appears to offer this as a natural deduction from his previous experience, because he says, "I have had several cases of women with melancholia and delusions who have received in the houses of medical men careful supervision without certificates." Now, Sir, although I do not presume to offer any direct criticism on, nor express any opinion upon the justice of the verdict above referred to, I certainly claim to be allowed to state that this verdict is a very unhappy illustration of "the safety and liberty of numbers of afflicted women," that is to say, if it is intended to establish a precedent and encouragement for the ordinary run of medical men to go and do likewise, and so far from its operation being in the interests of the public and profession, it would appear to me to be *as a precedent* dangerous to the former and embarrassing to the latter. In order to illustrate my meaning I will suppose Dr. Jones's doctrines were to become the common practice of the day, for medical men in pursuit of patients of this class to frame advertisements conveying to the public the idea that those only were required "within the borderland of insanity." Now it is quite clear that a certain percentage of these would overstep the "borderland," and that accidents might more or less frequently occur, certainly more frequently than if these patients were placed under legally authorised restraint. It is obvious that the Commissioners, on the face of the verdict in question, would be chary in instituting legal proceedings; but let us suppose, further, that in spite of this verdict they frequently do so, the practitioners being responsible for the accidents which may from time to time occur, would naturally plead that the "borderland of insanity" had been suddenly overstepped, and it would certainly be most difficult to disprove their assertion, and they would almost certainly gain a verdict, even were it only on the practice of English law, in giving the accused the benefit of the doubt. On these grounds I fail to see how such a condition of things could conduce "to the safety and liberty of numbers of afflicted women" and the "interests of the medical profession."

I am, Sir, yours, &c.,

Clement H. Sers.

Queen's Road, Peckham,
April 6th, 1894.

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THE DEATH-RATE FROM HYDROPHOBIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As a sequel to the letter to which you kindly gave space last week, I would ask if it is not marvellous that such statistics as these published in the *Times* newspaper should be accepted by the medical profession? France furnished in 1893, 1,470 people bitten by rabid (?) dogs, whilst the world of foreigners, Spaniards, Greeks, Indians, and Belgians, combined, figure at the modest number of 178. England sent only 23 patients, in spite of all that was done to push the treatment by the lay press. You will observe there are no Germans! Did the Teutons prefer to die sooner than accept the aid of a Frenchman? Are there no rabid dogs in Germany? *Risum teneatis, amici.* What are the French people thinking of to allow rabid dogs to flourish to such an extent and to bite so many French subjects? Why not imitate those countries which send so few patients? Perhaps France prides itself on having its capital as the hostelry of rabies.

The following are the statistics to which I refer, as having appeared in the *Times* a few days ago:—

"The current issue of the *Annales de l'Institut Pasteur* gives a full return of the work done there last year. It appears that 1,648 persons were under treatment, and that six deaths occurred. But in two cases the first symptoms of hydrophobia appeared before the treatment had been completed, so that they cannot be fairly included in the rate of mortality, the decrease in which, since M. Pasteur began his treatment eight years ago, is well shown in the following table :—

Year.	Number of Persons Treated.	Number of Deaths.	Rate of Mortality.
1886	2,671	25	·94 p.c.
1887	1,770	14	·79 p.c.
1888	1,622	9	·55 p.c.
1889	1,830	7	·38 p.c.
1890	1,540	5	·32 p.c.
1891	1,559	4	·25 p.c.
1892	1,790	4	·22 p.c.
1893	1,648	4	·24 p.c.
	14,430	72	·50 p.c.

Out of this total of 14,430 persons treated since the institute opened, 1,213 were bitten in the head, the number of deaths being 16, or 1·32 per cent. ; 8,032 on the hands, the number of deaths being 45, or ·56 per cent. ; and 5,185 on other parts of the body, the number of deaths being 11, or ·21 per cent. The 1,648 persons inoculated last year were made up of 1,470 French and 178 foreigners, the latter including 43 Spaniards, 35 Greeks, 23 English, 22 Belgians, 18 Egyptians, and 14 subjects of the Queen from India."

I am, Sir, yours, &c.,
B. Dubious, M.D.

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TREATMENT OF RHINITIS AFTER INFLUENZA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Referring to Dr. Atkinson's communication in your issue of April 4th, allow me to remark that the use of menthol in rhinitis, and especially in relation to influenza, was fully discussed by myself in a communication you did me the honour to publish in the Medical Press on January 20th, 1890, as well as in the two last editions of my work. Formulæ for snuffs, oily sprays, and inhalers of menthol are to be found in the Pharmacopœia of the Central London Throat, Nose, and Ear Hospital, published in the same year.

I would only add that the sequel to influenza referred to by Dr. Atkinson is by no means rare.

I am, Sir, &c.,
Mansfield Street, London, Lennox Browne.
April 7th, 1894.

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Obituary.

DR. SAMUEL J. MOORE, OF GLASGOW.

We regret to announce the death of this gentleman, at the age of 60, on the 2nd inst. Ten months ago symptoms of his fatal illness began to show themselves, and since August last he was confined completely to bed. Although apparent improvement took place now and again for a short time in certain of his more urgent and painful symptoms, no real improvement towards recovery was maintained, and the disease steadily made progress. A native of County Antrim, where he was born sixty years ago, he journeyed to Scotland when a young man in order to push his way in the world, being destitute alike of money and friends. He taught as a schoolmaster in Paisley, and after the lapse of some years found himself in a position to begin the study of medicine in Glasgow University, walking thereto every morning from Paisley, a distance of seven miles. In 1863, he graduated as Doctor of Medicine with highest honours, and very soon after was appointed Pathologist to the Glasgow Royal Infirmary. About 1869 he was appointed Medico-Legal Examiner on behalf of the Crown for the Lower Ward of Lanarkshire, in succession to the late Sir G. H. B. McLeod. Dr. Moore had a very extensive consulting practice, and he was the intimate friend and trusted adviser of many of the best known and most influential families in the West of Scotland. He was never attached to the staff of any hospital, but gave his professional services gratuitously to the Widows' Friend Society, and did much to forward its interests. Dr. Moore was never married, and has by his will left the residue of his estate, after providing private legacies and bequests, for the foundation and support of an institution to be called "The Dr. Samuel Johnston Moore Convalescent Home for Nurses," the institution to be used as a temporary home for nurses whose health has temporarily or permanently broken down in the exercise of their profession, a preference to be given to nurses who have been directly connected with, and under the control of, the Glasgow Training Home for Nurses, 250 Renfrew Street. It is probable that the amount of the bequest will be at least about £45,000.

MR. D. W. CROMPTON, F.R.C.S., OF BIRMINGHAM.

Mr. Dickinson Webster Crompton, F.R.C.S., F.L.S., whose death took place at his residence, Edgbaston, Birmingham, was born 88 years previously, almost on the same spot where he has now died. He studied medicine at the Birmingham General Hospital, and subsequently in London at Guy's Hospital, and underwent a further course of instruction in anatomy in Paris. He became in 1829 a member of the Royal College of Surgeons and of the Apothecaries Company, and five years later he carried off the Jacksonian Prize of the Royal College of Surgeons. In 1843 he was made an honorary Fellow, and was elected on the staff of the Birmingham General Hospital in the same year. He was also a Fellow of the Linnæan Society, and was highly esteemed by all who knew him.

MR. J. H. KIMBELL, F.R.C.S., J.P., OF KNOWLE.

This gentleman died on the 2nd inst. at his residence in Warwickshire, after a short illness. His health had not been good for some months past, but his death was somewhat unexpected, pneumonia supervening on a severe cold which he had contracted in visiting a patient whilst he himself was suffering. Deceased was a justice of the peace for Warwickshire, Honorary Consulting Surgeon of the Midland Counties Idiot Asylum, Knowle ; a Fellow of the Royal College of Surgeons, chairman of Wheelor's Trust, and medical officer under the Factory Acts. He was about 75 years of age.

DR. ARTHUR HILL HASSALL.

Intelligence of the death of this gentleman reached us as we were at press. For some time past deceased had retired from the profession, and had been resident abroad. The earlier part of his career was devoted to scientific chemistry, and forty years ago his name first became publicly known in connection with his reports on "The Adulteration of Foods, Drinks, and Drugs." He followed the profession of analyst for the greater part of his life rather than that of a physician for obvious reasons, although he took the M.D.Lond. in 1851, and became a Member of the Royal College of Physicians of London in the same year. He may be said to have been the founder of the Royal National Hospital for Consumption, Ventnor, Isle of Wight, to which he continued to hold the honorary title of Consulting Physician. At one time Dr. Hassall was a voluminous writer on analyses, microscopy, chemistry, and allied subjects, his last work being "The Autobiography of a Busy Life," written in 1893.

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Medical News and Pass Lists.

Society for the Study of Inebriety.

The annual meeting was held on the 5th inst., the President, Dr. Norman Kerr, in the chair. Brigade-Surgeon Pringle commented on the Lewisham lunacy case, in which the simple treatment of an alcoholic insane inmate with the withdrawal of alcohol for a few days had led to a Local Government Board inquiry at a cost of £1,000. The inquiry showed that the medical officer was justified in certifying the man. This and other alcoholic mental cases revealed the want of a special provision for the curative treatment of such cases. Dr. Stanley Haynes read a paper on the etiology, prevention, and prophylaxis of intemperance, pleading for curative seclusion for the inebriate among other remedial measures.

Death under Chloroform at Bradford.

At the Bradford Town Hall last week—before the Borough Coroner—an inquiry was held into the death of William Ambler, a platelayer in the employ of the Lancashire and Yorkshire Railway Company. On Jan. 19th, he was struck by a train he was endeavouring to avoid and sustained an injury to his foot. He was taken to the Bradford Infirmary, and on Monday last it was deemed necessary to perform an operation. In accordance with his request chloroform was administered, and it was while under its influence that death took place. Dr. Hime said the quantity administered (three drachms in ten minutes) was not excessive. The jury returned a verdict in accordance with the medical testimony.

Underground Bakehouses.

The Sanitary Authority of St. George's, Southwark, is carrying on a vigorous crusade against insanitary bakehouses. Many have been already closed under circumstances of a more or less revolting nature. In the course of a prosecution conducted last week by Dr. Waldo, the Medical Officer of Health, some disgusting details were produced in evidence. The bakehouse was in a basement approached by a long, narrow, dark passage, opening from which were two living rooms and a water closet. The only daylight that could possibly reach the bakehouse was through a window, but the glass was broken, and the window blocked and covered with a sack. The baker used this place for a laundry by day, and a mangle and pile of clothes stood on a small raised platform along with some sacks of flour. In the floor, beneath the water tap, was a sink trap, plugged with a rolling pin, with a view to preventing the constant reflux of sewage. Such disclosures must sooner or later rouse the authorities into action. Last week a reference to Dr. Waldo's recent paper on the bakery question was made in the House, and a question asked upon the subject.

An Exemplary Punishment of a Dealer in Bad Meat.

The Commissioners of Sewers last week prosecuted a cattle dealer and slaughterman, living at Chelsea, for sending to the Central Meat Market two sides of beef and other parts of a cow which were totally unfit for human food. The facts of the case were clearly proved. The defence was of that nature which can be described as nothing less than an impertinent quibble. Fortunately the Alderman of the Bench was equal to the occasion. He soon ascertained that the defendant had been warned once before for committing a similar offence. Without hesitation, therefore, he imposed a fine of £80 for the two summonses, with the alternative of two months' imprisonment.

Berlin Society of Obstetrics and Gynæcology.

The Jubilee Festival of this Society will be held in a sitting of three days in May. The British Gynæcological Society has appointed Mr. Lawson Tait, its senior past President, to represent it at the meeting.

Pharmaceutical Society of Ireland.

The President and Council of this Society have appointed Dr. Ninian Falkiner, A.B., M.B., F.R.C.P.I., &c., Professor of Botany and Materia Medica in the Society's School. Dr. Falkiner has been one of the Society's examiners for some years, and he has resigned that post—in which he has given great satisfaction—in order to be eligible for his new appointment.

University of Aberdeen.

At the graduation ceremony on Friday last, April 6th, the distribution of medals, prizes, and certificates in the Faculty of Medicine for the Winter Session, 1893-4, took place. The following is the list of successful students:—

University Gold Medals.

Fife Jamieson Memorial Gold Medal in Anatomy—William Cockburn, M.A. Keith Gold Medal for Systematic and Clinical Surgery—Andrew G. A. Thomson, M.A. Shepherd Memorial Gold Medal for Systematic and Practical Surgery—William G. Grant. Matthews Duncan Gold Medal in Obstetrics—Peter Macdonald, M.A. Edin.

The following were winners of Class Prizes for Anatomy:—

Joseph A. Thomson, J. E. Esslemont, James H. Scott, John W. Milne.

Practical Anatomy.

Joseph A. Thomson, and Wm. Ironside Moir.

Chemistry—First Year's Students.

Silver Medal—Alexander Ogg, M.A. Bronze Medals—William Law Marr, M.A., James Moir, Charles C. Slorach, James C. Philip.

Second Year Students.

Silver Medal—Peter Edward, M.A. Bronze Medal—Thomas Snowball, M.A.

Physiology—Junior Division.

Medallist—R. G. Henderson, M.A.

Senior Division.

Medallists—George A. Reid, Alexander Fenton, M.A.

Surgery—Senior Division.

Medals and Highest Honours Certificates—Charles H. Dyer, Henry E. Smith, M.A., William Cockburn, M.A., William Murray, M.A., James S. Warrack.

Junior Division.

Medal and Highest Honours Certificate—John A. Rose, M.A.: Highest Honours Certificate—William H. Clark. Shepherd Gold Medallist—William G. Grant. Keith Gold Medallist—Andrew G. A. Thomson, M.A.

Clinical Surgery—Case-taking.

Bronze Medallist—William Cockburn, M.A.

Practical Surgery.

Medal and Highest Honours Certificate—Alex. H. Mackie, M.A.

Materia Medica—Senior Division.

Medal and First Class Certificate—George Cowie. Second Class Certificates—J. A. Mearns, P. Henderson.

Junior Division.

Medals and First Class Certificates—A. H. Lister, B.A., W. G. Grant.

Midwifery.

Matthews Duncan Medallist—Peter Macdonald, M.A. Prizemen and First Class Certificates—John H. Goodliffe (Senior Division), Alex. Don, M.A. (Junior Division), Robert Cruden, M.A., George A. Gibb.

Practice of Medicine.

First Class Honours—Alexander Don, Silver Medal and Certificate; A. D. Kelly, R. Cruden, P. Macdonald, and C. E. F. Owen-Snow Bronze Medals and Certificates.

Pathology—Senior Division.

First Class Honours—J. H. Goodliffe and L. O. Crosswell.

Junior Division.

First Class Honours—J. A. Black, Alexander Don, Alexander Low, A. L. Cobban, Robert Cruden, George A. Troup, George Thomson, A. Archibald, George Bruce, W. E. G. Duthie, Peter Macdonald J. M. H. Macleod, W. C. Hossack, and Thomas Irvine Bonner.

Zoology (New Ordinances)—Junior Division.

Prize and First Class Certificate—John J. R. Macleod, W. Ironside Moir, John Wishart.

Beyond the awards of prizes and medals a very large number of students received first-class certificates.

The following candidates having passed the necessary examination, received the degree of M.D. on April 5th, 1894:—

Davidson, George, M.A., M.B., C.M.; Illingworth, Thomas W., M.B., C.M.; Keith, Arthur, M.B., C.M.; Morton, William John, M.B., C.M.

Note: The thesis of Arthur Keith was considered worthy of "Highest Honours," and that of William John Morton of "Commendation."

The following received the degrees of M.B. and C.M. on same date:—

Archibald, Alexander, M.A., Astin, Wilson, Barnes, Ernest, Barraclough, Herbert, Beaton, Frank, Black, James Alexander, M.A., Brown, George Wilson, M.A., Cobban, Alexander Lee, M.A., Collier, Joseph Henry, Cowie, Charles George, M.A., Croswell, Louis Oliver, Cruden, Robert, M.A., Don, Alexander, M.A., Fairweather, Alexander Ferrier Angus, Findlay, John Sawyers, Gibb, George Alexander, Goodliffe, John Henry, Grant, George Cowie, Henderson, Albert, M.A., Heppard, William James, Hossack William Cardiff, Justice, David Fraser, Keith, William Milne, Kelly, Andrew Davidson, Low, Alexander, M.A., Macdonald, Peter, M.A., MacHardy, Donald Chisholm, MacLeod, John MacLeod Hendrie, M.A., Marr, John Smith, Milne, John Glanville, Mitchell, Peter, Patterson, Joseph Henry, Pieris, William Christofiel, Reid, Alexander W., Reid, G., Salmon, J. L., M.A., Saunders, B., Smith, R., Thomson, G., Thomson, W., Trotter, R. M., Troup, G. A., Turner, R., M.A., Wace, R. H.

The following candidates have passed the examinations for the degrees of M.B. and C.M., but will not graduate until they have attained the necessary age:—

Edmonston, William C., Laing, James S., Macpherson, James, Owen-Snow, Charles E. F.

Graduation Honours—Honourable Distinction.

The following gentlemen graduated with Honours:—

Peter Macdonald, M.A., Alexander Don, M.A., James A. Black, M.A., William Thomson, William C. Hossack, Robt. Cruden, M.A.

The Diploma in Public Health was conferred on:—

Arthur Lodge Patch, M.B., C.M., Surgeon-Major, I.M.D.; Wilfrid W. Pearse, M.B., C.M.; Hugh Ross, M.B., C.M.

Notices to Correspondents, Short Letters, &c.

GENERAL PRACTITIONER.—It is undeniable that the effects of the opium habit can be induced in young children by means of the persistent administration of paregoric, soothing syrups, &c. Among the symptoms are diarrhœa alternating with constipation, stupor, restlessness, especially when the drug is left off, diaphoresis, scanty urine of high colour, perhaps containing albumen and emaciation.

BOSTON EDUCATION.

SCENE - Photographer's studio in Chicago.—Enter lady from Boston, with baby.

Lady—"Good morning. I wish to have my child's portrait taken."

Photographer—"Certainly, madam. This is the little man, is it? Coo-koo! Bless um, little tootsee wootsees! Too-ka-love um Kchee!"

Boston Baby—"Mother, will you kindly inform me whether the deplorable condition of this person is due to permanent dementia or spasmodic and intermittent insanity. Kindly proceed, sir, and make as creditable a likeness as lies within your apparently limited capacities."—*Exch.*

MEMBER OF THE ELEVENTH INTERNATIONAL MEDICAL CONGRESS.—We believe that Professor Zakharin, of Moscow, is the leading consultant in Russia. He attends the Czar, and has been Professor of Clinical Medicine at Moscow for thirty-five years. Our correspondent will be surprised to hear that this Russian consultant is reported to have made a fortune of £200,000 by his profession.

DR M. C.—Dr. Klein, in experimenting on the infectivity of tuberculosis, has had guinea-pigs kept in cages in the ventilating shaft at Brompton Hospital, with the result that general tuberculosis was produced in the majority of the animals.

Meetings of Societies, Lectures, &c.

WEDNESDAY, APRIL 11TH.

LARYNGOLOGICAL SOCIETY OF LONDON.—At 5 p.m., Discussion on the question of Anæsthetics in Operations for Post-nasal Adenoid Growths.

WEST LONDON HOSPITAL (Hammersmith).—At 5 p.m., Mr. MacAdam Eccles: Head Injuries. (Post-Graduate Lecture.)

HUNTERIAN SOCIETY.—At 8.30 p.m. Clinical Evening. Dr. William Ettles: Buphthalmia.—Dr. Arnold Chaplin: General Glandular Enlargement.—Dr. Arthur Davies: Leucodermia.—Dr. Fred J. Smith: (1) Charcot's Joint Disease; (2) Cerebral Tumour.—Sir Hugh R. Beevor: Myxœdema —Dr. Stowers: Unusual Syphilitic Eruption.—Mr. J. F. Woods: Cases illustrating Treatment by Suggestion. The President will also show cases.

THURSDAY, APRIL 12TH.

BRITISH GYNÆCOLOGICAL SOCIETY.—Specimens.—Dr. Routh: The Conservative Treatment of Diseases of the Uterine Appendages.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY.—At 9 p.m., Dr. C. E. Beevor: On a case of Cerebral Tumour, with Remarks on certain Degeneration of Nerves and Consequent Symptoms (with lantern illustrations).—Mr. C. B. Lockwood: A case of Enterectomy and Intestinal Suture after Strangulated Hernia; Recovery.

ROYAL INSTITUTION.—At 3 p.m., Mr. F. Seymour Haden: The Etching Revival.

FRIDAY, APRIL 13TH.

BRITISH LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION.—At 2 p.m., Dr. J. Macintyre: The Use of the Phonograph in Teaching and Practice. Mr. Geo. Stoker will open a Discussion upon the Expediency of Tracheotomy as a Preliminary to Thyrotomy for the Removal of Foreign Bodies from the Larynx. Cases will be shown by Dr. W. M. Whistler, Mr. F. Marsh, Mr. J. C. Wilkin, and Mr. Mayo Collier. Pathological Specimens will be shown by Dr. J. Macintyre and Mr. Wyatt Wingrave.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Finlay: A case of Abscess of the Spleen.—Dr. T. J. Maclagan: Cases of Myocarditis.—Mr. Arbuthnot Lane: Cases illustrating a more Effectual and Scientific Treatment of Fracture of the Tibia and Fibula than that in common use.—Mr. G. R. Turner: A case of Pelvic Enchondroma.—Mr. R. W. Parker: A case of Strangulated Femoral Hernia complicated by Volvulus, with especial reference to the Continuation of Obstruction after Herniotomy.

Vacancies.

Bury Dispensary Hospital.—Senior House Surgeon. Salary £100 per annum, with board, residence, attendance. Applications and testimonials to the Secretary on or before April 16th.

Cancer Hospital, Fulham Road, S.W.—House Surgeon. Salary £50 per annum, with board and residence. Applications and testimonials to the Secretary on or before April 16th.

Flintshire Dispensary.—Resident House Surgeon, Salary £120 per annum, with furnished house, &c. Applications and testimonials to the Secretary on or before May 15th.

Metropolitan Asylums Board.—Assistant Medical Officer for Eastern Fever Hospital. Salary £15 per month, with board, lodging, and washing. Applications to the Clerk of the Board before the 13th inst. (See advert.)

Newcastle-on-Tyne Dispensary.—Resident Medical Officer. Salary £250 per annum, with furnished residence. Applications and testimonials to the Hon. Secretary on or before April 20th.

Nottingham.—Assistant Medical Officer (unmarried) to the Coppice Asylum for Private Patients. Salary £120 per annum, with furnished apartments, board, washing, and attendance. Applications and testimonials to Dr. Tate on or before April 14th.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer. Salary £100 per annum, rising £10 a year up to £150, with board, &c. Applications and testimonials to the Medical Superintendent on or before April 17th.

Wirral Children's Hospital, Woodchurch Road, Birkenhead.—Resident House Surgeon. Salary £50 per annum, with board, lodging on the premises, and washing. Applications and testimonials to the Hon. Secretary on or before April 24th.

Appointments

BARROW, A. S., M.R.C.S Eng, L.R.C.P.Lond, Assistant House Surgeon to the Taunton and Somerset Hospital, Taunton.

CADDY, D. J., M.B., F.R.C.S., Surgeon to H.M. Colonial Medical Service.

CAMPBELL, P, L.R.C.P., L.R.C.S.Ed, L.F.P.S.Glasg., Medical Officer of Health for the Pontypool Rural Sanitary District.

CONRAN, P. A., L.R.C.P., L.R.C.S.E., Assistant Colonial Surgeon at the Gold Coast, Colonial Medical Service.

CROCKER, J. T., M.B., Ch.B.Vict., L.R.C.P.Lond., M.R.C.S., Medical Officer of Health for the Borough of Eccles.

CROWTHER, T., M.D.Aberd., M.R.C.S., Medical Officer of Health for the Luddenden Urban Sanitary District of the Halifax Union.

CLAYTON, W. K., M.D.Brux., L.R.C.P., L.M., L.R.C.S.Edin., Medical Officer of Health for Wakefield

FULLER, E. B., M.B., C.M.Ed., F.R.C.S.E., Medical Officer of Health for the City of Cape Town, South Africa.

ISARD, O. H., M.B., C.M.Ed., Assistant House Surgeon to the District Hospital, West Bromwich.

LEWIS, E. W., M.R.C.S.Eng., L.R.C.P.Lond., House Physician to the West London Hospital.

PARKER, J. E., L.R.C.P.Irel., M.R.C.S., Medical Officer to the Ince Local Board, and also Medical Superintendent of the Board's Infectious Diseases Hospital.

STIKE, P. H., M.R.C.S., L.R.C.P., House Surgeon to the Bucks County General Infirmary, Aylesbury.

SUTTER, R. B., M.B., C.M.Aberd., M.R.C.S., L.R.C.P.Lond., House Surgeon to the West London Hospital.

TAYLOR, A., M.R.C.S.Eng, L.R.C.P.Lond., Resident House Surgeon to the Royal Infirmary, Glasgow.

TWYFORD, W., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Audlem Sanitary District, of the Nantwich Union.

WALLER, T. H., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Infirmary, Chelmsford.

Births.

DREW.—April 3rd, at 4 Broad Street, Oxford, the wife of Arthur John Drew, F.R.C.S., of a son.

HUDSON.—April 7th, at Vine House, Cobham, the wife of Arthur By. Hudson, M.R.C.S., L.R.C.P., of a son.

KELLY.—April 5th, at Highbury Grove, N., the wife of Charles E. M. Kelly, M.R.C.S., L.R.C.P., of a daughter.

LANGRAN.—April 2nd, at the Lawn, Axminster, Devon, the wife of Wm. Langran, L.R.C.P.Ed., of a son.

SMITH. April 4th, at Hillside, Henfield, Sussex, the wife of G. J. Malcolm Smith, M.D., Hurstpierpoint, of a son.

Marriages.

BLIGH—LAFONE.—April 3rd, at SS. George and Mary, Cockington, Torquay, William Bligh, M.D., B.S., M.R.C.S., L.R.C.P., to Lilian Josephine, daughter of the late William Lafone, of Monte Video.

CRAWFORD—MCHARDY.—April 4th, at the Cathedral Church of St. Mary, Edinburgh, William Thomas Crawford, M.B., C.M., of Worksop, Notts, to Dora, elder daughter of Lieut.-Colonel McHardy, Royal Engineers, Prison Commissioner for Scotland.

DEANE—PRALL.—April 3rd, at All Saints', Carshalton, Edward Deane, M.R.C.S., of Caversham, Reading, to Emma Elly, eldest daughter of the late Dr. Prall, of West Malling.

HUNTER—FIELDEN.—April 2nd, at Nutfield Church, Surrey, William Hunter, M.D., M.R.C.P., of 54 Harley Street, London, W., to Beatrice, youngest daughter of the late Joshua Fielden, Esq., M.P., of Nutfield Priory, Surrey.

VOELCKER—ENGLISH.—April 3rd, at Sutton-at-Hone Church, Kent, Arthur Francis Voelcker, M.D., M.R.C.P., son of the late Dr. Aug. Voelcker, F.R.S., to Katharine Isabel, daughter of the late J. T. English, J.P., of Bradford Manor, N. Devon.

Deaths.

BARSHAM.—March 28th, at Weybourne, Bournemouth, Barsham, M.R.C.S., L.R.C.P.Lond., late of Bagshot, Surrey, aged 32.

BROWN-SEQUARD.—April 1st, at his residence, Rue Francois, Paris, Professor Charles Edouard Brown-Séquard, aged 77.

CARTE.—April 2nd, at Allahabad, India, Surgeon Captain Lindesay Carte, Army Medical Staff, third son of Wm. Carte, J.P.

CREWE.—April 2nd, at The Priory, Milton, Portsmouth, Alfred Godley Crewe, M.D.

GRAY.—April 4th, at his residence, Millvale House, Newry, Henry Gordon Gray, M.D., J.P., aged 86.

KIMBELL.—April 2nd, at the Manor House, Knowle, Jonathan Henry Kimbell, J.P., F.R.C.S., aged 74.

MAYBURY.—March 30th, at Holly Lodge, Richmond, Surrey, Augustus Kingston Maybury, M.D., aged 79.

MOORE.—April 2nd, at 15 Blythswood Square, Glasgow, Samuel Johnston Moore, M.D.

VERTUE.—April 2nd, at Red House, Southwold, Suffolk, Francis Henry Vertue, M.R.C.S., J.P., aged 72.

WALSH.—March 28th, at his residence, Worcester, Thomas W. Walsh, F.R.C.S., aged 77.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY APRIL, 18, 1894. No. 16.

Original Communications.

SOME PRACTICAL OBSERVATIONS
ON THE
EXAMINATION OF AN EAR
AND THE
ÆTIOLOGY OF AURAL AFFECTIONS.

By H. MACNAUGHTON JONES, M.D., M.Ch., M.A.O. (Hon. Cau.), F.R.C.S.I. & E.

(*Continued from page* 382.)

PART II.

I WOULD here urge that in every case of deafness not due to an accumulation of wax in the outer ear passage, or in those cases in which some recent exciting cause does not point to an obvious explanation of the symptoms, the first examination of an ear should include the most careful estimation of the hearing distance, by conversation, synchronous duplex sounds, the acoumeter, watch, and tuning fork.

The result of such testing should be recorded, relatively, for both ears, and should always be conducted with the back of the patient turned towards the examiner. This examination should likewise include a thorough investigation of the membrane in its different segments, the auscultation of the tympanum, the condition of the naso-pharynx, including the appearance of the turbinate bodies, and the permeability of the nasal passages, with a general view of the oral cavity, tonsils, and pharynx.

It may be said that such an exhaustive examination is unnecessary in the case of the experienced otologist. This assertion I altogether deny, and those who, through pressure of cases or any other reason, slur over any necessary part of a first aural examination, are every now and then certain to overlook what may be the most potent factor in the production of the deafness or tinnitus.

And I will take this opportunity of insisting that there is no necromancer's art in the most thorough examination of an ear—the steps are the simplest in the extreme. Patience, gentleness, and caution are the important essentials in the process. If the steps I have just referred to be taken, the differential diagnosis of the seat of the deafness is fairly established at a first interview, for it covers the evidences of abnormality in the membrane, tympanic cavity, Eustachian tube, labyrinth, nasal passages, and pharynx.

Side by side with our knowledge of the history of the case, and those more remote constitutional or reflex sources of the mischief, it enables us also to arrive at a fairly correct prognosis. I say "fairly correct," for there is a class of case, and by no means a small one, in which it is impossible to assert that a certain degree of benefit, mayhap a considerable amount, will not follow upon an experimental line of treatment, until at least such has been tried for a short time. I refer to intra-tympanic injections, Faradisation or galvanism of the tubal muscles, paracentesis of the tympanum, "massage" of the mastoid, nasal and pharyngeal medication, with special internal therapeutical remedies. For it must be admitted that a given remedy operates with various results in cases in which it is not possible to draw any broad lines of distinction by the objective signs discoverable by examination.

Not long since, I saw a lady for the first time who previously had had advice from more than one surgeon. She was extremely deaf. The daughter of a distinguished musician and composer, she took great delight in music. Gradually being deprived of this, her great enjoyment, she became low-spirited and depressed. The result of a careful examination was not encouraging, and I came to the conclusion that there were such gross changes in the middle ear, attended by old Eustachian closure, that there was but little chance of improvement. This decision I conveyed to her, and to the medical relation by whom she had been sent to me. I offered, however, if she were willing, to try on a few occasions what effect would follow catheterisation of the tubes, warm intra-tympanic injections, and Faradisation of the tubal muscles. This I did before she left me, and the next day she returned to say that for the first time for years she had heard the birds chirping on the trees, and that the night before she had listened to and perfectly followed the score of an opera. This improvement was still further increased by subsequent treatment, and I know that, to the present day, she retains useful hearing.

I merely mention this case as one of numbers I could cite, in which, most unpromising response to aural examination and tests has been disproved by giving a trial to what, at first sight, appeared to be a very hopeless line of treatment. On the other hand, disappointing results frequently follow any effort to improve the hearing or relieve the tinnitus. Therefore, it is always well to clearly and candidly explain to patients that the proposed steps are more or less of an experimental nature.

Nor must it be overlooked that, while the degree of improvement, if any, may be very slight, there is a fair proportion of cases in which further deterioration of hearing may be prevented by establishing a better state of equilibration in the tympanum through attention to the Eustachian tube and its muscles, and by securing more perfect ventilation of the tympanic cavity. This should always be distinctly explained to a patient threatened with progressive deafness.

From what I have said, it can be inferred that such therapeutic measures as the use of Politzer's inflator, with catheterisation of the Eustachian tube, are necessary in the first examination of certain cases. I do not, of course, include here, though it must occasionally be tried in order to give a correct prognosis, the application of the artificial membrane when defective hearing is due to a perforation of the drumhead. The trial of the effect on the tympanum of suction through a tube placed in the external meatus, is likewise a step which is not to be omitted.

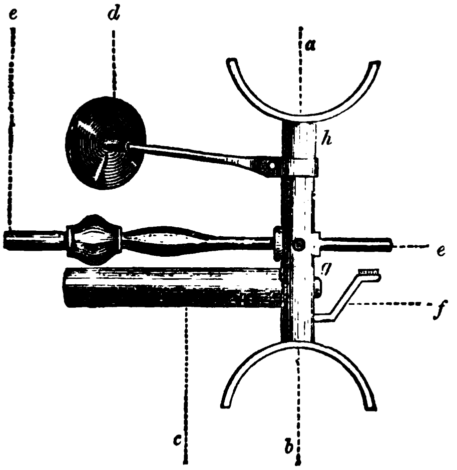
We turn now to some points in the examination of an ear, to which I would draw more special attention. Affections of the auricle are so obvious in their distinctive features that there is but little trouble in their recognition; and herpes, lupus, eczema, and malignant disease are sufficiently characteristic. I have never seen a case of primary syphilitic affection of the auricle or in the meatus, though such has been recorded, and condyloma is also extremely rare. I have seen one case of epithelioma. It finally destroyed the auricle, and ended in death.

There is one differential diagnosis which has to be carefully made. I refer to that between othæmatoma of the auricle and perichondritis. Of the latter, I have met with but one true case. This was a lad sent to me some some years since by Dr. Wm. Slimon. He had been subject to epileptic fits. The swelling, which came on gradually, involved the pinna. It was dark in colour, and very similar in appearance to that of the so-called "insane" ear. The concha was not engaged. There had been, however, in this case, from the onset, attacks of most severe pain, and other evidences of inflammation. On aspirating it, a semi-purulent and serous fluid was drawn off. This ultimately became quite purulent, and was evacuated by free incision, the cartilage being found bare. There was none of the subsequent shrivelling as is often seen in othæmatoma, and with antiseptic dressings the patient recovered. The hearing was not affected.

Now as to the examination of an ear. There are a few practical points bearing on the successive steps that have to be taken, and to which I will briefly refer. I think it well in every instance to first ascertain what the hearing power is with either ear, by conversation, the acoumeter, the watch, and the tuning fork. The two points as to the hearing of conversation in company, or when travelling, should be particularly inquired into. I habitually test the differentiating power by means of two clocks which have different ticking sounds. I find that, by many patients, only one of the two is heard, and this I always regard as an unfavourable sign.

With children we have to be extremely careful in judging of the hearing power from their replies. They must not be allowed to see either the watch or acoumeter where these are used. I find it a good plan to turn the child's face to the wall at some distance off and walk gradually towards him, at the same time striking the acoumeter and telling him to turn quickly round when he hears any sound. This plan can be tried with a repeating watch. Other little tricks of deception will sufficiently test the accuracy of the child's replies.

Politzer's acoumeter is not, I think, as frequently used as it ought to be in this country. Having tried it habitually for years, I have found it a most valuable aid in estimating the hearing distance. It also enables us to delicately test the necessity for contact in the convection of sound, and this at different points in the area around the auricle.

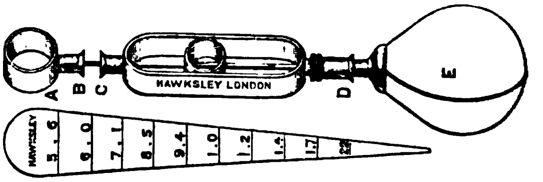


ACOUMETER.
a and *b* semicircular vulcanite ends of pillar for fore-finger and thumb; *h*, vulcanite pillar; *c*, steel cylinder; *e e*, steel lever hammer which strikes on the steel to *g*; *f*, vulcanite check; *d*, brass plate at end of the steel pin, which in the more recent instrument passes through the vulcanite pillar for 2½ inches. This plate is placed on any spot around the auricle so as to test the perception of sound by conduction. [I apologise for printing this cut, but I do so as I find so few are acquainted with the appearance or use of the acoumeter.]

The best manner of using the acoumeter is to make the patient stand with his back to the surgeon, at the same time that he closes the meatus of one ear firmly with the thumb. The examiner, standing at some distance, ascertains the point when the click of the instrument is heard with the open ear, walking gradually up to the patient for this purpose. The same plan is then pursued with the other ear. It is better in the first instance not to allow the patient to see the appliance or to know its use, and to merely ask if he hears any sound.

It would be too great a demand on space to enter here into the deductions to be drawn from a complete examination with the tuning fork. The steps of such a test, and the conclusions which may, in a certain proportion of cases be drawn from its application are fully entered into in the *Practitioners' Handbook of the Diseases of the Ear and Naso-Pharynx.* Suffice it to say that, as a means of differentiating disease of the labyrinth or auditory nerve from gross changes in the middle ear, the tuning fork is an essential help.

But long experience and constant use of it has made me doubt the accuracy of many of the earlier conclusions I arrived at with regard to its diagnostic value in middle ear abnormal conditions, and I am at present collecting evidence to bear on this point. The fork should be tried on the head, with both ears open, and with either ear closed. Also it should be held at a certain distance from the outer ear, and the comparative loudness of the note which is heard with each ear ascertained. I do not here speak of those extreme cases in which it has to be applied to the teeth, or to the area immediately surrounding the middle ear. With a Galton's whistle we may test the higher degrees of acuteness of hearing.



Galton's whistle for testing the higher degrees of hearing. The scale accompanying the whistle marks the number of vibrations. This will be shown by the length to which the piston, A, is withdrawn. The scale is inserted between B and C.

In the able paper which appeared in this journal by Dr. Ogston, in 1890, the fact was pointed out that there is around the auricle, in certain cases of deafness, an area of "touch deafness," especially where there is effusion into the labyrinth, and that there is considerable interference with the hearing. In the same paper he showed that the hearing distance varied according to the angle at which the source of sound was placed, in regard to the meatus, in the horizontal or vertical planes, the point of most distinct hearing being below the ear.

One thing has to be remembered in connection with improvement of hearing. In degree, this is often quite different as regards conversation and such tests as the watch and acoumeter. Increase in hearing the former is sometimes effected and maintained, while little, or but very slight, difference is perceived in the latter. This is specially worthy of recollection in cases of progressive deafness, in which periodical attention to the ear, when once a healthier state of the Eustachian tubes, and the tubal muscles has been secured, will at least tend to preserve this conversational power. It may be accepted as a general rule that hearing of the acoumeter, limited to contact, and a negative result with the tuning fork placed on the head, indicate disease of the auditory nerve, independent of such symptoms as vertigo, tinnitus, or sickness.

The whole question of tinnitus and the differentiation of its causes, as well as the prognosis to be given in its varying forms, is too wide a subject to enter upon. But we may briefly lay stress on these practical points which assist us in arriving at a conclusion :—

1. To seek for any collateral evidences of cerebral or auditory nerve lesion.
2. To search for any signs or symptoms of distant sources of reflex irritation. (*a*)
3. To examine the heart and great vessels.
4. To note the character of the noise. If it is unilateral or bilateral, its periodicity or persistency, the time of its greatest aggravation, as to whether it is heard loudest at night on lying down, or in the early morning ; whether it is accompanied by deafness, and if so, if the deafness was the first symptom, or *vice versâ*.
5. To ascertain if the noise be associated with vertigo, attacks of migraine, or sickness, and, in the first instance, if these symptoms occurred suddenly, or whether deafness and tinnitus preceded for some time the attacks of vertigo.

Limiting, as I do, in common with many others, true Ménière's affection to the occurrence of a sudden hæmorrhage into the labyrinth, and the consequent seizure, the reason for this latter inquiry is apparent. I take for granted that in all cases of tinnitus, these preliminary inquiries, to which I referred in my first paper, will be made. Elsewhere (*b*), I have entered more fully into the differentiation and causation of tinnitus.

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HOW CHRONIC SKIN DISEASES WERE AFFECTED BY THE GREAT AND CONTINUOUS HEAT OF LAST SUMMER. (*c*)

By A. SCOTT MYRTLE, M.D.,
Harrogate.

Before dealing with the subject I am down on the agenda for, I must ask you to take into consideration the fact that all the cases which come under the care of the profession in Harrogate are not only chronic but very old and obstinate ; cases which have lasted for months, oftener for years, during which they have been treated by the most celebrated dermatologists in this country, and in a large number of instances have also undergone a course of mineral waters and baths at home and abroad. Another point I must touch on —skin diseases during the past forty years have greatly increased in proportion to other ailments, and whilst the peculiar features or symptoms (this is particularly the case in eczematous conditions) have remained unchanged, their behaviour under treatment has at all events in my hands altered in a most unaccountable manner.

Forty years ago and long after, the treatment I found most satisfactory and successful is no longer possible, the local applications I entirely depended on then were highly stimulating crude preparations of wood-tar, strong mercurials, soft soap, huile de Cade, sulphur, caustic potash, and iodine, these single or combined were had recourse to not only in this country but on the Continent, and with the best results. Gradually I found them becoming less and less effective, then mischievous, and so was led to employ less active measures. About this time coal-tar came to the front, but it was impossible to make use of it as a local application to the skin on account of its insolubility, this difficulty was overcome in 1860. In the *Journal of Practical Medicine and Surgery* (Parisian) of that year I found an article entitled " Saponified Coal Tar applied to domestic and medicinal purposes." Dr. Jules Lemaire, apothecary to the hospitals in Paris, gave an account of its preparation and how he made use of it first as a deodoriser and destroyer of all offensive dead vegetable and animal matter, and as an effectual parasiticide. This led him to apply it to foul ulcers and discharges, ozæna, impetigo and anthrax. I was so struck with the wonderful results recorded that I at once made use of saponified coal-tar in every chronic case of skin disease that presented itself, and the result not only astonished me but delighted my patients, after some years I found I could not continue this treatment, skins resented it ; fortunately at the same time the introduction of phenic acid and its various products, salicylic acid, resorcin, aristol, and creolin afforded most valuable additions as therapeutic agents in dealing with the skin, still these were of a highly stimulating nature, and lately I have found in many cases great good follow the use of less potent dressings, such as boric acid, menthol, chloral hydrate, and dermatol. We thus see that apart from climatic conditions in skin affections presenting the same appearances, I, and I think most specialists have found it necessary to change our lines of treatment from one of a powerfully stimulating nature to one less active and at the present time to depend more and more on gentler measures often purely sedative.

I have always held that most of the commoner skin diseases, eczema in all its varieties, psoriasis, urticaria, prurigo, and herpes do not arise from any alteration in the blood, from diathetic conditions, or from invasion of the parts affected by any bacillus or micro-organism whatever, the most recent theory advanced, but that they are caused by certain changes which have taken place in the skin itself, and that these changes have started with irritation of nerve filaments this speedily destroys or alters that condition of cell life which is necessary for the healthy performance of those morphological functions which are constantly going on in one of the most complex structures of our bodies. With these preliminary remarks I shall very shortly tell you what I observed regarding the way in which chronic skin diseases were affected by the heat of this year.

In the month of June I was struck with the scarcity of vesicular and the abundance of papular forms of eczema ; there was hardly a single case where I could discover any active exudation, or the usual amount of subcutaneous infiltration, all were dry, scaly, and intensely irritable, even such parts as the upper and inner thighs, generally sodden, were void of moisture ; as the season advanced and the heat increased a number of cases of lichen turned up, where the whole of the trunk back and front, as well as the upper and lower extremities presented an uniform light red brick colour, there was no break on passing the hand over the surface, it felt hot, harsh, uniformly level, and was especially on the back shiny or glazed ; when you took up a fold between finger and thumb it was greatly thickened, the slight infiltration underneath was firm, elastic, and this with the thickening of the skin inter-

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(*a*) On the 12th inst. I was consulted by a gentleman for tinnitus. There was some accompanying deafness. The noise was of a pulsating character. There was a history of gout. The cardiac sounds were feeble. He had an anæmic appearance. There were no objective signs of aural affection. On examination of the urine it was found to contain about one-fourth of albumen. He had no suspicion that there was renal disease.

(*b*) " Noises in the Head and Ears," 1891.

(*c*) Read before the Yorkshire Branch, British Medical Association, held at Harrogate, November, 1893.

fered with the free movements of the joints; the itching was described as maddening, especially during the night, with all this there was no constitutional disturbance, no fever, appetite good, and although sleep was greatly interrupted, the strength remained undiminished; if they went out for a walk during the day they had to return quickly on account of the fearful itching, divest themselves of every article of clothing, and walk or sit perfectly naked. Ordinary remedies were of no use, and even the most soothing applications such as boric acid, chloral, camphor, and menthol, all in form of solution, relieved only for a time.

Cases of lichen, such as I have described, are very rare, before this year I have met with very few, one, or at most two in twelve months, and the only way in which I can account for their frequent occurence last season is by reason of its great and continued heat, this in persons predisposed to eczema produced first great activity of the sweat glands, in time these got exhausted, the ducts inflamed, became occluded, hyperæmia of the whole skin was established, and speedily gave rise to the symptoms I have described; I found men and women equally affected, the youngest was 46 and the oldest a vigorous lady of 78, and oddly enough she made steadier progress than any of my other patients, and except for a little itching now and again when she got tired, in six weeks went home perfectly well. Cases of prurigo were also of much greater frequency here, the skin on superficial examination presented nothing very remarkable, it looked a little dingy, on passing the hand over the surface the sub-epidermic papules felt slightly enlarged, perfectly separate from each other, and gave you the characteristic rasp; patches on arms and legs were torn and bleeding from the severe scratching they had undergone, especially during sleep, the itching was intolerable, and the general expression of the face was one of far greater anxiety and suffering than that of those affected with lichen, the starved condition which invariably exists in the pruriginous, whether young or old, may in part account for their utterly miserable look.

I fully expected that I should have met with some cases of lichen tropicus, prickly heat, but in this I was disappointed.

Cases of psoriasis were as common as ever, but the heat agreed with them, there was less hyperæmia, the scales smaller, less adherent, and improvement under the usual treatment was more rapid. The pustular forms of acne went through their stages with greater rapidity than I had ever witnessed, and the blocked sweat ducts in acne punctata were very easily emptied by direct pressure. I did not observe any change in the different forms of urticaria, but simple erythema of the face and neck was greatly aggravated. Syphilitic eruptions did exceedingly well during the exceptionally hot weather. I was surprised at the improvement manifested in almost every case after a very short course of treatment. One of rupia very severe, where the incrustations were large and numerous, arms, legs, chest, and even the forehead were studded with the limpet shell formation. On removing these the ulcers were deep phagedænic, and intensely painful, the mucous membrane of nose, throat, mouth, and tongue was studded with small ulcers, so that for weeks he had been unable to eat, but he evidently had been able to drink, as he was bordering on delirium tremens. If ever there was an unpromising case here it was, but in two months with the exception of two painful ulcers on the back, he was as well as he ever will be. Whilst he was under treatment the thermometer never was below 74° during the night, and ranged from 80° to 84° during the day, and this to my mind proved of great therapeutic value.

At the meeting in Newcastle I heard for the first time of the employment of thyroid extract in psoriasis and the astonishing results brought about in a few days. I confess I had my doubts on the subject, but determined to put this new remedy to the test. I thought that the cases of lichen where the whole skin had something in common with the pachydermatous condition of myxœdema afforded a fair subject for the experiment. To every patient I prescribed one of Allen & Hanburys' thyroid tabloids containing 5 grs. of the extract morning and evening. I gave the same to every patient suffering from prurigo and psoriasis, I watched the result most anxiously, days passed, a week, two weeks, without the slightest benefit which could be attributed to the extract, so I gave it up, and for this reason Dr. Byrom Bramwell stated that improvement was visible in one case after a single dose, and that in two or three days inflammation and swelling had greatly diminished, and in five there was a shedding of scales, the redness and itching had subsided, and at the end of a three weeks course the eruption had in great part disappeared. Since then I have tried thyroid in chronic eczema but failed to observe any benefit from its employment. That it has a direct power in restoring health to the thickened skin in myxœdema I am fully convinced, but the conditions here are very different to those occurring in psoriasis, eczema, or lichen.

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FURTHER NOTES
ON THE
THERAPEUTIC ACTION OF ORGANIC EXTRACTS.

By CHARLES FORBES, M.D., C.M., D.P.H.Cantab.,
Late Surgeon, Wassa Gold Mines.

It is here sought to prove that most of the "organic extracts" (shall we call them "albumoses") before producing their therapeutic results on different portions of the body (*cf.* M. Marie, Société Médicale des Hôpitaux, Feb. 23rd, 1994), if only in the case of the thyroid gland tissue, act on the nervous system, on its various parts, and in different ways and through nervous system on *nutrition*, in the case of the thyroid gland extract acting chiefly on the neuro-vascular economy strengthening and regulating it (*Medical Times*, March 3rd, 1894). And at the same time I hinted that the pituitary extract:—

(1) To a certain extent undoubtedly supplies or replaces the functions or functional secretion, &c., of the pituitary body whose unimpaired activity is seen to be co-existent with mental well-being as well as even life itself. (Dr. Andriezen states that destruction or disease of pituitary body causes depression of temperature, &c., and death in a short space of time (*British Medical Journal*, vol. 1, 1894). And

(2) Further, that although this extract may be used in some of the morbid states where thyroid extract sometimes benefits, sometimes fails, acts more exclusively on the tissues of the central nervous system, diminishing or aborting various pathological processes tending to, or having already produced, certain forms of mental disease. At the same time pointing out that in acromegaly these extracts may be used interchangedly. Dr. Byrom Bramwell's reports on cases of acromegaly, &c., somewhat confirm the above statement (*British Medical Journal*).

However, our clinical data at present are too meagre to work out further a strict differentiation as to when one extract should be used and when the other. Is it, however, a fact that thyroid juice will cure myxœdematous symptoms whether associated with mental disease or not, but the treatment must be kept up long after an apparent cure or a relapse will often take place, however, when symptoms have subsided the dose can be much diminished. Their learned discoverer, the late Dr. Brown-Séquard does not seem to have produced differentiating evidence clear enough for our purpose and his method, though his statements have led us up to an important point, is open to some objections which will prevent its gaining ground in England. To say nothing of its comparative failure when tried on patients with various nervous diseases by Drs. Ferrier and Buzzard (*Lancet*, Feb. 3rd, 1894, p. 263). However, Alombert-Goget, *Lyons Médicale*, Nov. 12th, 1893, says that Brown-Séquard's fluid when given in sufficient doses has seemed to give some result in two classes of cases: (1) locomotor ataxia, (2) delirious epilepsy.

Not only was general nutrition improved, but mental condition wore a more favourable aspect.

(1) In ataxic patients there was disappearance of lightning pains, delirium subdued, and temperature regulated, and increase of vitality in every respect.

(2) In epileptics fits were modified in form, and though they were perhaps slightly increased in number, patients' general condition was improved.

The nature of these objections to this method is foreign to the object of my present paper which is simply to disperse or partly so the obscurity surrounding not only these preparations themselves but their uses. We have, however, to thank Dr. Brown-Séquard and his school for leading many eminent physicians and therapeuticians to apply scientific means of investigating the practical medical and surgical uses of these extracts, We appear thus in old-fashioned proverbial phraseology to be "putting the cart before the horse," but as their discoverer has not laid down the exact scientific action of these remedies or the changes (if any) they undergo in the body before giving rise to their physiological action. Up to the present time we have had to be content with the fact that these extracts have in certain cases caused the abatement of certain symptoms. An original paper dealing with part of this subject was read by Dr. R. W. Felkin, Feb. 17th, 1894, before the Obstetrical Society of Edinburgh and reported on in *Edinburgh Medical Journal*, Feb. number. Although he does not attempt any explanation as to the exact therapeutic action of the extracts he deals with, namely, *orchitic* and *cerebral* extracts, he owns his preference to the tabloid form as being well borne and taken without difficult or unpleasant results by all his patients. *Note.*—In this I agree with him, and give such reasons as appear most valid why they should be used in preference to hypodermic injections and administration by the mouth of the ordinary organic liquid extracts:—

(1) That the extract in a dried form and compressed is more permanent and reliable, and can be kept a length of time which the liquid extracts cannot, as such organic solutions are prone to undergo fermentative changes.

(2) That they are portable and their dose is easily regulated.

(3) That the glands, tissues, &c., used in their composition have, I believe, been first examined by pathological experts.

(4) These substances are, I believe, also prepared *en masse* with antiseptic precautions, thereby insuring uniformity of drug and safety of patient.

(5) That patients do not object to taking them.

(6) That these tabloids do not cause nausea and diarrhœa to anything like the extent the liquid organic extracts have been proved to occasion.

Dr. Felkin premises that he was led to employ the two above extracts by either seing or hearing of certain cannibal practices which occur among natives of Central and West Africa, and also the practice of semen drinking. He brings forward notes of cases which he has treated: (1) with cerebral, (2) with orchitic extract, with undoubted success, and hints further that both these extracts might be useful in treating some cases of complaints little susceptible hitherto of cure connected with generative system. *Note.*—The only other reliable form except the tabloid is by taking the fresh glands, &c., which although advised by Dr. Marie, of Lyons (quoted *Lancet*, 1894), is regarded as positively disgusting by most patients.

Dr. Felkin says the dose should be small and increased afterwards. I here tabulate briefly some of his results:—

(1) *With cerebral extract (cerebrinin)*:—

(1) Pseudo-hypertrophic paralysis benefited, (2) epilepsy three cases much improved, (3) acute alcoholism cured in a week, (4) irritability, nervous exhaustion, anæmia, increase of weight, marked improvement, (5) two cases of inveterate insomnia, cure, (6) general debility improvement, (7) neurasthenia benefited, (8) nymphomania and anæmia at commencement of menstruation, cure.

(2) *With orchitic extract*:—

(1) Melancholia, &c., after ovariotomy, remission of mental symptoms. In these cases he states cerebral extract is also useful; (2) epilepsy, (3) in all nervous diseases connected with generative troubles.

In my opinion, going further than this physician, orchitic extract would be useful in all the morbid processes following masturbation, which evil is fearfully wide-spread. I consider the paper interesting, but I must take exception to his indifferent uses of these extracts in the same cases which only seems to add to the obscurity already preventing a comprehensive differentiation of these extracts, and somewhat misleads us as to their several therapeutic values and uses, which points can only at present be proved clinically and by deductions carefully drawn from reported facts. Dr. Church, *loc. cit.* suprâ, complains that he has not paid sufficient attention to the "ferments" as the active principles of gland tissues, and instances extractum pancreatis (Fairchild ?), which he says is valuable in cases of glycosuria associated with pancreatic disease. An impure form of this extract was used by Dr. Harley in a case of gall-stones with some benefit. How? Most probably by preventing the retention of cholesterine in the gall bladder and interfering with chemical action necessary to the production of these stones, which actions are notably under the governance of the central nervous system (sympathetic ?). Of the nervous system cholesterine is either a chemical product or a constituent. Here again would appeared to be another proof of my (now more than) theory:—*That all the albumoses indicated as therapeutically and physiologically active are so directly through the agency of one part or another of the nervous system (central).* These I class under A:—

Examples.—Thyroid, pituitary, thymus, cerebrinin, orchitic, testicular, ovarian, and pancreatic extracts. B. Under this I class all those extracts which seem to act simply as foods to repair general metabolic waste; these are extracts of bone, red marrow (Dr. Dixon Mann), and muscle. The action of thyroid tabloids I have discussed elsewhere (*Medical Times*, March 3rd, 1894).

I will now pass on to those of *thymus gland*. These are useful in the wasting diseases of early infancy, especially in those where there is either disease or derangement of the lymphatic glands. This gland would seem during its period of activity, limited to early life, to enrich the plasma of the blood by a large production of lymph-cells and their active constituents, *cf.* Herr Kossel's lecture on "Lymph Cells" reported in the MEDICAL PRESS AND CIRCULAR, Feb. 28th, 1894, p. 229, who derives the lymph cells used in his valuable experiments chiefly from thymus glands. Its intimate connection with the lymphatic glands is thus clearly made out. It is also closely related to the nervous system (trophic centre), but the exact working of this relation there is not much clinical evidence to support or to assist us in formulating the functions of the gland with any degree of certainty. Another extract which appears to resemble cerebrinin in action is *nerve* extract used as a hypodermic injection in neurasthenia

(*British Medical Journal*, 1893, p. 1,321) before passing on from Class A. I must mention *suprarenal* extract, which was by a sort of homœopathetic evolution set up as a cure for Addison's disease, &c., suffice it to say we have no clinical proof of this result.

Class B.—The food-like extracts I may dismiss without further remark. Now I will conclude in trusting that these few notes may lead some of my professional brethren to work in the same direction; in which, however imperfect the results at present must necessarily be, sufficient evidence is now forthcoming to rescue these agents (organic extracts) from the stigma of being empirical, which they have been deemed simply through some ignorance as to their practical utility, forgetting the while that our British Pharmacopœia contains many drugs such as the purgatives and cardiac tonics whose reputation rests on no more scientific basis than clinical observations of their effects.

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MODERN PROJECTILES

FROM A

HUMANITARIAN POINT OF VIEW. (a)

By Professor KOCHER,

Berne.

The reason why ancient Rome, whose hospitality we are now enjoying, acquired the immortal glory, which it maintained through the classical ages till our own times, is to be found in the warlike character of its first inhabitants, in the *Virtus Civis Romani*. Notwithstanding the great progress which has taken place in the field of intellectual activity, it is still the case, that those nations become arbiters of the world, that are always ready to sacrifice their life and all they possess for liberty, truth, and justice.

Military service is a duty, which extends to all citizens, and, therefore, all take an interest in the necessary and inevitable consequences of war. Women and sanitary associations vie with each other to diminish the sufferings of the victims, as also the Red Cross, whose representatives showed us two years ago, in this same city the splendid results obtained by them.

But all this is of no use (I speak simply from a surgical point of view) if modern firearms bring such devastation in the contending armies, while they should only put *hors de combat*, if they mutilate instead of simply wounding. Twenty-five years have not passed since it was universally recognised that modern firearms cause enormous damage in the human body. This general opinion is confirmed by the recent communications of Démosthène, Chauvel, Nimier, Bogdanik Sklissowsky, Morosow, and Trauber, by the observations of Kabars, and finally by the interesting experiments executed by order of the Prussian Minister of War by Dr. Schjerming, all of which show the terrible effects of modern bullets. After this must we wait further improvements or must we resignedly accept the conclusions of Surgeon-General Dr. Von Koler and of Dr. Schyenning, namely that with the new rifle life must absolutely be lost?

The object of war between civil nations is not, as amongst savage people, to kill the greatest number of combatants, but to disable the enemy and to oblige him to abandon the field. Nevertheless, there are many unexpected deaths caused by injuries to vital organs. But the modern guns greatly surpass this scope, because they tear or destroy the tissues of the body, exposing the victim to the risk of losing his life even from the effects of injuries primarily not of necessity vital, and which the re-establishment of the normal function. Guns have become real explosive fire-arms.

The degree of intensity of the explosion gradually augments with the increase of velocity, while we can only talk of hydraulic pressure in the case of maximum velocity and on parts like the cranium.

The effect is seen in its full intensity only if the distance is great enough, but also in open tin boxes, where the water is not hermetically closed, as in a hydraulic pump, a laceration takes place. It is, therefore, better to abandon the name of hydraulic or hydrostatic pressure, and to use that of hydrodynamic laceration.

I here will demonstrate the effect of explosions on flexible substances, such as soap or glass, in which we may with certainty establish, by means of comparative measures of weight and volume, whether we have to deal with a simple shock or with a missile that produces at its maximum velocity the maximum degree of dilatation.

In such cases, we find an augmentation in the explosive effect, even though there be no rotate or deformation, and we must recognise that the intensity of the explosion does not depend upon these factors.

The real nature of an explosion can only be understood if its effects are studied on a solid body. To this end, we can fire a bullet at a slab of stone, and we will ascertain that the shock transmits itself with great violence. The difference between a simple crack and a real laceration may very well be distinguished in a glass slab, if the velocity of the missile is not at its maximum, in which case a number of cracks are produced instead of a neat small hole. The best manner of observing the perfect analogy of the effect of dry explosion with those of dydrodynamic pressure on a tin box is to fill this box with small shot or pieces of stone.

The lecturer gave numerous illustrations demonstrating the analogy of explosion in dry and fresh bones. What is then the essence of the explosion? Kocher has been able to demonstrate by determining the velocity of the bullet fired at different objects, and also on the human body, that for maximum velocities a greater amount of active energy is lost than for the small ones. This augmentation in the loss of active energy is caused by the velocity being too great to penetrate the target, and by remaining longer imbedded in it produces an unequal shock. By means of experiment, it is possible to ascertain that the loss of velocity and active energy is greater in bullets of heavy calibre, and consequently the lacerations will be greater.

In order to understand the results produced by these arms, it is necessary to know the effect of the explosive projectiles, but unfortunately on this matter the opinions of most authors are very diverse.

I will here briefly describe the results of my twenty-five years of experience. The action of the bullets varies as the object which it strikes varies. We shall therefore distinguish three separate categories in the human body; elastic tissues, tissues rich in liquid substances, and rigid tissues.

In elastic tissues the bullet does not explode, at least not immediately, even if fired out of the most modern rifle. Large lacerations of the skin are due to deeper explosions, such as those which take place in the vicinity of the bone, and without these external lacerations are not to be found. In some elastic tissues we can only observe the point of entrance and exit of a bullet whose initial velocity is of 600 to 750 metres; we cannot trace any aperture at all as the tissues after having been forced aside, resume their former position.

The effect of any explosion may be observed with far greater facility in tissues which contain an abundance of liquid substances, and is naturally more terrible in those tissues whose composition is of that nature. Brisch was the first who had recourse to hydrostatic pressure in order to demonstrate the effect of an explosion in the cranium; Grafeuil, Heppner, and Küster applied the same principle to epilepsy, and I have been able to show by means of numerous experiments the general importance of liquids in the tissues. The action of hydrostatic pressure may be demonstrated on tin boxes containing substances more or less rich in water. The effects of the explosion differs greatly if the box contains fresh horse-flesh instead of dry, and the same is true of damp or dry cotton or saw-dust.

(a) An Address delivered before the International Medical Congress at Rome, April 4th, 1894.

Here are some elastic laminæ that present a very small hole when the velocity of the bullet is small, while enormous rents are made by it when the velocity is at its maximum.

These violent effects are caused both by leaden and by steel bullets; it is therefore impossible that they should be produced by the breaking up of the bullet, as it is proved that steel does not undergo any alteration of shape.

The following conclusions were added by the lecturer from a humanitarian point of view:—

1st. The cause of the laceration cannot be avoided because it depends upon the augmentation of velocity.

2nd. It is necessary then to reduce the extent of the laceration which occurs.

3rd. By diminishing the area struck:—

(*a*) reducing the calibre of the projectile to 5·6 cms.;

(*b*) preventing the fracture of the projectile by giving it more compactness especially in the point;

(*c*) by making the anterior extremely sharper so as to increase its strength of penetration;

(*d*) by augmenting the rotation so as to prevent the oblique penetration.

Further experimentation will demonstrate if from a humanitarian point of view it will be necessary to use again very small copper projectiles or projectiles with steel coating and point. *The results already obtained* by the introduction of the steel coating shows:—1. Even after the worse results there are no more muscle and lung lacerations. 2. The fracture of bones, is totally limited in extent and intensity, again the aperture of exit is, according to the experience of Coller and Schjerming, reduced for 200 metres distance from 2 to 3 centimetres while before it varied from 7 to 14. One of the greatest improvements from a medical point of view is the reduction of the size of the aperture, as the healing of the wound is then materially facilitated and dangerous complication are rendered more difficult. But the extraction of large fragments of bone, and injuries to vital organs such as the heart, the brain and the lungs will always make numerous victims, and consequently in the next war hundreds of soldiers will lose their lives on the field of battle.

But the great mass of our youth that courageously marchs into the grim jaws of war will be protected by a new Pallas armed with the shield on which shines the Red Cross.

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Selected Prescriptions and Therapeutic Notes.

108.—Local Dressings for Burns:—

(I)

℞ Cocainæ hydrochlor., pars j;
Acid. carbolici, partes ij;
Acid. borici, „ x;
Glycerini, „ xvij;
Aq. destill., „ lxx.
M.

(II)

℞ Acid. borici, partes iv;
Iodoformi, „ ij;
M.

(III)

℞ Acid. borici, partes iij;
Iodoformi, „ ij;
Aristol, pars j.
M. Dr. Robinson.

109.—For Laryngismus Stridulus:—

℞ Chloral. hydratis, ʒss;
Pot. bromidi, ʒij;
Syr. tolulani, ℥ss;
Aq. menth. pip., ℥iss.
M. A teaspoonful every half hour.

110.—Useful in General Infantile Eczema:

℞ Hydrarg. ammoniati, gr. x;
Acid. carbolici, gr· viij;
Ol. olivæ, ʒss;
Ung. petrolei,
Ung. zinci oxidi, āā ℥ss.
M. Apply two or three times daily.—Stelwagon.

111.-For Cancer of the Cervix Uteri:—

℞ Iodoformi, gr. xv;
Extracti opii, gr. viij;
Essentiæ bergamottæ, ♏x;
Ol. theobrom., ʒijss.

M. To make twelve suppositories; one to be introduced into the vagina when necessary.—Sinety.

112.—For Alopecia:—

℞ Quininæ sulphatis, gr. xl;
Tinct. cantharidis, ʒj;
Sp. ammon. aromatici, ℥j;
Ol. ricini, ℥jss;
Ol. rosmarini, ♏vij;
Sp. vini rect., ℥v.
M. Shake well before applying once a day.—Wilson.

113.—Chlorosis from Menorrhagia:—

℞ Sulphate of iron,
Ext. hydrastis canadensis,
Ext. of hyoscyamus.

F. s. a. Divide into 100 pills. Two to be taken at each meal. *From our French Correspondent.*

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, April 13th, 1894.

The Vice-President, Dr. Duffin, in the Chair.

A CASE OF PELVIC ENCHONDROMA.

Mr. G. R. Turner read notes of the case of a man, æt. 50, who was admitted into St. George's Hospital, March, 1890, with a tumour of eight years' growth. It was a large globular swelling on the inner aspect of the left thigh, extending into the perineum and groin. The circumference of the left thigh over the tumour was 29½ inches, as compared with 19 inches on the right side. The hip-joint and thigh moved freely, and were not implicated in the growth, which was attached to the rami of the pubes and ischium by a broad hard base. The patient was shown at the Clinical Society on March 14th, 1890, and the general opinion was that it would be very inadvisable to attempt to remove the tumour. In 1892 the tumour had steadily grown, and had extended into the perineum and ischio-rectal fossa, so as to press on the urethra and rectum, interfering very materially with micturition and defæcation. On these grounds, it was decided at all hazards to try to remove it. This was eventually done by cutting through the mass of the growth and removing it in halves after an ineffectual attempt to get at the base. The enchondromatous mass removed weighed upwards of seven pounds. The man made a good recovery, although a small portion of the thinned stretched integument sloughed.

Mr. R. W. Parker read notes of a case of

STRANGULATED FEMORAL HERNIA COMPLICATED WITH VOLVULUS,

his object being chiefly to draw attention to the subject of continued obstruction of the bowels after operation, and to elicit from members of the society the treatment most appropriate to this condition. His patient was a woman, æt. 44, who came under treatment on the 6th day of strangulation. She was very ill. Herniotomy was performed, and as the gut was gangrenous, an artificial anus was made, but no fæces escaped. Sixteen hours later, the abdomen being more distended, laparotomy was done. A volvulus was discovered and adjusted, immediately after which fæces began to flow from the artificial anus. The woman, however died in about twelve hours.

Mr. A. Barker said the paper illustrated one of the numerous difficulties that surrounded these cases of intestinal obstruction. Whether by observation on the living or post-mortem one was often struck by the small amount of twist that would suffice to effect complete obstruction of the intestinal canal. This fact suggested that it ought to be easy to remedy the condition surgically. Under these circumstances he thought they ought not to have the slightest hesitation in opening the bowel in order to afford the necessary relief. He admitted that a doubt must often remain as to the precise nature of the obstruction, but under any conditions he urged that whatever its nature it might be dealt with by abdominal section, preferably by a median incision through which one had access to volvulus, *reduction en masse*, &c. The real difficulty was to make up one's mind early in the case to have recourse to surgical measures. He had never heard of a surgeon who had had occasion to regret having intervened too early, whereas it was but too frequent an experience to hear men regret having postponed their intervention. He questioned the necessity for allowing the bowel to escape from the abdomen, and asked the author what was his reasons for so doing.

Mr. R. W. Parker, in reply, explained that he was unable to arrive at a diagnosis of the nature of the obstruction without allowing the bowels to escape. He too had been struck by the slight amount of twist necessary to bring about complete obstruction and by the ease with which the displacement could be remedied. The operation had been performed within an hour of the patient's admission so that they could not be accused of losing valuable time.

Dr. T. J. Maclagan on

THREE CASES OF MYOCARDITIS.

A record of three cases in which inflammation of the muscular substance of the heart occurred in the course of acute rheumatism, without accompanying endo- or pericarditis, and in which the disease was diagnosed. In one which proved fatal the cardiac muscles were found to be dark, soft, and easily broken down by pressure between the finger and thumb. The points insisted on were the absence of any special physical signs by which myocarditis could be diagnosed; and the presence of delirium of a a low muttering type, and of muscular tumours which give the appearance of one suffering from delirium tremens. The gravity of the delirium as a symptom occurring in the course of acute rheumatism was pointed out. The complications to which it is generally due are hyperpyrexia, myocarditis, pericarditis, and pneumonia. In hyperpyrexia there is the high temperature to decide the diagnosis; in pericarditis and in pneumonia there are the physical signs. It may be stated generally that delirium occurring in the course of acute rheumatism which is not due to one of these complications, is symptomatic of myocarditis. Attention has been called by various writers to the occasional occurrence of sudden death in acute rheumatism. It is probable that latent myocarditis was the cause of such deaths. In one of the cases given death was sudden.

The President agreed that in view of certain symptoms attention ought to be directed to the possibility of a primary myocarditis more frequently than was at present the case. The administration of diffusible stimulants lay at the basis of the treatment of this condition, but he doubted the advisability of giving the salicylates. On the whole he would prefer the combination of alkalies and quinine suggested by Garrod.

Dr. Hale White pointed out that myocarditis had been recognised as a possible complication of rheumatism for a long time. Myocarditis might and often was associated with either peri- or endocarditis. The author was fortunate in that his cases were free from complication, and were therefore the more interesting. He agreed that in well-marked myocarditis one ought to be cautious in giving the salicylates, and he referred to a case in which moderate doses thereof marked the onset of the downward course.

Dr. David W. Finlay on a case of

SPLENIC ABSCESS WITH SECONDARY ABSCESSES IN THE LIVER —DEATH FROM PYÆMIA.

The patient was a domestic servant, æt. 20, admitted into the Aberdeen Royal Infirmary, under his care, on 7th October, 1893. The family history was unimportant. As to personal history, she had been delivered of a child in the previous April, since which her health had not been good. Three months ago she had an attack of "pleurisy" with which she was laid up for about a week. The attack for which she sought admission began on September 28th, and consisted of pain in the left side with shivering and sickness. On admission she complained of pain and difficulty in breathing with a short dry cough. The symptoms and physical signs generally were suggestive of pleurisy with effusion, but the maximum cardiac impulse was found in the third interspace well within the nipple line, the sounds being loud and slightly roughened but otherwise normal. Two days after admission it was noted that the pain in the right side had been severe and the temperature had reached 103° on one occasion, and 105° on another. Further fluctuation in the temperature and occasional sweatings led to the belief that the supposed effusions was purulent, and on October 13th the exploring syringe was used being introduced in the eighth interspace below the inferior angle of the scapula. Only a few drops of blood were withdrawn. Subsequently, four other exploratory punctures were made in various situations with negative results. She gradually lost strength and became anæmic and emaciated. Ultimately she had attacks of delirium, the abdomen was distended and tympanitic, and she complained of pain in the head extending down the neck. She gradually sank and died on November 21st. At the post-mortem examination the spleen was firmly bound to the diaphragm and surrounding parts of adhesions, and at its anterior end encapsuled with adhesions there was a collection of thick greenish pus about the size of an orange. On section, the lower end of the spleen was found to be the seat of several abscesses containing curdy pus communicating with the purulent collection just described, the remaining two-thirds of the organ being healthy. The uterus and other pelvic organs were healthy, as was also the heart; but the right lobe of the liver was riddled with recent abscesses varying in size from a pea to a walnut, and the left pleura contained about ʒij of blood-stained serum, the base of the left lung being adherent to the diaphragm. The brain was not examined. The case at its commencement so strongly suggested purulent effusion that it was a matter of surprise that so many exploratory punctures failed to reveal any, the only alternatives which suggested themselves being malignant disease of the lung and subphrenic abscess. The presence of certain points as regards the former, and the absence of others as regards the latter, rendered either of these alternatives improbable, and beyond the diagnosis of suppuration from the rigors, rise of temperature and sweating no conclusion was arrived at. As to the etiology of the splenic abscess this was altogether obscure. Possibly an injury, or some septic condition connected with the pregnancy the evidence of which had disappeared, might have accounted for the beginning of the disease in the spleen; the abscesses in the liver were obviously secondary.

The President referred to a case of acute abscess of the spleen which had recently come under his observation. The patient was a young woman about eighteen years of age, who came in with pleurisy at the base of the left lung. There was also dulness at the apex of that lung, which was thought to be tubercular. In the course of a day or two the patient was attacked by an agonising pain along the eighth rib, which obliged her to remain absolutely motionless. She lay on her back with the left lower limb drawn up, and when the abdomen below the ribs was palpated she visibly winced, and the sensation was followed by nausea. She died ten days later, and post-mortem had found ulcerative endocarditis and a spleen one and a half times as large as normal and tied down to the diaphragm by adhesions. There were two small abscesses in the upper part of the organ and extensive pleuritic adhesions above.

Mr. **Arbuthnot Lane** read a paper on the

OPERATIVE TREATMENT OF OBLIQUE SIMPLE FRACTURES OF THE TIBIA AND FIBULA IN CERTAIN CLASSES OF LABOURERS.

He asserted that the receipt of such an injury too often entailed on the skeletal machinery of the individual an enormous financial depreciation of its value, and in not a few absolute ruin, since a considerable portion were incapacitated from pursuing their usual occupation and were obliged to follow other and usually less remunerative pursuits, while others were so unfitted for work as to be thrown on the rates or rendered dependent on charity. He believed that the average financial depreciation of the labourer as a machine amounted in such injuries to nearly as much as 70 per cent. of his original value, which, if true, is simply disastrous. This he described as being due to an alteration in the lines of pressure through the several joints of tho lower extremity, resulting from the somewhat complicated deflection of the lower fragments from their original relationship to the upper. In consequence of this alteration in the manner in which pressure is transmitted, insecurity and pain are experienced in the several joints, this being most marked in the articulations of the ankle and foot, and increasing with the age of the individual. Pathologically this is represented by a progressive mechanical arthritis in the several joints. Other conditions, as œdema, eczema, and ulceration may exist in consequence of the limited action of the muscles and joints. Such being the case, Mr. Lane argued that to pursue the present mode of treatment was highly improper, since by operative measures entailing a minimum of risk to the life or limb of the patient, the fragments could be brought into apposition and so retained with perfect accuracy with the result that the skeletal mechanics of the individual remain as perfect after the injury as they were before. This result is brought about by cutting down on the fracture of the tibia and exposing the broken ends freely, removing any soft parts or fragments of bone intervening between the sectional surfaces, bringing these surfaces into accurate apposition, partly by traction on the foot, partly by means of elevators, and partly by means of lion forceps, by which last instrument apposition is continued till holes have been drilled and the bony surfaces brought together immovably and most forcibly by the introduction of steel screws. Such operative measures at once relieve the patient from the pain which may result from the movement of the fragments on one another and from the tension and discomfort due to the extensive extravasation ef blood between and into the tissues; they shorten the duration of the period during which the man is incapacitated from earning a living, since bony union is rapid and perfect, and, what is of most importance, they leave his skeletal mechanics in the condition in which they were before the accident. Mr. Lane read the notes of three cases which he had operated on in the same week. In them the results obtained by operative interference were extremely satisfactory, since the fragments had been retained in accurate apposition and had united perfectly, the outline of the bones being normal. He pointed out that even when the fracture is thoroughly exposed the surgeon may experience the greatest difficulty in obtaining accurate apposition of the fragments, but he believed that with the judicious application of traction to the foot, combined with the use of elevators, lion forceps, and steel screws, in but a very small proportion ef cases would the surgeon fail to obtain perfectly accurate apposition, and in that small number the displacement would be very trifling indeed. In the face of these facts he considered that a surgeon was not treating such fractures properly if he confined himself to making use of manipulation and splinting without first informing the patient fully of the imperfect mechanical condition which would very likely result and did not urge strongly on him the immense advantages he would derive from operative interference, the risks connected with which are very small.

Mr. Lane's paper was supplemented by a brief account of forty cases collected by Mr. F. J. Steward, which fully bore out the truth of the statements made.

Mr. **Horatio Symonds** said that he too had been struck by the unsatisfactory nature of the results obtained after the ordinary treatment of oblique fractures of the tibia and fibula, and he had tried the effects of driving in pegs and wiring the fragments. He used Thomas's knee splint fixed with three-cornered bandages instead of the ordinary back splint. He thought that the use of the usual vertical foot-piece was productive of great harm. He had adopted this course in several instances of fracture some months previously with satisfactory results.

Mr. **Gould** said that until the author had spoken to him on the subject he was certainly ignorant of the fact that the ordinary treatment of simple fracture of the tibia and fibula was attended by such terrible results, and he suggested that probably many other surgeons were similarly placed. If the results of the ordinary treatment were really so disastrous he agreed that it was incumbent on surgeons to devise some more efficacious plan of dealing with them, but at the same time he could not shut his eyes to the very great risks associated with converting a simple into a compound fracture, especially as most of these cases fell into the hands of general practitioners.

Mr. **Lane**, in reply, agreed that as to the actuality of these risks, and added that Mr. Hulke on being asked what was his estimate of the diminution of the financial value of men who had had this accident had voluntarily given an estimate which tallied with his own, viz., from 70 to 80 per cent.

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ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Pathology.

Meeting held Friday, March 16th.

The President, **Prof. Alfred Scott**, in the Chair.

RENAL TUBERCULOSIS.

Mr. **Myles** showed the kidneys and intestines of a boy who had been under his care at the Richmond Hospital. His history was very vague, as the lad was dull and reticent, but he complained of pain over the pubes and incontinence of urine. His urine was normal in quantity, sp. gr. 1012, and contained pus. He was suspected to be suffering from stone in the bladder, but examination by the sound was postponed owing to his debility. He died suddenly four days after admission. On post-mortem examination his right kidney was greatly enlarged, and the cortex subdivided into cavities of about an inch in diameter filled with putty-like *débris*. The right ureter exhibited small tubercular ulcers along its entire length. The left kidney was only slightly enlarged, but was in a more advanced stage of tubercular degeneration, being converted into a mass of caseous material calcifying in parts. The left ureter was occluded, apparently from cicatricial contraction. The mucous membrane of the bladder showed acute tubercular infection, being studded with millet-seed tubercles. The small intestine similarly was acutely infected, most marked in the upper parts. The lungs were quite free from tubercles, and Mr. Myles pointed out the extreme rarity of this condition in the lungs under such circumstances, and the unusual manner in which a chronic process in the kidneys was succeeded by an acute process in bladder and intestines.

Dr. **Bennett** asked had the urine been examined for tubercle bacilli?

Dr. **Myles** replied that it had not, but that after death he had taken some of the *débris* from one of the cavities in the kidney and examined it. He found, however, only a few bacilli in it.

TUBERCULAR PERICARDITIS.

Dr. **Little** showed a specimen of pericarditis which had occurred in a woman who had, four months previously, suffered from typhoid fever, and who showed several caseating masses in the lungs, but who did not suffer either from rheumatic fever or renal disease.

Dr. **Bewley** described a section which he had made through one of the small nodules growing on the peritoneal surface of the intestine, at a place corresponding to the Peyer's patch. The floor of the Peyer's patch, which was devoid of mucous membrane, was formed of rather dense granulation tissue, and the little nodule attached to it was composed of fibrous tissue with a small mass of caseous material and in addition some giant cells. On account of these he thought the nodule was probably tubercular. He regarded the case as one of double infection, both typhoid and tuberculosis.

Dr. **SMITH**, who had seen the patient some three months previous to her death, described the illness from which she then suffered. She had an enlarged spleen and a well-marked crop of rose-coloured spots. She had also some pyrexia. Before admission to hospital she stated that she had a pain in her right side, and on admission a friction sound was discovered, and there was a localised patch of dulness corresponding to the caseous mass shown in the specimen. She passed through a course of typhoid fever, but she continued to have some pyrexia. She left hospital and came up several times afterwards complaining of cough and loss of flesh and appetite. He thought that it was exceedingly interesting to see a typhoid ulcer in process of regeneration. The mucous membrane had not yet had time to be spread over it, and it was very seldom one got an opportunity of seeing one in this stage.

Dr. **BENNETT** asked had any microscopic examination been made of the thickened pericardium?

Dr. **BOYD** said he thought the case looked like one of general tuberculosis. He was glad that Dr. Little had not described it as a case of idiopathic pericarditis. We cannot believe that inflammation starts without a cause.

Dr. J. W. **MOORE** advanced the theory that the case might have been one of pyæmia following typhoid fever. He said the mass in the lung might possibly be due to an embolus of a septic nature.

Dr. **JAMES LITTLE**, in replying, stated that as yet no microscopic examination had been made of the pericardium, but he hoped to have it done. He also said the mass in the lungs resembled in all respects to the naked eye a caseous mass, and not a portion of lung affected with embolus. There was also a caseous gland in the mediastinum.

SPLENO-MEDULLARY LEUKÆMIA.

Dr. **M'WEENEY** read a paper on this case, which was that of a man, æt. 50, admitted for obscure symptoms into the Mater Misericordiæ Hospital, under the care of Dr. Boyd. After detailing the results of modern research into the various cells commonly included in the class leucocyte, and the various granulations described by Ehrlich and his pupils, the speaker gave the results of his own examination of the blood of the case under observation. On admission the red discs were 67 per cent. of normal, and were to the leucocytes in the proportion of 8·8 to 1. During the patient's stay in hospital the red sank to 44 per cent., whilst the white corpuscles also showed a marked diminution, the proportion being now 1 to 35. Large myelocytes, often with eosinophil granulations, were very frequent, and the number of eosinophil cells of all kinds was much above normal. The mast-cells were numerous, but he could not with certainty confirm Ehrlich's description of the distribution of neutrophil granules. Nucleated red blood corpuscles, both normoblasts and megaloblasts were very numerous, especially the former, and the nuclei of the former were frequently found lying free, with circumstances that seemed to point to their extrusion from the cell. Their recognition was greatly facilitated by the marked metachromatism (with Ehrlich's acid hæmatoxylin and eosin) which they showed when compared with the nuclei of the leucocytes. The importance of this observation, as regards the development of the red discs, was discussed. Many of the nuclei of the nucleated red corpuscles presented so regularly lobulated an appearanae as to strongly suggest a somewhat obscured mitotic process in the rosette stage.

Dr. **BOYD** gave a short account of the clinical symptoms of the case on whom Dr. M'Weeney's observations had been made. The patient complained of breathlessness on exertion and feverishness, and of being unable to do his work. There was nothing abnormal about the heart or lungs or the alimentary canal. The patient had an enlarged spleen, a slightly enlarged liver, and was slightly anæmic. He lived in a marshy district, but never had any sort of malarial fever. The pains in his bones were very transient indeed. He considered the case might be one of leukæmia, and was greatly interested when it was found to be of the spleno-medullary variety. The patient was treated with arsenic and improved under it.

Dr. M'**ARDLE** asked Dr. M'Weeney had he ever examined the blood in cases of sarcomata? In some of these cases the patients complained of pains in their bones; spontaneous fractures took place sometimes in the red medullary portions of them, and the blood was abnormally pale. He thought there might be a connection between leukæmia and sarcomata.

Dr. M'**WEENEY** stated that he had not examined the blood of patients with sarcomata, but that the next time he got an opportunity of doing so he would.

PERFORATING WOUND OF PHARYNX.

Dr. M'**ARDLE** reported a case of perforating wound of pharynx, causing mediastinitis.

Dr. **MYLES** drew attention to the great tolerance the pharynx has of foreign bodies. He remembered a somewhat similar case in which the fatal symptoms likewise took some days to develop. A man came to hospital stating that he had swallowed a fish bone. He was able to swallow fluids but not solids. No probang was passed. Five or six days afterwards he became feverish and shortly died. A small fish bone was found to have perforated the pharynx and also the trachea. A mediastinal abscess had formed, and the patient had, in addition, purulent pneumonia.

The Section then adjourned.

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HARVEIAN SOCIETY OF LONDON.

MEETING HELD THURSDAY, APRIL 5TH.

The President, Mr. **GEORGE EASTES**, in the Chair.

CLINICAL EVENING.

DR. **LEONARD GUTHRIE** showed two infants, aged three and six months, who were suffering from

CONGENITAL RESPIRATORY SPASM.

It was a continuation of laryngeal inspiratory stridor and pharyngeal stertor which accompanied both inspiration and expiration. The condition had been almost constant since birth, but varied in severity. In the older child it was increased during sleep, stertor, however, being more apparent than stridor. In the younger the breathing became natural during deep sleep, but laryngeal stridor was present during light slumber. In both cases the breathing was rendered worse by sudden movements, draughts of air, bathing, or by any emotional excitement. In both there was marked recession of the episternal notch during inspiration; in the younger child there was also deep epigastric recession, and it was rapidly acquiring a pigeon breast. The dyspnœa caused no apparent distress, cyanosis was absent, cry and cough were natural. The pharynx as far as could be seen was healthy, and there was no nasal obstruction. The larynx had not been satisfactorily examined. There were no signs of atelectasis, but slight bronchial catarrh in both cases. Their general health was fairly good, the younger child, however, had had frequent convulsions. There was no family history of similar respiratory affection. In the absence of satisfactory laryngoscopic examination he was inclined to agree with Dr. Thomson in regarding the condition as a "developmental neurosis," or congenital inco-ordination of the thoracic, laryngeal, and pharyngeal respiratory muscles, perhaps dependent upon immaturity of the respiratory centres.

Dr. C. W. **CHAPMAN** had some years ago a case with symptoms similar to those in the condition present. Dyspnœa became urgent and tracheotomy was performed. A post-mortem three weeks later revealed numerous papillomatous growths scattered over the interior of the larynx.

In reply, Dr. **GUTHRIE** said that one infant had been treated with small doses of strychnine, and the other with bromide of potash in combination with cod-liver oil. Both had considerably improved, but the tendency in such cases was towards recovery. The malformation of the epiglottis described by Dr. Tees and mentioned by Dr. Phillips, had not been found in all cases, and, therefore, could not be regarded as the constant cause of the symptoms.

Dr. G. A. **SUTHERLAND** showed two cases of

GUMMATA OF THE LIVER IN CHILDREN.

The first patient, a girl, æt. 10, had been healthy as an infant, but when four years old had suffered from keratoiritis and disease of the bones of the nose and mouth, the evidences of which were still well-marked. The liver was much enlarged, and its surface was rendered uneven by hard round masses irregularly distributed. A soft fluctuating swelling was present over the left parieto-occipital region under the pericranium. The second case, a girl, æt. 15, also showed well-marked signs of hereditary syphilis in the eyes, nose, and ears. Two years previously she had a recurrence of acute specific disease as manifested by a gumma on the ninth rib, a swelling of the lower end of the left femur, and gummatous growths in the liver. She had been under mercurial and iodide treatment for two years, and her health was now good, while very slight traces of the gummatous formations remained. These cases illustrated some of the later developments of hereditary syphilis in children. They occurred frequently at or about the age of puberty, and seemed to delay the normal physiological changes of that period of life. Inunction had given better results than the internal administration of mercury, but the treatment in all cases must be prolonged.

Dr. Illingworth submitted that the reason why Dr. Sutherland secured better results by treatment with mercurial inunction with iodide of potash internally, than by solution of the perchloride alone internally, was that the iodide of potassium acted as a solvent upon the mercury absorbed, forming the solution of the biniodide. This solution being penetrant and easily eliminated was non-poisonous, and hence superior to the bichloride, which, as was well known, had been denounced by Tarnier for obstetric practice for that reason. That this was a valid contention (over and above his own experience of the biniodide since 1886 as a germicide and disinfectant) was shown by the prevention of mercurialism amongst mercurial plate-workers by the administration of small doses of potassic iodide at meal times.

PERSISTENCE OF BRANCHIAL CLEFTS.

Mr. F. J. Poynton showed a case of persistence of the third branchial arch on either side in an infant of fifteen days old. There were no other evidences of arrest of development in the child, nor was anything of the kind present in the mother or in her other child, aged three years. The remnant was most marked on the left side, and resembled an auricle. It was covered with some downy hairs and appeared to contain cartilage; on the other side there was only a slight prominence. No aperture could be detected on either side.

Dr. W. Hill made some remarks on the difficulty of finding an aperture in these cases of persistent branchial clefts and arches, and said that if a solution of salicylic acid were painted over the site of the supposed aperture, and perchloride of iron administered internally a purple colour would be produced where the aperture was.

Mr. Juler showed a child suffering from some

OBSCURE INTRACRANIAL LESION FOLLOWING MIDDLE EAR DISEASE.

Three years ago the patient had suffered from suppurative otitis media on the right side, followed by complete right facial palsy, and later by paresis of the right external rectus. Periodic attacks of vomiting preceded at first by occipital and afterwards by frontal headache accompanied these nervous lesions. Hearing is completely lost on the right side and sight in both eyes considerably impaired owing in all probability to the intense double papillitis that exists. The child has a staggering gait, keeping her legs separated and rolling from side to side as she walks. No anæsthesia is to be found anywhere, the sense of taste on the right side of the tongue, however, is quite lost. The motor power on the right half of the body is somewhat weaker than that on the left side. Muscle sense is impaired and the knee-jerks absent. With regard to the nature and the seat of the lesion Mr. Juler is inclined to believe that the trouble is a chronic abscess dependent on the ear trouble rather than a glioma, and that it is localised either in the pons or more probably in the cerebellum.

Dr. James Taylor said that the case was without doubt one of abscess or tumour in the cerebellum, the symptoms being so remarkably in accordance with that condition.

Dr. William Hill was inclined to think that the case might be one of subdural suppuration, and urged that the treatment was an exploratory incision.

Dr. Guthrie said that he had seen a case in which the symptoms were identical and in which death ensued. At the post-mortem no evidence of disease or tumour was found in the cerebellum but the lesion was in the region of the optic commissure.

Dr. Illingworth agreed with Mr. Juler and Dr. Taylor in their diagnosis; but considered that the differential diagnosis between abscess and cerebellar tumour would be facilitated by free incision of the tympanum, which had evidently become firmly cicatrised before the complete evacuation of the original abscess. He suggested that the incision be kept open so as to allow of the regular use of penetrant antiseptic injections, so that the "phagocytic efforts" of nature might be supported. At any rate the germs of putrefaction would thus be easily destroyed, whether Metchnikoff's high-flown theory were true or not.

Dr. Sydney Phillips showed a female, æt. 24, who had suffered from "paroxysms of pyrexia" each day since September, 1893, with a short interval. The chart for the last eight days showed a daily rise of temperature to nearly 103° with subsequent fall each day to the normal. There was a gumma on the right arm, a much enlarged spleen, and periosteal nodes on tibia and on olecranon process. The pyrexia had not yielded to treatment by quinine or by salicylates, and Dr. Phillips regarded the case as one of syphilitic fever resembling ague similar to that he had recorded in the Medical Society's Transactions, vol. xii, and in the *Lancet* for 1889.

Dr. James Taylor showed two cases of "Friedreich's Ataxy." Both patients were males, æt. 16, not in any way related. The first showed very well the characteristic deformity of the feet. There was no family history of any similar condition, but his mother was epileptic and he himself had had fits. The knee-jerks were still present. In the second case there was marked lateral curvature, the symptoms otherwise were usual, knee-jerks absent. A half brother of the patient, æt. 9, a son of the same mother but different father, had marked nystagmus without any other symptoms of ataxy. There was a clear family history of similar condition.

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THE HUNTERIAN SOCIETY.

Meeting held Wednesday, April 11th.

The President, Mr. C. J. Symonds, F.R.C.S., in the Chair.

Clinical Evening.

Dr. Ettles showed a case of Buphthalmos in a boy of 4 years, blind from birth, and read a summary of the condition.

Dr. Arthur Davies showed a case of Leucodermia in a boy of 11 years; the patches were roughly symmetrical, and chiefly affected the back.

The Presidnet showed a case of Lymphadenoma, with peculiar patches on the hands and feet, thought to be due to the use of arsenic.

Dr. Stowers showed (1) a case of Acne Varioliformis, and (2) a case of extensive Tertiary Syphilitic Patches resembling eczema.

Dr. Fred. J. Smith showed (1) a case of Cerebral Tumour with paralysis of both sixth nerves as the only localising symptom; (2) a case of General Paralysis of the Insane, closely resembling Disseminated Sclerosis; (3) a case of Charcot's Disease of the right knee-joint in a tabetic man.

Sir Hugh Beevor showed a case of doubtful Myxœdema with pitting of the hands; the symptoms had improved under thyroid treatment.

Dr. J. F. Woods showed several patients whom he had treated successfully by suggestion, including cases of toothache, melancholia, and severe neuralgia.

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BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Tuesday, April 3rd, 1894.

Mr. Thomas Wilmot, M.R.C.S., in the Chair.

Mr. Horrocks read a paper on

ANAL TAGS.

The formation of the anus is sometimes incomplete, the proctodeum not reaching mesenteron, the septum remaining, such is a case of imperforate anus; generally the septum is completely removed, but frequently fragments remain at the junction where the squamous and columnar epithelia meet such fragments constitute the anal tags, the upper surface generally pouched formed by the mesenteron, the lower rounded formed by ingrowing proctodeum. Not uncommonly these tags become abraded by hard motion catching the upper surface, and a shallow ulcer results, which may or may not be painful according to its relation to superficial nerve filaments, it is generally painful on the passage of fæces, and secretes a thin discharge. These ulcers are usually situated above tags which are painful on pressure by irritation, they may go on to form a callous painful ulcer or fissure of the anus, the tag constituting the "sentinel" or "guard" pile. Internal *fistula in ano* has been noted as rising from these ulcers, probably due to septic infection from the fæces, this also explaining the frequency of fistula in the phthisical. In other cases tags may hypertrophy and be grasped by the sphincter, leading to varicosity of the hæmorrhoidal veins and external piles. The treatment is thorough stretching of sphincter, scraping of ulcers after search for fistula, and removal of the tags.

Dr. **Hermann Bronner** read a paper on

TREATMENT OF SIMPLE FRACTURE BY MOBILISATION AND MASSAGE.

He contended that in suitable cases one ought not to wait for osseous union before using the joint affected or proximal joints, but commence passive and active movements and apply energetic massage as soon as the eighth day after fracture, in order to prevent atrophy and stiffness. Such suitable cases were fracture in the proximity of the wrist and ankle-joints, and knee and elbow-joints, where the dangers of stiffness were great and where there was sufficient support rendered by other bones or little leverage exerted by movements. He quoted statistics by Landerer (Volkman's Series) and some cases of his own in support of this method, by which Landerer, for instance, claimed to restore a fractured radius to practical use for all except heavy work within a fortnight.

Mr. **Emerson** read notes of some

UNUSUAL CASES OF TYPHOID FEVER.

In one case a middle-aged man had a relapse which was followed by venous thrombus in legs and an extremely rapid pulse, the tachycardia persisting for three months, but the patient ultimately recovering. Another case, a girl of eighteen, after a relapse presented symptoms ascribed to peripheral neuritis and also a persistently rapid pulse.

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France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, April 14th.

GUAIACOL.

Dr. **Desplats**, Professor at the Medical Faculty of Lille, was the first to remark the antithermic effects of guaiacol when painted on the skin, but it appears that as a sedative, it also constitutes a valuable resource in the treatment of certain painful affections. Thus, guaiacol not only suppresses rapidly certain neuralgic pains so frequently met with in tuberculous patients, but also sciatica and rheumatism, where salicylate of soda and antipyrine had failed. However, the application of guaiacol in its pure state is painful in itself, and irritates considerably a delicate skin. For this reason M. Moissy mixes it with equal parts of glycerine, by which no inconvenience is felt. The dose to be employed is half a drachm, but the painting can be renewed as the sedative effect has passed away, that is to say, in about five hours. At the meeting of the Société Médicale des Hôpitaux, M. Balzer said that he had tried guaiacol in the treatment of orchitis with good result, in ointment (guaiacol vaseline). A burning sensation is felt for about ten minutes, after which the patient experiences a certain *bien être* which permits rest and sleep. Guaiacol has no resolutive effect on the swelling.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 13th.

TESTICULINE.

At the meeting for Internal Medicine Goldscheider continued the discussion on Prof. Leyden's paper, which criticised Brown-Séquard's new remedy. Goldscheider thought this was a scientific novelty of some value. He referred to Furbringer's opinions that certain organs had a considerable influence over the whole organism. The removal of the testes produced undeniable disturbances, just as myxœdema induced cachexia strumipriva. He was of opinion that the secretion in both conditions had some powerful influence on the assimilation and nutrition of the body. In many cases we know that the secretion will produce toxic effects as bile and urea, and may not unlikely affect the system when other secretions are retained. He related a case treated with the gland which improved, but not being sure about the diagnosis would not press the recovery as entirely due to gland treatment. Another cure was treated with the same for six months without any beneficial effect. There was no doubting of the preparation. Carrying this glandular treatment a little further, pancreatic juice was applied in cases of diabetes without realising the object desired, although it was faithfully carried out by mouth and clysma for eight weeks. Any accidents that might occur were due to the dose where the incorporation of the drug was too rapid.

STRONGILUS GIGAS.

Lilien showed a case of pallisade worm, or strongilus gigas. The worm was one metre in length, and from its size was at first assumed to be a small serpent. Its principal abode was the kidney, more particularly the pelvis. It appears to have obtained admission as usual by the blood current, and having reached the kidneys, completed its growth in the pelvic portion of the kidney, destroying the pyramidal and internal portion of the organ.

AMYOTROPHIC LATERAL SCLEROSIS.

Senetor brought forward a case for the criticism of the Society who retained all the symptoms that are claimed by Leyden and Charcot for the explanation of this morbid disease. Charcot, 30 years ago, gave the name amyotrophic lateral sclerosis to a morbid condition characterised by paralysis and great weakness in the upper and lower extremeties, atrophy of the muscles, stiffness and contraction with increased tendon reflex. At the same time sensibility was retained as well as the normal function of sphincter and bladder. The affection tended to death by producing bulbar paralysis. Leyden, however, challenged this opinion, and still remains opposed. The primary change, according to Charcot, is a sclerosis of the lateral pyramidal column, and to this is added, at a later stage, atrophy of the ganglia in the anterior horn of the column. Leyden, on the other hand, maintains that this is erroneous, and that the diseases arise from progressive muscular atrophy, and that no primary lateral sclerosis exists. In the case showed by Senetor, a domestic, æt. 57, had been received into ward last May with all the symptoms of atrophic lateral sclerosis, viz., paralysis, great feebleness in upper and lower extremities, contractions, stiffness, increased tendon reflex, spinal muscular atrophy, with left stronger than right, and later having all the bulbar phenomena, unable to open mouth, while the eyes remained movable, no power to put out the tongue, and speech disturbed. For seven years past sensation in the arms and legs was abnormal, later giddiness and cramp commenced, and gradually increased till paralysis agitans ensued. After this the symptoms become more complex, with the amyotrophic lateral sclerosis. The patient retained perfect sensibility, electric tests showed no degeneration nor fibrillary contraction. Patient died after three months' confinement to bed with pleuro-pneumonia, atrophy of the kidney, and in the cord atrophy of a large number of the ganglia in the anterior horn of the cervical enlargement as well as the upper part of the dorsal. The blood vessels of the spinal column were congested, and in many places hæmorrhage of the blood vessels could be observed. No appearance of preceding inflammation, and therefore pure degenerative atrophy of the ganglionic cells was suggested as erimary. With this view the hæmorrhagic diathesis was suggested, but during life the patient had no tendency in this direction. There was no trace of sclerosis in the lateral or pyramidal columns which are required by Charcot's view, nor were there to be observed any cerebral change. In cases where there is no stiffening Charcot and his school explain that the atrophy of the ganglia is first the cause and the lateral sclerosis follows which are not so in this case.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, April 13th.

Syphilis and Lichen.

Prof. Neumann showed several cases of syphilis and lichen to the Gesellschaft to confirm several remarks made on the localisation of the syphilitic virus. He pointed out that the skin and mucous membrane was the frequent site of gummata, papules and rashes, as for instance the tongue, periosteum, &c., and such gummata, are not excluded from the site of the primary affection. Here he produced a patient five or six years syphilitic, with post infection three and a half years ago, and a gumma on the last place of infection. Again, when no clinical symptoms are evident the histological examination will reveal undoubted changes with the presence of round cells on the walls of the blood vessels, at the exit from glands, and in the upper layer of the cutical tissue. He next showed the photos of cases from moist papules on the body which had been taken from patients attending hospital three years ago, and had also returned within the last few weeks with a repetition. Small parts had been excised from the skin at the efflorescent point and a similar condition observed in the upper layer. He also showed a patient, æt. 31, who, three years ago, had a sclerosis on the under lip; after twenty-five inunctions it disappeared; later a repetition on the left side of the thorax with rupial efflorescence brought him back to hospital. The sclerotic under lip again repeated itself, becoming elevated, hard, and sharply defined, centre white and margin brownish red. In a similar demonstration by excising a part four years after inception, the round cells can be found under the epithelium and cutis. He next brought forward a patient, æt. 38, with diffuse lichen ruber acuminatis and lichen planus. The rash was thicker on the trunk, light red in colour, covered with a hirsutous scurf, and about the size of hemp seed. Another lichen ruber acuminatis had it on the back of the hands and around the joints about the size of corn seed depressed in the centre. Another of lichen planus was shown on the surface of the tongue, the lips, and angles of the mouth, having intense bluish spots and streaks between which the epithelium was absent and speckled resembling syphilitic papules. This case was of considerable interest to the society as it demonstrated in the same individual both of the classic lichen, viz., lichen ruber exudativus of Hebra (Kaposi's ruber acuminatus) lichen ruber planus (Urlson).

The cases gave rise to a discussion on the diagnosis of pityriasis ruber pilaris, which Neumann said could be distinguished by the efflorescence, size, hardness, and scurf.

Hypertrophy and Regeneration of Liver.

Kretz read a paper on his investigations in this direction and said that the hypertrophy of the tissue was either local or general.

Macroscopically the augmentation might be divided into two great categories, while microscopically these divisions could be well defined. Macroscopically the cells were found either in large assemblages or pressed into the form of small islands.

Microscopically the increase is found either in the cell element or the cell itself, the hypertrophy proceeding in proportion with the hyperplasia. He classed the changes: (1) Where the elements increased regularly; (2) Where the volume of an individual part increased usually peripheral; (3) Where the hypertrophy assumes the form of cell vegetation producing new growth. A number of examples shown illustrated the paper, one where the acini alone caused the increase, typical of a wide class, arising from injurious causes as echinococcus, gumma, inflammation, &c., which destroy a part of the healthy organ, leaving the unaffected to increase by compensation that often surpasses the original size in volume.

Other preparations of biliary cirrhosis had irregular atrophy; some might be classed as acinous in origin, and finally healed by regeneration. This compensating function was an active factor. Clinical proof cannot be adduced to prove how far this can be followed in cirrhoses, but presumably it is not absent in this direction. He considered that this power continues till a very old age.

Pontfick here related a case of echinococcus, æt. 73, where regeneratioon took place.

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The Operating Theatres.

LONDON HOSPITAL.

Pelvic Pritonitis—Encysted Peritoneal Abscess.—**Mr. Treves** cut down on a swelling, said to be an ovarian tumour, in a woman, æt. 30. Mr. Treves remarked that the tumour did not strike him as ovarian: it was very tender, the patient's temperature was high, she had been ill for six weeks with great pain, but said she had only noticed the tumour during the last fortnight. No proper examination of the abdomen had been possible owing to the excessive pain, even when the patient was made to hold her breath. Mr. Treves said in all probability it was pelvic peritonitis, he drew attention to the malaise of fever experienced by the patient, also to the absence of any indications of inflamed ovarian tumour or of dermoid ovary. On examination under the anæsthetic he found an ill-defined lump mass with a sort of ill-defined fluctuation, curiously median, though leaning slightly to the left. He cut down carefully in the median line; on cutting through the peritoneum he came down on an encysted abcess cut off from the general peritoneal cavity, and containing a large amount of pus, which though stinking had not, he remarked, the characteristic smell of that containing the bacterium coli commune. This cavity he washed out with a large quantity of fluid, finding in the process a few smaller pockets of pus (a very ingenious tray being used under the patient's loins, being an ordinary metal tray traversed in its centre by several pieces of wood with smooth rounded edges, these were a little higher than the edges of the tray, on which latter the patient's pelvis rested; this tray was easily placed in position in the place of the middle cushion of the operating table, showing the advantages of the cushion portion of the table being divided into three parts). Into the small cavity left, the viscera having resumed their proper places after evacuation of the pus, some iodoform emulsion was injected.

ST. MARY'S HOSPITAL.

Excision of Tongue and of Submaxillary Glands.—Ligature of both Lingual Arteries.—Mr. G. Silcock operated on a man, æt. about 35, who had been in the hospital six months ago with a small patch on the tongue; this had been freely excised, a wide sweep being taken all round; at the time it was by no means certain what the growth was. However, at the present time the patient had come back with a recurrence, and it was decided to remove the whole tongue. As the growth was very far back, quite at the root, it was thought better to ligature both linguals. This was done in the usual way in a comparatively short time. Next a thread was passed through the centre of the tongue and the organ drawn well forward and rapidly snipped away with the scissors, the operator beginning at the frænum and taking away the whole tongue and the anterior pillars of the fauces. The bleeding was necessarily very slight, but a deep vessel which was thought to be the left ascending pharyngeal or one of its branches gave a little trouble; however, a pair of forcipressure forceps eventually secured the bleeding vessel, and these were left on at the end of the operation for safety; controlling the hæmorrhage was much facilitated by the floor of the mouth being pushed up on the left side through the wound made by tying the lingual artery on that side. The next proceeding was the removal of the submaxilliary glands; the one on the left side was hardened, and as a measure of prudence the one on the right side was also taken away. The removal of these glands gave rise to a lot of troublesome hæmorrhage, and materially prolonged the operation, as the arresting of the bleeding took some time and care. The wounds made for the ligature of the linguals served also for the excision of the glands. The opening on the left side extended through into the mouth during the operation, owing to the extensive removal of the base of the tongue on that side. Both wounds were lightly sewn up.

ST. THOMAS'S HOSPITAL.

Removal of Urethra and Portion of Bladder for Carcinoma.—Closure of Bladder Wound.—Establishment of Permanent Supra-pubic Opening.—Mr. Battle operated on a woman, æt. 46, who was the subject of extensive malignant disease of the urethra extending backwards to the bladder. The patient, who was a fairly well nourished woman, but who stated she was losing flesh, came to the hospital complaining of retention of urine; she said she had been unable to pass her urine without a catheter for the last fortnight, and that her doctor who had been passing the instrument for her had said that the retention was due to a growth. For three or four months before the retention she had suffered from incontinence, with pain on micturition, and said she had experienced more distress since the retention came on, that she prayed that something, no matter how severe, might be done to afford relief. She was in much mental distress and very excitable. Examination of the urethra showed the presence of a hard solid growth, extending from the orifice backwards to the bladder; the urethra was completely surrounded by this growth, which was fixed to the pubic arch. On passing a catheter no great pain was caused, there was no unusual roughness, nor was its use followed by bleeding; the only evidence of the breaking down of the tumour was at a point in the anterior wall of the vagina, a little to the right of the middle line, where the mucous membrane was adherent; no enlarged glands could be felt anywhere; the urine contained some albumen and muco-pus, and was slightly alkaline. The operation was performed under ether. Mr. Battle first performed supra-pubic cystotomy, and explored the vesical surface of the growth, closing the wound in the usual way excepting along a track occupied by a large rubber tube. Dressing was placed over this wound, and held in position by bandage. The patient was then placed in the lithotomy position, the labia were well retracted by assistants and the growth removed by means of knife, scissors, and raspatory. An incision was first made along the arch of the pubes from side to side beyond the limits of the growth, all the tissues under the pubes being separated from the bone as far as the neck of the bladder, the mucous membrane of the vagina being divided as required; the tumour was then cut off by scissors from behind forwards. It was found that anteriorly the disease extended further into the bladder, and this portion was removed from behind the pubes by means of scissors. The hæmorrhage was not great, and was easily controlled by means of artery forceps. The bladder was washed out with boracic solution, and the sub-pubic opening then closed by strong wire sutures; these were passed through the vaginal portion of the wound, which was then united to the soft parts in front of the pubes. The wires were left long. Iodoform was dusted into the vagina, and an iodoform plug inserted so as to bring the deeper portions of the wound into contact. Mr. Battle drew attention to the unusual character of the growth, which resembled scirrhus more than any other form of malignant disease. He stated that a long time ago he had suggested this method of operation for similar cases where the whole urethra had to be removed, because the condition of the patient with complete absence of control over the functions of the bladder was most miserable; the urine trickling away down the patient's thighs caused great discomfort to herself, whilst the constant offensive odour was not only hard for her to bear, but made her presence in a household almost intolerable. The question that he had considered seriously was whether it was advisable to make the supra-pubic opening at the time of the removal of the disease, or whether it was better to do it at a later stage when the wound had commenced to granulate; there was no doubt that it was easier to act as he had done, for the bladder could be well distended, the urethra being intact. The presence or absence of cystitis must, he thought, be taken into consideration, as the risk of spreading inflammation in the cellular tissue round the bladder had to be considered.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 18, 1894.

THE DENTAL FUNCTIONS OF THE GENERAL MEDICAL COUNCIL.

When we assert the proposition that the business of the Council should not be worked on trade-union principles, nor influenced by any body of interested persons, we expect that the statement will meet with general agreement. We feel it necessary to say that it appears to us that the General Medical Council has made and is making itself the servant of the British Dental Association by making and altering regulations to suit the views of that organisation. We found this statement upon the fact that the Council, acting upon the advice of the Education Committee, has recently revoked the recognition granted to foreign dental degrees which it had previously accorded, and has done so, on its own showing, for reasons outside and beyond the considerations of educational and examinational efficiency, which alone it is bound to regard. Under the Dentists' Act of 1878 (41 and 42 Vict., cap. 33) a colonial dentist (under section 8), or a foreign dentist (under sec. 7), is entitled to registration in a separate column in the Dentists' Register if he possesses—

> "Such certificate, diploma.................... &c., as may be recognised, for the time being, by the General Medical Council as entitling the holder thereof to practise dentistry or dental surgery in such possession or country, and as furnishing sufficient guarantees for the possession of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery."

By virtue of this authority the General Medical Council registered from time to time a considerable number of persons holding the foreign diplomas of Doctor of Dental Medicine of Harvard University, and Doctor of Dental Surgery of Michigan University, thereby implying that the Council was satisfied that the possession of such diplomas was satisfactory proof of "the requisite knowledge and skill for the efficient practice of dentistry" (*see* "Minutes of Med. Council," vol. 16, pp. 148-198). The grounds upon which this recognition was granted by the Gen. Med. Council are stated in the Report of the Education Committee ("Minutes," vol. 30, Appendix 6, page 10), as follows :—

> "In each of these institutions the candidate is required to have devoted three years to professional study, and to have attended lectures and courses of instruction in a Dental College during two years. The examinations, which are written and practical, including operations actual and the preparation of specimens of mechanical dentistry, appear to furnish sufficient guarantees of the possession of the requisite knowledge and skill for the efficient practice of dentistry."

At this date no preliminary examination was required by Harvard, and the course of study there covered only three years, while that demanded for the British diplomas extended over four. Nevertheless, the General Medical Council deemed that the Harvard and Michigan dental degrees furnished "sufficient guarantees of the possession of the requisite knowledge and skill for the efficient practice of dentistry," and those degrees were accordingly admitted to registration in the column of the Dentists' Register set apart for colonial and foreign registration. By virtue of this recognition a considerable number of Harvard and Michigan dentists were admitted to the Register, but, after a while it was discovered that certain of them had been illegally so admitted, because, according to the Act, a British subject cannot be registered in respect of a foreign degree unless he has resided in the degree-granting country for at least ten years, though a foreign degree-holder of any other nationality may do so. For this reason, the names of foreign dentists who did not come under this proviso were struck out, and at the present date twenty-seven graduates of Harvard and Michigan appear in the Foreign Section of the Dental Register. Up to this point the question is clear. The General Medical Council put its official brand on these degrees as "furnishing sufficient guarantees of the possession of the requisite knowledge and skill." But the situation is now altered, inasmuch as the General Medical Council, at its meeting of May, 1894, suspended the registration of these degrees, and, in fact, closed the Foreign Section of the Dental Register against all comers, and practically abrogated its function of registering foreign dentists. The reasons for this extraordinary procceding will be found in the Report of the Education Committee (Appendix 7, p. 10, vol. 20 of Council Minutes for 1893). It appears that when the Baltimore College and others found that the Harvard and Michigan had been admitted to registration, they at once proceeded to level up their educational standard to that of the latter bodies, and, having done so, applied for similar registration. The Education Committee in its Report admits that these Colleges had "brought themselves up to the standard of Harvard and Michigan, and that their teaching appliances are satisfactory, and from personal observation the Committee have been assured of the excellence of the teaching arrangements in such centres as Baltimore and Philadelphia." What, under these circumstances, has the General Medical Council done? Not only did it refuse to accept the degrees of the bodies which had altered their curricula and examinations to meet the requirements of the Medical Council, but it surmounted the dilemma by actually withdrawing the recognition and registration which it had granted to Harvard and Michigan on the express ground that these degrees furnish "sufficient guarantees of the possession of the requisite knowledge and skill." The reason for this change of front is to be found in a Memorial of the British Dental Association printed at page 4, Appendix 7, of the Minutes of vol. 30. This Memorial is signed by seventeen members of the Association, and it asks the Medical Council to withdraw the right of registration from foreign dentists not on the ground of insufficient educational standard of the foreign colleges or in respect of professional education or examination, but because the preliminary examinations of these colleges are alleged to be insufficient, a statement which is disproved by the comparison set out in page 5 of the Minutes. However, it is manifest that any deficiency in this respect was fully condoned by the General Medical Council when it recognised the American degrees at a time when the preliminary standard was admittedly much lower. The real reason, however, for disfranchising the American Colleges is to be found at p. 11 (paragraph 3 of the Education Committee's Report, Appendix 7, p. 11), where the Committee express the opinion that "a greater injustice is done to the licentiates of the British bodies by placing them on the same level as the diplomates of the two American Colleges." In other words, the British Dental Association has found the professional competition of the American registered dentists to be inconvenient, and it has put pressure upon the General Medical Council of sufficient force to secure the disfranchisement of all foreign dentists and the abrogation of the powers of the Council in respect of foreign registration. We are very strongly of opinion that a very dangerous precedent for action by the Council is thus created, which, if we permitted it to remain unchallenged, might be used in other directions at a future time. We submit that if the British dentists did not like the prospect of professional competition with foreigners they should have opposed (or rather should have abstained from promoting) the sections of the Act which imposed upon the Medical Council the duty of registering all such foreign qualifications as might be found to be up to British standard. Since, however, the Medical Council *was* invested with such function, and exercised it deliberately in favour of Universities of the highest character, it seems to us to be an outrageous proceeding to turn back upon the Universities and expunge them from existence without any allegation that their educational standard had fallen off to such extent as to justify ostracism.

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HYPNOTISM.

Hypnotism, in spite of the untiring efforts of its friends and upholders, has hitherto failed to attain any real foothold in practical medicine. Nor can the scientific inquirers of to-day lose sight of the fact that it is the lineal descendant of such superstitions as magic, witchcraft, and astrology. Towards the end of the eighteenth century it assumed the guise of mesmerism, the system introduced into Paris so successfully by the Viennese quack Mesmer. In our own days mesmerism has been revived under the form of hypnotism, of which the latest and most pseudo-scientific application is hypnotic suggestion. The application of the latter method, indeed, is claimed by a certain limited number of professional enthusiasts to have a distinct therapeutic value in the relief of pain and of other morbid conditions. But notwithstanding the energy and the persistence with which these claims have been advanced, hypnotism has not thus far, as already stated, obtained any hold upon the medical profession, and we have yet to learn that it has materially lessened the demand for the services of orthodox physicians or anæsthetists. If, again, we turn to the testimony of the hypnotists, we find it of a vague and unsatisfactory nature. Take, for example, the extremely guarded evidence of Dr. Kingsbury, who is one of the most enthusiastic advocates of hypnotism. In a paper on the subject first read before a medical society and lately re-published in a lay journal, and presumably meant to carry conviction to all and sundry, he writes: "Personally, I have no hesitation in saying that, though I have induced hypnosis hundreds of times, I have never seen any injurious consequences—moral, intellectual, or physical—follow; on the contrary, I can conscientiously say that in most cases I have observed signs of improvement, even if only temporary. I do not mean that every case was successful in being followed by relief of the malady for which the aid of hypnotism was invoked—far from it; but in the very least successful cases, where no amelioration of the ailment ensued, there has been a feeling of composure and comfort. In other instances, equally unsatisfactory as far as the primary object of the hypnosis was concerned, there has followed a general improvement in health. In many cases hypnosis has been followed by a complete cessation of the pain or other affection for which help was desired." If ever a mission was "damn'd with faint praise" it has surely been done in the foregoing passage. Dr. Kingsbury introduces the subject of hypnotism in a formal treatise. First there is a flourish of historical trumpets and then a fierce attack, in which sarcasm, ridicule, and *petitio principii* struggle for the lead, upon all who have ventured to call the obscure dogmas of the "hypnotic process" into question. But when he arrives at the pith of the matter, namely, as to the curative powers of the system he advocates, all that he can "conscientiously" say is that in most cases he has observed "signs of improvement, even if only temporary." This, we venture to assert, is hardly the language of strong conviction, neither is it suggestive of the scientific doctrine that has resulted from many years of patient and candid investigation. It rather reminds us of the reasoning one associates with tracts of a religious nature intended for the young. "It seems to me," he writes, "a powerful incentive to the study of hypnotism that it is so old. Surely an agency which has been resorted to since the early days of Rome and Greece, and has never wholly disappeared, may have something useful in it. If we allowed this objection was valid, what would become of nearly every remedial drug or measure we now adopt? Massage, electricity, hydropathy, and antiseptics were probably all in vogue before the time of the Cæsars." Let us remind Dr Kingsbury that many agencies, such as thieving, midnight assassination and parricide, have never wholly disappeared since the early days of Rome and Greece, and may therefore be defended, according to his theory, on the mere ground of age. Again, does Dr. Kingsbury mean to assert that massage, electricity, hydropathy, and antiseptics, existed as we know them in the early days of Rome and Greece? If he means that the empirical use of some of the principles of these measures was known in the times he mentions, that is another and totally different thing. Electricity and antiseptics have undergone an enormous scientific developement and application, while massage and hydropathy have become more exact in their methods. The mere lapse of ages, however, does not appear to have yet raised the mystic science, of which hypnotism is the modern outcome, to any such scientific standard of realised ideals. The therapeutic claims of the system have been before the medical profession, according to Dr. Kingsbury, for a very long period, and it is certain they have not been hitherto adopted. It is surely fair to assume that this attitude is the result of a failure in hypnotism to establish its claims and not to prejudice on the part of the medical profession. Science, at any rate, has winnowed out the grain from the chaff in astrology, electricity, and alchemy; why then has it failed in the mystic and mysterious branch of psychology that has been so variously named at different stages of its existence? One great objection to hypnotism and its allies has always lain in the facility with which it lends itself to aid those who fasten on the weaknesses of mankind. No doubt the feeling of medical men generally is that hypnotism had better be left alone until some definite laws of action can be formally proved by its advocates, to whom, it must be remembered, the burden of proof must necessarily be left.

Notes on Current Topics.

Is the Association of Fellows of the Royal College of Surgeons of England a Radical Body?

AMATEUR politicians are always a consequential, if not an assertive, body of persons, especially when it appears to them that their own interests are involved. The truth of this observation was very aptly illustrated in a remark which fell from a speaker at a meeting last week, in which he described the members of the Association of Fellows as "Radicals"—radical, that is to say, as far as their policy in promoting reforms at the College of Surgeons, England, was concerned. But what did he mean by the term "Radical" used in this connection? That is a problem which we cannot pretend to make any attempt to solve. Nevertheless, as attention has thus been drawn to the subject, it may not be unprofitable to make some observations respecting it. In the first place, regarding the "Radicalism" of the Association of Fellows purely from the point of view of a Conservative in a political sense, the question might fairly be raised: Where is the evidence of that "radicalism" in the reforms which the Association has been instrumental in promoting? Has the Association advocated any wholesale "democratical" programme by which the well-being both of the College as well as of the corporate body would be endangered? Has it lent itself to the furthering of any object by which anything less than good could result from the Fellows and Members on the one hand, and the College itself on the other? If "Radicalism" in this connection means obtaining from the Council of the College concessions from which the whole body corporate, inclusive of the members of the Council, benefit, then the interpretation of the term must be regarded in a much more favourable light than that which is usually attributed to it in a political sense by those who are not Radicals. But in respect to College politics the terms "Conservative" and "Radical" are quite inapplicable. This arena of difference of opinion cannot be described by the use of such terms. If those representing the Council party are to be classed as "Conservatives," it is by no means the case that those who represent the forward movement can be regarded as "Radicals." As we have observed before, all that the Association has claimed and agitated for has been not only in the interests of the Fellows, but also in those of the Council itself. Was it a very radical measure to ask for a common room at the College, or to agitate for the issue of voting papers, both of which, in the first instance, came as suggestions from the Association? And yet each of these may be regarded as a very fair type of the so-called "Radicalism" which the Association has promoted. Obviously, therefore, those who apply the term "Radicals" to members of the Association display a gross ignorance of the subject, which stamps at once the amateurishness of their convictions.

Advertising Extraordinary.

IT has on various occasions been our privilege to congratulate our powerful contemporary the *Times* on the judicious supervision displayed in respect of the advertisements admitted to its columns. Even the *Times'* Argus, however, seems subject to fits of somnolence, witness the extraordinary advertisement which graced (?) that journal on one occasion, at least, in the course of last week. "Homocea"—whatever that may be—"touches the spot"! So begins the column. This vague assertion is particularised forthwith by the assertion that Homocea "touches the spot in piles," a very indelicate allusion, and one singularly ill-fitted to the columns of what the French call sarcastically *le journal le mieux informé du monde*. Various other spots are mentioned, some dermatological, others gynæcological, but a number of really startling certificates are subjoined emanating, *inter alia*, from the Earl of Carrick, H. M. Stanley, and others, whose motive for thus rushing into print must for ever remain a matter of conjecture. The noble Earl expresses his gratitude that in his case Homocea touched the piles, a naïve admission of an infirmity which most people with an ordinary dose of delicacy would hesitate to confide to an awe-stricken public. The enthusiastic Earl also certifies to the beneficent effect of the panacea in curing a boil and a scurvy leg. Mr. Stanley, not to be beaten in this game of brag by the noble Earl, certifies that the ointment proved sovereign in a fractured limb of his own, but he omits to mention whether or not it enabled him to dispense with the use of a splint. In any event, it looks as if Stanley had discarded the services of the late Dr. Parke, of whose professional ability, however, he on various occasions speaks with great fervour. Further on, a Lady Keane "has much pleasure" in recommending the unguent in the treatment of rheumatism, and—*horresco referens*—piles. Piles are evidently not the sole heritage of plebeians, since here are an earl and a "lady" who admit being subject thereto. A "lady" may perhaps publicly own to relief from neuralgia without impropriety, but it is new to see them rush into print with such admissions, and we positively tremble lest they, or some of them, should wander off into details of an even more unsavoury description. *Absit omen!*

Doctors in the Law Courts.

A number of cases disposed of in the various law courts during the past week have illustrated more than one of the pitfalls which beset the path of medical men. In one of them Dr. Griffiths, of Swansea, appeared as co-respondent in a divorce case. However, the charges against him broke down completely, and the case was stopped by the jury. In the course of the trial the unpleasant fact was disclosed that a Dr. Lewis, although he was made aware of the respondent's charges, nevertheless did nothing to sift the matter. Dr. Griffiths may be congratulated upon the complete vindication of his character, although at the same time it must be admitted he used somewhat incautious expressions in writing to the respondent. From documents produced in evidence the latter appears to have been a worthless and designing woman. A second case was an action brought by Dr. Logie against Dr. Maxwell, both of Woolwich. The plaintiff had formerly been under a bond not to practise in the district, but on the death of the principal considered himself free to settle in the neighbourhood, which he accordingly did. Later on he became a candidate for the Medical Officership to the Poor-law Board, whereupon Dr. Maxwell wrote to one of the Guardians stating that Dr. Logie had returned to Woolwich in spite of his promise to the contrary, and that he had tried to undersell the candidates in another local contest. These accusations constituted the alleged slanders, and were assessed by the jury at a farthing damages. Another case of an extraordinary nature was that of Dr. Cullingworth, one of the physicians to St. Thomas's Hospital, London. An action was brought against him by a nurse, on whom he had gratuitously performed an abdominal operation. The nurse's grievance was that she agreed to the removal of one ovary, whereas Dr. Cullingworth had actually removed both, and thereby deprived her of the power of procreation, she being at the time engaged to be married. She went to the doctor's house, which she refused to leave until removed by a policeman. The plaintiff, on the advice of her solicitors, had previously abandoned a suit brought on the ground of damages sustained from an unauthorised operation. The present action arose out of her visit to the doctor's house, and the subsequent intervention of the police. The jury threw out her suit, which claimed damages for assault and malicious prosecution, and expressed their opinion that Dr. Cullingworth was completely justified in all that he had done.

When are Inquests Unnecessary?

The coroner at Exeter has been taken to task for wasting the money of the ratepayers by holding inquests which appeared to be unnecessary. At an inquiry held by him respecting a case of sudden death the jury took upon themselves to express their opinions on this subject pretty freely. But the coroner at once placed the closure upon the discussion by informing them that upon such a matter he was the sole judge. We learn, however, from the *Western Morning News* that there is a strong feeling in Exeter that a very large percentage of inquests which the coroner holds might be dispensed with, and the fees saved to the ratepayers. "There is not a town," our contemporary adds, "in the kingdom in which inquests are so frequent, and yet the death-rate on the average is below that of the principal centres of population. If a child dies from convulsions—an almost everyday occurrence—a jury is summoned to consider the cause of death, although the medical man has had no difficulty nor hesitation in giving a certificate; and should an octogenian expire suddenly from old age an inquest would almost of a certainty be held. The question is naturally asked, why should this be necessary in the city when it is not required in the county?" This question of the holding of inquests is one which we are glad to see brought forward for discussion. The answer to the query raised by our contemporary is that the holding of inquests in country places is often a duty which is largely shirked. It frequently happens that upon the merest pretext a country coroner decides against holding a public inquiry into a case of sudden death, and it is not unusual, even when such inquiries are held, for no medical evidence to be submitted. This policy, whatever be the motive for its adoption, is an abuse of the coroner's prerogative, and is calculated in the end to be far more harmful to the ratepayers and the country generally than anything which might be held to be the result of over-zealousness on the part of a coroner.

The Birmingham Statistics of Small-Pox.

At a meeting of the West Bromwich Board of Guardians held last week a curious discussion arose in respect to the payment of an item charged in the accounts presented by the Finance Committee. A bill was handed in for £7 5s., which liability had been incurred for posting bills relating to small-pox. It appeared that the Board had previously agreed to issue "posters" with the view of stamping out the serious epidemic of small-pox in the union, and had given the clerk instructions to carry out this decision. Accordingly, the clerk applied to the Birmingham authorities for some figures, which showed that from January 1st, 1893, to January 31st, 1894, 1,203 cases of small-pox were admitted into their hospital. Of these ninty-six had died, and there was not a single case among them of a re-vaccinated person. Four per cent. of deaths were of patients vaccinated, while thirty-two per cent. were unvaccinated. These figures formed the basis of the "posters," "because," as the clerk said, "he thought the Board was serious in the matter and wanted its order carried out in the most effective way possible." The clerk was perfectly right; of what use could such an order be unless it was properly carried out? But certain members of the Board at the meeting last week described the "bill-posting" method as a scandalous thing, even if it was not illegal. One member further observed that the bills had been posted in such a manner at Wednesbury that they had "frightened the people into fits"! Again, a strong protest was made against such a large expenditure of money for the purpose, and it was pointed out that on two walls in a particular locality no less than seventeen "posters" had been placed. Despite, however, all this expression of displeasure expressed by some of the members of the Board, the report was adopted; the clerk's explanation was held to be satisfactory, and we consider that he did nothing more than his duty in the matter.

The Apostle of Anti-Adulteration.

WE briefly announced in our last the death, at the ripe age of 77, of Dr. Arthur Hill Hassall, the well-known analytical chemist. In him a very notable man has passed away; he may be said to have been the father of the anti-adulteration law of Great Britain, and the progenitor of all public analysts and other officers whose function it is to protect the public against adulteration frauds. When he had achieved distinction as an analyst he was taken in hand by the *Lancet*, and employed to conduct a special analytical commission into the purity of samples of commercial food and drugs. Both our contemporary and its representative, Dr. Hassall, covered themselves with glory by the honesty and determination with which they exposed the abominable system of fraud which was being perpetrated by the sophistication of almost every article of consumption. Hassall was pelted with abuse, and the *Lancet* overwhelmed with threats of actions by those who were making huge fortunes by this method of swindling, but, with remorseless determination, they kept "hammering away" until they succeeded in making the iron red hot and forcing the public to listen, and the Legislature to interfere for the protection of the consumer. It is no hyperbole for us to say that there is not a man, woman, or child in Great Britain who has not deep occasion to bless the name of Arthur Hill Hassall, and to honour the *Lancet*, which so nobly and unflinchingly supported him. It is not generally known that Hassall served his apprenticeship to Sir James Murray, of Dublin, the inventor of "Fluid Magnesia."

THE Pharmaceutical Conference will be held at Oxford on the 30th of July and following days.

The Report of the Sanitary Convention.

THE Report of the International Sanitary Convention, which was signed in Paris on the 2nd instant has just been issued, and consists of four parts. The first comprises the text of the police regulations for the transport of pilgrims, and the second section deals with the sanitary inspection of the pilgrimages of the Red Sea. After determining the sanitary regulations applicable to vessels conveying pilgrims coming from the south, the Convention requires that such ships shall proceed in the first instance to the Hedjaz, and put in at Samaran, where a sanitary station will be established. The third section points out the sanitary measures required in the Persian Gulf. The fourth and concluding division of the Convention consists of a certain number of suggestions as to the best means of ensuring the carrying out of the new regulations. Before separating the Sanitary Convention adopted three resolutions. The first was in regard to the effective supervision of the caravans of pilgrims going to Mecca and Medina overland. The second referred to the sanitary protection of the southern frontier of Persia. Finally, the representatives of the signatory Powers to the Dresden Sanitary Convention express the hope that in the imperative interests of the public health the Powers which have not signed the Convention of Venice and Dresden will adhere without delay to these international arrangements.

Doctors as Sandwich-Men.

A SPECIAL correspondent of a morning contemporary has lately published an interesting paper on London sandwich-men. He says that the ranks of this "last resort of despairing poverty" are recruited from all classes of society, including the medical profession. The manager of a yard is represented as saying:—"One of my two medical men has trudged off, but the other is somewhere about the place. Oh, yes, a well-qualified man—double qualification I think they call it. What brought him down? The usual thing—drink, and drink still keeps him down. I have induced doctors in the neighbourhood here to give him an assistantship; but, bless you, there is no depending on him. He goes off on the drink and forfeits every chance. If it weren't for the drink I'm afraid we'd sometimes go short of men to carry our boards. We've got to thank the publicans for an unlimited supply of this kind of labour." Of course the foregoing must be accepted *cum grano salis*, yet it is to be feared that the picture is far from impossible. In every profession a certain number of men are bound to give way and sink into the depths under the pressure of competition and of misfortune.

THE death is announced of Miss Jessie Flewith-Hatch, one of the resident medical officers at the North-Eastern Fever Hospital at Tottenham. She was only in her twenty-seventh year, and had graduated as recently as last year at the University of London, taking high honours in medicine, and the gold medal in obstetrics.

The Water Supply at Gibraltar.

The British authorities at Gibraltar have for some time been in negotiation with the Spanish Government for the concession of a supply of drinkable water from Spanish territory. But the "Superior Council of War" at Madrid has unanimously resolved to advise the Spanish Government to refuse the request of the British, on the grounds that any such concession would be contrary to the provisions of the Treaty of Utrecht, and would, in the event of war with England, constitute an advantage to the enemies of Spain. We do not happen to be particularly intimate with the various clauses of the Treaty of Utrecht, and we are therefore not competent to offer a judgment in respect to this objection. On the other hand, it is difficult to believe that any person of ordinary common sense could see the reasonableness, even on grounds of international expediency, of the difficulty raised against the request on account of the contingency of the outbreak of war between this nation and Spain. As the water supply would take its origin in Spanish territory, surely the Spanish War Office could take measures to destroy the works whenever they felt so disposed. But however this may be, the decree has gone forth that residents at the "Rock" will have to look elsewhere than to the Spanish territory for their supply of drinking water. Clearly, in the dilemna in which they are placed, they want somebody to fill the office of the Hebrew prophet of old, who on one occasion merely struck a rock with his stick, "when the water flowed." There is plenty of "rock" at Gibraltar, but there does not appear to be much water, consequently some difficulty might be experienced in securing a person to undertake the duties in question.

A New Phase in the Prosecutions under the Pharmacy Act.

The "worm" has turned at last, and has now commenced a process of retaliation. In other words, the salutary prosecutions organised by the Pharmaceutical Society against the vendors of patent medicines containing scheduled poisons have excited the spirit of revenge among the producers of the nostrums. A Patent Medicine Defence Association has sprung into existence, which does not mean to allow chemists to have it all their own way. Last week this new organisation prosecuted several well-known chemists in Leeds for technical infringements of the 17th Section of the Pharmacy Act, and similar prosecutions have taken place elsewhere. Fines have been inflicted as the result of the actions, so that it may be conceded that the patent medicine defenders have been successful. Upon the whole the situation is somewhat a funny one. We have on the one hand the unauthorised sellers of poisons being prosecuted for infringing the Pharmacy Act, and on the other we have the prosecuted persons turning the tables by taking action against the legal dispensers of poisons for failing to carry out the details of the Act. Competition is always useful; the public will gain much from its presence in this particular instance.

Good Enough for Doctors!

The sad death of Surgeon-Captain Lindesay Carte, at Allahabad, on the 2nd instant, has deprived the Army Medical Service of a most popular, promising, and efficient officer, and it is only true to say that his untimely decease was largely due to the cruel adherence to departmental regulations which in his case might easily have been relaxed. Under existing regulations the term of service in India for Army Medical Officers is six years; of this period Dr. Carte had served five, and in consequence of ill health was invalided home for six months. At the end of that time he was compelled to return to India, only half convalescent, inasmuch as he would not be entitled to an extension of leave because he had not yet served six years by a few months. As was feared by himself and his friends, his half-regained health broke down when he reached India, and he speedily succumbed to fever. This is the sort of treatment which the War Secretary and "my military advisers" consider quite "good enough for doctors." It may be added that the deceased officer served in Egypt in 1886-7, and, when returning home, very nearly lost his life, and actually lost his health by the wreck of the *Tasmanian* in the Straits of Ajaccio. The captain and many of the crew died of exposure but he escaped with rheumatic fever. Before he had time to make a proper recovery he had to return to India, where—and in Burmah—he served until 1892. By way of variety he was called upon to combat the cholera epidemic at Rawul Pindee, where many of his Army medical brethren died. Medical officers in India are too frequently called upon to perform excessive tasks, and it is contrary to the interests of the Army Medical Service that these should be imposed upon hard and fast departmental lines. Surgeon-Captain Lindesay Carte was the third son of Dr. Carte, J.P., Medical Officer to the Royal Hospital, Kilmainham, and Headquarters' Staff in Ireland—an officer who has forty years' Army service, and the deceased's brother is Surgeon-Major of the 2nd Battalion Grenadier Guards. Dr. Carte was beloved by all who knew him, and to his many friends it will be a matter of profound and lasting regret that so promising and noble a career has been so suddenly and sadly brought to an end.

Red Tape in the Midlands.

A glaring case of official inhumanity was revealed last week at an inquest in Coventry. A child suffering from measles got severely burnt by accident. Her mother, acting on medical advice, took the little one to a hospital, where she was refused on the ground that "infectious" cases were not admitted. She then drove off to the Infectious Hospital, but the matron would not admit the child without an order from the medical officer. The latter official was telephoned to, but was not to be found. The distracted mother next vainly endeavoured to find her own medical man, and finally took the child home, where, one is not surprised to hear, the unfortunate little patient died next day. This case reminds us of several almost identical instances that have occurred elsewhere, and which have been commented upon in these columns. Surely it is time that the Local Government Board interfered to relax the stringency of the rules of admission to infectious hospitals. After all, the sanction of the medical officer is nothing more than formal, that is to say, if the patient be suffering from infectious sickness and be unable to pay for proper treatment. The driving about of dying patients from pillar to post is not likely to advance the cause of sanitary progress in the popular estimation.

A Centenary Festival of a Provincial Medical Society.

IT is just one hundred years ago since the Plymouth Medical Society was founded, and fittingly enough the members celebrated its centenary by meeting on the 11th inst. for the purpose of taking part in a festival dinner. Since its foundation the Society has flourished and maintained its position in a manner highly creditable to those of its members who have borne the burden of office. Among the early, or we believe original, office-bearers, were Drs. Remmett, Fuge, and Cookworthy, and the present President is Dr. Russell Rendle, who occupied the chair at the dinner in question. In the course of a speech in which the toast of "The Society" was proposed, the Treasurer, Dr. J. Elliot-Square, gave an interesting history of the Society, which added not a little to the attractiveness of the proceedings. About fifty members and guests were present.

Post-Graduate Course by the Staff of the Metropolitan Hospital.

A COURSE of twelve lectures with demonstrations, a notice of which appears in our advertisement columns, has been arranged by the staff of the Metropolitan Hospital, Kingsland Road, N.E. The lectures will be given on Wednesday afternoons during May, June, and July, at 5 o'clock, at the hospital. The course will be especially convenient for those medical men in the neighbourhood desirous of keeping abreast with the latest advances in the science and art of their profession. Moreover, as each lecture will be illustrated, as fully as possible, with cases, specimens and lantern demonstrations, it may thus be concluded that every effort will be made to add to the attractiveness of the course. Mr. Stephen Paget, 57 Wimpole Street, Cavendish Square, W., is the Honorary Secretary, to whom all inquiries should be addressed.

Retirement of Surgeon-General Collis, P.M.O. for Ireland.

ON Saturday evening the officers of the Army Medical Staff serving in Ireland signalised the departure from amongst them of their chief by a valedictory banquet, which was numerously attended, not only by the members of the staff, but by the chiefs of the Head-Quarter Department. Civilian guests were also invited to do honour to the occasion, and amongst those present were: Sir George Porter, Mr. Thornley Stoker, Vice-President of the College of Surgeons; Dr. Walter Smith, President of the Royal College of Physicians; Dr. Kidd, President of the Royal Academy of Medicine; Dr. Jacob, Dr. Heuston, Dr. S. Mason, and Dr. A. V. Macan. In response to the toast of his health, Surgeon-Maj.-Gen. Collis delivered a very interesting address, in which was embodied the result of his mature experience, and his observations were received with much cordiality. The incoming P.M.O., Surgeon-General Colohan, brother of Dr. Colohan, of Galway, was unable to be present, as he had not yet arrived in Ireland.

THE lectures which have been announced to be delivered on Electricity and its Therapeutic Applications, at the Richmond Hospital, Dublin, by Mr. Woods, throat surgeon to the hospital, will take place on Mondays and Fridays, not Wednesdays and Saturdays as previously arranged. The first lecture will be on Friday next, the 20th, at 4.30 p.m.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

SMALL-POX IN EDINBURGH.

THE small-pox epidemic which has existed in Leith for several months appears at length to have invaded Edinburgh in earnest, eighteen cases of the disease having been notified within the last fortnight. A very awkward case occurred in the Royal Infirmary last week, principally worthy of notice because of the Lord Provost's (Dr. Russell) remarks about notification. A patient from Leith applied at the skin clinique for advice. On it being discovered that he was suffering from small-pox the doctor in charge gave him a line to go straight to the small-pox hospital in Leith. This the man failed to do, but wandered about the streets for some hours, ultimately sleeping in a common lodging-house in Leith. It is very extraordinary, but it appears that there is no room in the Infirmary in which a case like this can be kept until the fever hospital conveyance is sent for him, though why he should not have been placed in the observation ward for a few hours is not clear. In the discussson which took place about this case at the Managers' Board the Lord Provost did not seem to see the harm of turning such a patient away, and was disposed to lay all the blame on Leith for not adopting the Notification Act, as if in this case, in which a doctor had not been consulted before, that would have been of the slightest use!

STUDENTS' HALLS IN EDINBURGH.—Of late years efforts have been made in Edinburgh as elsewhere, to introduce in some degree the college system for boarding students as it exists in Oxford or Cambridge, and no one has taken a greater interest or gone about the work with more successful or more optimistic energy than Professor Patrick Geddes. From time to time rooms have been opened in the old town in which colonies of students live together, at a cost certainly a little above that of the ordinary lodgings, but free from the uncertainties of landladies or the wiles of the landladies' daughters. In some of these colonies the arrangements for food, &c., are in the hands of the members themselves, one of their number being appointed caterer and treasurer for the time being. The latest development, though probably not the last, of this system is a large ornate building more in the warmer English style than the usual cold grey of the Scottish metropolis, which has been erected on the Castle Hill on the site of and incorporated with Allan Ramsay's old house. Ramsay Lodge, as it is called, will accommodate two classes of residents. In one half there will be accommodation for thirty students, while the other part is arranged for eighteen family residences to be filled up by University men or others interested in the scheme, and who will be expected, we suppose, to live together in brotherly love and felicity. The ceremonials in connection with the opening of the Ramsay Lodge branch of the

University Hall scheme took place last Friday, and were taken part in by the Lord Provost and a number of influential citizens. As the students in Edinburgh number somewhere about 4,000, many extensions of the scheme will be required to be of much service.

The Spring Graduation Ceremony of the Edinburgh University was held last week, but except for the honorary degrees already mentioned in this column, only one or two medicals were capped.

Glasgow University.—The Graduation Ceremony marking the close of the winter session at Glasgow University took place on the 13th inst. Among the recipients of honorary degrees was Professor Edward Caird. The new Master of Balliol was afterwards presented in the name of the students with an illuminated address, and in reply said, if the words of the address were too strong, he thought he might venture to say they expressed the ideal at which he had aimed. The medals and prizes were thereafter distributed by the Principal. A unique incident occurred in the presentation of a gold medal for an essay on "The Relations between Poetry and Philosophy" to Miss Catherine V. Bannatyne, Queen Margaret College (the competition was open to all the students of the University). Miss Bannatyne was gallantly and loudly cheered by the students. The Principal, after expressing regret at the absence through sudden indisposition of Lord Stair, the Chancellor, detailed the bequests which had been made during the year to the University, and referred to the death of Professor Leishman, and the departure from the University of Professor Edward Caird. Remarking that "intimate relationship was sometimes, at least, a hindrance to biographical impartiality," he spoke of the latter as possessing something of that nameless indefinable, yet invaluable power which pertains to the personality of a good teacher, and in having managed to secure for himself that which was more and better even than intellectual deference, a place in the affections and moral influence over the lives of successive generations of students. The Principal then delivered an address on "The Personal Elements in Teaching and the Advantages of a University Education," concluding with words of advice to the students who were entering on a new life.

Legacy of £10,000 to Paisley Infirmary.—By the death of Mr. John Clark, thread manufacturer, the Paisley Infirmary has benefited in the handsome bequest of £10,000.

Queen Margaret College, Glasgow.—In addition to various other handsome gifts to the University of Glasgow, the Bellahouston Trustees have intimated the following; a capital grant of £5,000 towards the erection and equipment of buildings at Queen Margaret College for the medical and scientific instruction of the students attending there, provided the University Court is willing to undertake the pecuniary responsibility of erecting the buildings in question.

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MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last (April 16th) was the last clinical evening of the session. Mr. Keetley showed two lads to illustrate his method of fixing the retained testis to the thigh by making a skin wound in the scrotum and neighbouring thigh, to which the testis after being drawn down, was sutured, by sutures passing through the fibrous tissue attached to the testis and piercing the tunica vaginalis. In one case the testis was left fixed to the thigh for five months, and then separated.

Mr. Swinford Edwards pointed out that the testicle in the older patient was atrophied, and asked whether this was likely to be recovered from. If not, he asked whether it would not have been an advantage to remove it.

Sir William Dalby (President) remarked that according to the lad the testicle had grown since the operation, and he suggested that in order to settle the question the lads should be shown again after a year or two.

Mr. Keetley declared his disinclination to inflict unnecessary mutilation, urging that even if useless, most persons would prefer to preserve the testicle. Moreover, there was positive evidence to show that atrophied retained testicles were not necessarily functionless.

Mr. Goodsall showed a woman, æt. 27, on whom, after performing colotomy for intestinal obstruction, he had made three ineffectual attempts to close the col[illegible] wound. He then opened the abdomen to asce[illegible] cause of the obstruction, and found an om[illegible] band loosely pressing upon the lower part of the sigmoid flexure. On removing this the vomiting following the anæsthetic, which had previously prevented the closure of the wound, did not occur, and a fourth attempt was crowned by success.

Mr. Hurry Fenwick showed a man on whom he had performed a modification of the Thiersch-Gould operation, removing the testicles, scrotum and penis right down to the perinæum on account of extensive epithelioma.

Mr. Fenwick also showed an instrument of the nature of a straight cystoscope, but which combined a sound and a cannula through which the bladder could be explored or drained *vid* a suprapubic puncture, in patients in whom the presence of an enlarged prostate prevented recourse to the ordinary cystoscope.

Dr. Lewis Jones showed a young married woman, æt. 19, with paralysis of the sterno-mastoid and trapezius muscles on the right side together with facial paralysis on the same side. He was unable to give any definite history of its origin or onset, but pointed out that it was unusual to see paralysis of the 7th cranial nerve associated with paralysis of the spinal accessory.

Dr. Beevor thought the symptoms were probably due to pressure on the facial and auditory nerves, and, lower down, on the spinal accessory. He commented on the fact that, though the spinal accessory was affected the accessory to the vagus had escaped, as shown by the fact that the soft palate was not affected. It was also, he said, somewhat remarkable that the hypoglossal should have escaped.

Dr Guthrie showed a woman, æt. 62, suffering from osteitis deformans, which she dated from an injury to the thigh twelve years previously.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

WHAT CONSTITUTES UNSOUNDNESS OF MIND?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—We are sure Mr. Jessett need not apprehend any disagreement with his contention "that women passing through the climacteric are, in the first instance, never insane." We observe that he admits that the term "climacteric mania" is certainly misleading, and it is now clear that he does not by it connote alienation, but merely the prodromata of insanity. This being so, it is perhaps a little unfortunate that he takes for the text of his discourse a case in which the patient committed suicide. Now, in his first letter, Mr. Jessett stated that "many women thus suffering" (*i.e.*, from climacteric mania) "are certified as insane and placed in asylums." Therefore we elicit from him the somewhat startling opinion that there are in asylums many persons not insane.

Assuming the case of a person whose whole nervous system is in disorder, and most susceptible to develope unhealthy tendencies, a case that is fraught with potentialities of insanity: the question is as to the best treatment to adopt. We emphatically protest against any plan which tends to favour dilettantism in the treatment of such cases. If the patient can be kept under frequent *skilled* supervision outside an institution, by all means let this be tried; but if there is not *speedy* amelioration, the patient's chance of recovery should not be jeopardised through the false shame and ignorant fears still—despite our latter-day enlightenment—engendered by the very thought of that pretentious bugbear the asylum. Those acquainted with the modern asylum know well the pains taken to provide patients with the "bright surroundings, cheerful companions, and bodily and mental amusements so justly esteemed by Mr. Jessett.

We would here state our opinion that the system of "single care" is open to great abuse, and should be carefully safeguarded. We believe that *certifiable* cases are frequently placed with medical men whose acquaintance with insanity is extremely limited, and whose sense of responsibility must of necessity be less than that of the asylum physician, since in the former instance there is no official supervision. We have no direct cognisance of cases in point, and if, as we believe, the practice in question is widespread, the risk to recovery—and to life itself—is obvious.

Mr. Jessett clings to his view that asylums are manufactories for the production of lunacy. In opposition to it we would point to the case of voluntary boarders in asylums, of those patients admitted in alcoholic delirium, who shortly recover, of others (*e.g.* certain patients with epilepsy, or with recurrent mania) who, between bouts of excitement, are sane. All these present "aberration of mind," and yet do not "become insane from contact with insane people." How is it, we ask, if there is real danger of "contact insanity," that it is not pointed out by teachers, by text-books, and by the current organs of psychiatry?

We are, Sir, yours, &c.,

E. GOODALL and M. CRAIG.

West Riding Asylum,
Wakefield.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Jessett, in his letter, replying to Drs. Goodall and Craig, asking him to define "climacteric mania," suggests that "mania, as applied to this disease, is certainly misleading, a more correct meaning would be conveyed by the expression mental disorder connected with the climacteric." To my mind, it is perfectly obvious that any given indefinite mental condition remains essentially the same, whether it be called "climacteric mania," or "mental disorder connected with the climacteric," but let us suppose, to suit Mr. Jessett's argument, the former be changed into the latter, I venture to assert that a person committing any illegal offence would be held irresponsible for such act, it being proved in evidence that the person was suffering from "mental disorder, connected with the climacteric." There could, therefore, be no good effected by this change of nomenclature.

On the other hand, the change might be productive of inestimable mischief, because it is evident that if a person was placed under legal restraint, under the term climacteric mania, and having gained liberty, thought proper to bring an action against the medical men certifying, all those holding Mr. Jessett's views, would prejudice any jury by giving evidence to the effect, which they must consistently give, that after all said, "climacteric mania" was a misapplied term; that it only implied "mental disorder connected with the climacteric." The counsel for the plaintiff would, of course, attempt to show that every female mind was more or less in a state of "mental disorder," and if the patient had happened to have made a complete and fairly rapid recovery, the medical man certifying would very probably be fleeced in heavy damages.

Yours very truly,

ONE MUCH INTERESTED.

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LIBEL ON A PHYSICIAN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In December, 1885, the wife of Mr. Christie Murray, the novelist, placed *herself*—as all my patients do—voluntarily under my treatment, and for seven months resided in my family circle. The general cheerfulness of her companions seemed uncongenial to her mood, so after about seven months' residence she left "Dunmurry." From my house she went to Antwerp to live with a family of whom I knew naught beyond the fact that one member of it, a young artist, had been kindly treated, when ill in London, by the Murrays.

I heard nothing more about my patient from that time till last Wednesday, when I saw in the *Standard* that Mrs. Christie Murray had summoned her husband for maintenance, and that he, in justification apparently for his treatment of his wife, had sworn that "Dr. Stewart advised him to keep her 'at the end of a piece of string,' and send her to a place where she would have the opportunity of drinking."

There was not the slightest foundation for either statement. If either had been true, I would have deserved the condemnation of all right-thinking men.

To-day, therefore, I appeared before Mr. Vaughan, and obtained the permission of that magistrate to give an unqualified denial in the witness-box to the calumnious falsehood.

Mr. Murray thereupon made the *amende honorable* in open court.

My medical brethren know that since I commenced the special work to which I have devoted myself for 17 years I have maintained the doctrine that inebriety is a *physical* disease, and that its victims are objects of sympathy, to be treated medically and kept from risks while new brain tissue is being formed.

I ask you to allow me through your columns to assure my professional friends that I have never, by word or deed, departed from this position.

I am, Sir, yours, &c.,

JAMES STEWART, B.A., F.R.C.P.ED., L.R.C.S.I.,
formerly Surgeon R.N.

"Dunmurry," near Clifton, Gloucester.
April 10th, 1894.

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Medical News.

The Middlesex Hospital.

THE authorities of this hospital were fortunate in securing the services of H.R.H. the Prince of Wales as Chairman at the festival dinner last week. In making an earnest appeal for funds he read a telegram from the Queen, in which her Majesty expressed a hope that the hospital might continue to be prosperous. His Royal Highness remarked that the occasion was special because of the necessity there was to erect other buildings for cancer patients. These would cost £12,000, and he might mention there were only twenty-six female cancer beds, and there were over 200 applications. Before the close of the evening it was stated that H.R.H. would contribute a hundred guineas to the fund, and that over £5,000 had been already collected.

Dr. Mueller's Snake-Poison Antidote.

A CORRESPONDENT sends us the following information taken from the *Evening Standard* of Melbourne, dated Feb. 15th last, which will be read with interest: "A case of snake-bite is reported from the Murrumbidgee. A rabbit-trapper placed his hand in a burrow, when he was bitten by a tiger snake 4 ft. 6 in. long. The reptile hung on his finger, tearing away the flesh before withdrawing his fangs. One of the man's mates tied a ligature round the wound, and sucked and cauterised it. The sufferer was taken to the neighbouring police barracks, where he was treated with Dr Mueller's snake-poison antidote. Though the case was unquestionably a bad one, and the snake was particularly venomous, the sufferer quickly recovered under the treatment."

Lanolin in Court.

SOME few weeks since the proprietors of "Lanolin," Messrs. Bruno, Jaffé, & Darmstaedter, sued Messrs. John Richardson & Co., drug manufacturers, of Leicester, for an infringement of their article, which the latter put on the market as "Anaspaline." In this action the German manufacturers were successful, whereupon Messrs. Richardson lodged an appeal in the Supreme Court of Judicature, and this came on for hearing last week before Lords Justices Lindley, Lopes, and Kay, who upheld the previous decision and dismissed the appeal with costs.

The Mortality of Foreign Cities.

THE annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 30, Bombay 32, Madras —, Paris 25, Brussels 20, Amsterdam 15, Rotterdam 26, The Hague 13, Copenhagen 19, Stockholm 20, Christiania 26, St. Petersburg —, Moscow 32, Berlin 17, Hamburg 18, Dresden 21, Breslau 19, Munich 26, Vienna 26, Prague 29, Buda-Pesth 25, Trieste 32, Rome —, Turin —, Venice 21, Cairo 50, Alexandria 45, New York 21, Brooklyn 18, Philadelphia 19, New Orleans —.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of The Medical Press and Circular, may now be had at either office of this Journal, price, 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor

Original Articles or **Letters** intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

Mr. Timothy Holmes' letter on "The New Society of Fellows" is unavoidably crowded out at press.

THE INTERNATIONAL MEDICAL CONGRESS AT ROME.

To the Editor of The Medical Press and Circular.

Sir,—I have been kindly but erroneously given the credit for success of the Anglo-American Reception to English and American members of the Congress. The credit is due to the arrangements of a committee, of which Mr. and Mrs. R. Fowler MacKenzie, of Rome, well-known in medical circles, were the chiefs.

I am, Sir, yours, &c.,
S. M. Burroughs.

Royal Hotel, Naples, April 11th.

M.R.C.P.—The matter is more one for the Council of the Pharmaceutical Society than for the General Medical Council. Our correspondent had best communicate direct with the former authority.

THE MEDICAL DEFENCE UNION.

To the Editor of The Medical Press and Circular.

Sir,—Will you allow me through your columns to request members or would-be members of the Medical Defence Union to direct any communications relating to the Union to me at 64 Longridge Road, S.W., for the present.

I am, Sir, yours, &c.,
Alf. Bateman, Hon. Sec.

Mrs. Cust.—Our correspondent will see that we have discussed the matter in another column.

WHERE THE DEAD HORSES GO.

At a meeting of the Glasgow Town Council last week a question was asked by one of the bailies if the statement in the Sanitary Inspector's report that 48 horses were slaughtered for human food during the fortnight at the knackery at Glenpark was correct. Another bailie replied, quite correct. First bailie: for human food? Second bailie: yes. First bailie: they are not sold in the city? Second bailie: they are not sold in the kingdom. Another member of the Council expressed the opinion that it would be better that as a guarantee it should be always reported to be "for foreign consumption."

THE NUDE IN ART.

The Glasgow magistrates have held two meetings at which the picture of the "Slave Market in Cairo" was under discussion for the second time. At a previous meeting it was decided by three votes to two that the picture was of an indecent character and should not be allowed to be exhibited. The Chief Constable reported the facts of the magistrates having refused a licence, and of the exhibition having notwithstanding been opened. After a heated discussion the Chief Constable was instructed to report the case to the Procurator-Fiscal with the view of having a prosecution instituted against the manager of the exhibition.

Meetings of Societies, Lectures, &c.

Wednesday, April 18th.

Epidemiological Society of London (11 Chandos Street, Cavendish Square).—At 8 p.m., Dr. Caiger: On the Associated Incidence of Different Infectious Diseases in the Same Subject.

Royal Meteorological Society (25 Great George Street, Westminster).—At 8 p.m., The President (Mr Richard Inwards): Some Phenomena of the Upper Air (illustrated by lantern slides).

Royal Microscopical Society (20 Hanover Sq., W.).—At 8 p.m., Dr. A. M. Edwards: On an Eocene Deposit of Diatomacea—Origin of a Fossil Lake in New Jersey, and the Identification of it by the Diatoms found in the Deposits.

Thursday, April 19th.

Harveian Society.—At 8.30 p.m., Dr. James Taylor: Lantern Demonstration on Points of Clinical Interest in Nervous Diseases.

Neurological Society of London (National Hospital for the Paralysed and Epileptic, Queen Sq., W.C.).—At 8.30 p.m., Dr. Sharkey: A case of Cerebral Tumour.—Dr. Colman: (1) Dry Museum Specimens of Brain, by Whitwell's Carbolic Method; (2) Three Specimens of Tumours involving the Floor of the Fourth Ventricle.—Dr. Risien Russell: Defective Development of the Central Nervous System in a Cat (with lantern demonstration).—Dr. Turner: Tumour of Corpora Quadrigemina.—Dr. Tooth: The Peripheral Nerves in Alcoholic Neuritis.

Saturday, April 21st.

Royal Institution.—At 3 p.m., Mr. H. D. Traill: Literature and Journalism.

Vacancies.

Balrothery Union—Swords Dispensary District.—Medical Officer Salary £125 per annum, and £20 16s. 8d. per annum as Medical Officer of Health, with fees. Election 1st May.

Galway Union.—Medical Officer for the Turloughmore Dispensary District. Salary £130 as Medical, and £15 as Health Officer, with the usual extra fees. Applications to the Hon. Sec. before 30th inst. (See advert.)

Manchester Royal Infirmary.—Monsall Fever Hospital.—Assistant Medical Officer (unmarried).—Salary £100 per annum, with board and residence. Applications and testimonials to the Chairman of the Board by 21st April.

Newcastle-on-Tyne Dispensary.—Resident Medical Officer. Salary £250 per annum, with furnished residence. Applications and testimonials to the Hon. Secretary on or before April 20th.

North-West London Hospital, Kentish Town Road.—Resident Medical Officer and Assistant Resident Medical Officer. A salary of £50 attaches to the senior post. Candidates should attend a meeting of the Medical Committee on 1st May, at 5 p.m.

Royal College of Surgeons, England.—Examinership. Applicants must be Fellows of the College. Full particulars of the Secretary. (See advert.)

Wirral Children's Hospital, Woodchurch Road, Birkenhead.—Resident House Surgeon. Salary £50 per annum, with board, lodging on the premises, and washing. Applications and testimonials to the Hon. Secretary on or before April 24th.

Appointments

Hall, W. T., M.B., M.S.Edin., a Resident Physician to the Edinburgh Royal Infirmary.

Inkster, R. W., M.D., C.M.Edin., a Resident Physician to the Edinburgh Royal Infirmary.

Jackman, T. S. H., L.R.C.P.Lond., M.R.C.S., Medical Officer, *pro tem.*, for the Parish of St. Mary, Stoke Newington.

Leatham, R. R., M.B., B.Ch.Irel., Junior House Surgeon to the Bolton Infirmary.

Leigh, A., L.R.C.P.Lond., M.R.C.S.Eng., House Surgeon to the Bootle Borough Hospital.

Paget, C. E., L.R.C.P.Lond., M.R.C.S., D.P.H., Lecturer in Practical Hygiene to the Owens College, Manchester.

Ransome, A., M.D.Cantab., M.R.C.S., Professor of Public Health to the Owens College, Manchester.

Rutherford, A., M.B., M.S.Edin., Dispensary Surgeon to the Bradford Infirmary.

Sandeman, M., M.B., C.M.Edin., a Resident Physician to the Edinburgh Royal Infirmary.

Shiach, S. A., M.B., C.M.Edin., a Junior House Surgeon to the Bradford Infirmary.

Terry, J., M.R.C.S.Eng., L.R.C.P.Lond., Resident House Surgeon to the Royal Surrey County Hospital, Guildford.

Trevelyan, E. F., B.Sc.Lond., M.D., M.R.C.P., M.R.C.S., Assistant Physician to the Leeds General Infirmary.

Walker, A., M.B., C.M.Edin., a Resident Physician to the Edinburgh Royal Infirmary.

Way, W., M.R.C.S.Eng., L.R.C.P.Lond., Junior House Surgeon to the Clayton Hospital, Wakefield.

Whitehouse, E. St. J., L.R.C.P.Lond., M.R.C.S., Resident Medical Officer to the Children's Hospital, Birmingham.

Births.

Chawner.—April 12th, at Clay Cross, the wife of Alfred Chawner. L.R.C.P., M.R.C.S., of a son.

Macnamara.—April 10th, at Sarsfield's House, Kilmallock, the wife of P. J. Macnamara, M.D., F.R.C.S.I., of a son.

Marriages.

Roe—Peacock.—April 10th, at the Parish Church, Nunney, Montagu Walter Roe, M.R.C.S., L.R.C.P., of Constantine, Cornwall, to Lucy Williams Peacock, daughter of the Rev. Edward Peacock, of Rockfield House, Somerset, and of Martin, Wilts.

Shanley—Perry.—April 11th, at St. Austen's Church, Stafford, Michael Shanley, M.D., of Athlone, to Gertrude Agnes, daughter of Mr. John Perry, of Stafford.

Yeoman—Buckley.—April 11th, at Prestwich Parish Church, Stanley Yeoman, M.B., of Osmotherley, Yorkshire, to Florence, eldest daughter of James Buckley, of Prestwich Clough.

Deaths.

Clarke.—April 8th, at 18 Great Mersey Street, Liverpool, after a long and painful illness, John S. Clarke, M.R.C.S., L.R.C.P., Senior Surgeon to the North Division of the Liverpool Police, aged 48.

Hazard.—April 5th, at Sheffield, Joseph Hazard, M.R.C.S., aged 70.

Kelly.—March 27th, at Mazenod Avenue, Kilburn, George Patrick Kelly, M.D., F.R.C.S.I., aged 51.

Mumford.—April 11th, at Eyston Hall, Sudbury, Suffolk, W. L. Mumford, M.D., of Suffolk Street, Pall Mall, London, aged 53.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY APRIL, 25, 1894. No. 17.

Original Communications.

ON THE
USE OF THE COMMON RAGWORT
IN THE TREATMENT OF
DISORDERS OF MENSTRUATION.

By WILLIAM MURRELL, M.D., F.R.C.P.Lond.,
Physician to, and Lecturer on Pharmacology and Therapeutics at, the Westminster Hospital.

SOME years ago whilst staying in the country I learnt that the common ragwort was extensively collected by the old women of the place. I was anxious to learn for what purpose it was employed but could obtain no definite information. I was told, however, that it was made into tea and used as a medicinal agent. On inquiry I found that the use of the ragwort by women was common in many districts in England, and that herbalists in towns found a ready sale for it. I looked up the literature of *Senecio Jacobœa* and found that it and other closely allied species, especially the *Senecio Aureus* were used by the eclectics in America and elsewhere, under the name of 'Life Root." They were said to be emmenagogues and to be useful in dysmenorrhœa and "other derangements of the female genito-urinary organs." In an old herbal I found it stated that the drug was of such value in menstrual disorders that it was popularly known as the "Female Regulator." In another old medical work it was said to "act mildly" and without producing any excitement to restore the catamenial flow in a manner so natural that the patient was scarcely aware of being under the influence of any medicine. Acting on this hint I had several pounds of the plant collected and made into a one in ten tincture. My first endeavour was to ascertain the dose of this preparation and the amount which could be administered with safety. On May 14th, I took half a drachm in water three times during the day, gradually increasing the dose, until on May 29th I was taking half an ounce four times a day. Finding at the expiration of another week that it produced no effect, I ceased taking it, but one of my students who was enthusiastic on the subject took half an ounce four times a day for a month without in any way incapacitating him from performing his duties in the cricket-field. I concluded that it had no toxic effect and that it might be administered in the ordinary doses in which tinctures are given with perfect safety.

At first, my observations were made entirely with this tincture but after a time I substituted a one in one liquid extract of senecio. Some specimens of this fluid extract were made from the *Senecio Aureus* and not from the ragwort. I also made a limited number of observations with senecin, an active principle obtained from the senecios. It is a dark brown resinous-looking substance and is probably not an alkaloid. It is best administered in the form of pills, and two or three grains may be given three or four times a day. The tincture, fluid extract and active principle are apparently identical in action, and I could detect no difference in the action of the two species employed.

My first observations were in cases of functional amenorrhœa. I found that it succeeded admirably in those cases in which the menstrual function having been established and performed regularly for some months or even years was delayed or suspended, as the result of exposure to cold or some similar cause. It is to this class that the majority of my cases belong, and it is in these cases that the treatment affords the most satisfactory results. In the majority of women the period was not established until the drug had been taken for ten days or a fortnight, but in one case the patient after having missed for two months came on unwell after taking six two drachm doses. In cases in which the amenorrhœa was associated with or dependant on anæmia senecio uniformly failed to do any good until the anæmic condition had been removed by iron. In cases of amenorrhœa following parturition and suckling, senecio always answered admirably provided always that the patient was not markedly anæmic. In cases in which the menstrual flow has never been established senecio is frequently most useful, and in four cases of vicarious menstruation—the blood coming from the mouth or gums—nothing could have been more satisfactory.

I am satisfied that senecio not only anticipates the period, but that it also increases the quantity. In many cases of dysmenorrhœa it promptly relieves the pain, and not unfrequently the headache, from which many women suffer at those times. In several cases the administration of the drug was coincident with the disappearance of leucorrhœa of long standing.

Senecio is apparently not an ecbolic, in fact it is very doubtful if any drug has the property of expelling the contents of the non-parturient uterus. The following case which occurred in the practice of a medical friend in the country, is suggestive. V. R—, æt. 23, menstruated for the last time on January 12th, the period lasting five days. She was anæmic, and from Feb. 4th to March 25th took perchloride of iron in full doses. She did not come on unwell in February, and on March 5th was ordered two grains of senecio in a pill three times a day. On March 11th the dose was increased to three grains three times a day, and this was continued without intermission until March 25th. On the latter date the fluid extract of senecio in 20 ♏. doses three times a day was substituted, the dose being gradually increased on April 8th to half a drachm three times a day, on April 15th to the same dose four times a day, on April 29th to a drachm three times a day, and on May 6th to two drachms four times a day. There was no appearance of the menstrual function, and my friend for the first time entertained a suspicion as to her condition. There was, however, nothing characteristic in her appearance, there was no alteration in her usual good spirits, she was apparently not in any way depressed, and there was no history of morning vomiting or disturbance of appetite. Under the circumstances, and especially having regard to her social position, the suggestion of an examination seemed out of the question. The senecio howevever, was discontinued, and gentian and soda was given for a fortnight, constipation being relieved by a mild aperient. On June 17th she was ordered three grains of senecin three times a day which was taken for ten days, and again without any effect. On June 27th I was asked to see her in consultation. I found that the breasts were enlarged, that there was a characteristic appearance about the areola, that a clear fluid could be obtained on pressure, and that there was a solid tumour in the abdomen extending up to within an inch of the umbilicus. She was clearly pregnant and was about five months advanced. She denied all knowledge of her condition and attributed it to the medicine, but I fancy some other agency must have been at work.

In general action senecio seems to be allied to pulsatilla. Dr. H. S. Purdon, of Belfast, informs me that it is an old Irish remedy for jaundice, and that both he and his father have often prescribed it in that condition. It occurs to me that possibly the colour of the flowers may have something to do with its selection originally for this purpose.

There is, I think, very little doubt that we have in senecio and its preparations a drug which deserves to rank with permanganate of potassium and bin-oxide of manganese in its power of stimulating the menstrual flow.

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SOME PRACTICAL OBSERVATIONS
ON THE
EXAMINATION OF AN EAR
AND THE
ÆTIOLOGY OF AURAL AFFECTIONS.

By H. MACNAUGHTON JONES, M.D., M.Ch., M.A.O. (Hon. Cau.), F.R.C.S.I. & E.

(*Concluded*).

PART III.

IT is not necessary to delay over the care which must be taken with all diagnostic appliances used in the examination of an ear. The nozzle or tubing of the inflating balloon, the aural and nasal specula, the ear-pieces of the auscultation tube, the Eustachian and tympanic catheters, the nasal and Eustachian bougies, the tongue depressor, and post-nasal mirrors, should always be kept scrupulously clean, and passed through some disinfecting solution immediately after use. The safest plan is always to keep at hand a bowl with some carbolised or perchloride of mercury solution, into which these appliances are dropped. This secures their being cleansed by the attendant before they are required again. We cannot be too particular with regard to this matter.

Now that electric lighting has become so universal, the supply in many houses for purposes of illumination can be had from the main, and the transformer, which serves both for lighting, and heating the cautery, may be readily adapted. But where the electric light cannot be had, the Argand gas-burner with bull's eye, on adjustable bracket is sufficient for all purposes. The choice of a speculum with which to examine the meatus and membrana tympani, will depend, in a measure, upon the calibre of the canal of the former. I prefer, as a general rule those in which the funnel end is perfectly tubular. By a slight movement, every portion of the membrane may be brought within view. Delicacy in manipulation, and lightness of touch are necessary in all cases when examining an ear, but especially so when there is nervous apprehension on the part of the patient, and tenderness of the meatus from inflammation.

The most frequent obstacles, apart from any abnormality or narrowing, which contracts the lumen of the canal and obstructs the view, are collections of cerumen, dead epidermis, and discharge; hyperostoses or exostoses are more uncommon. The caution not to be misled by the metallic lustre, sometimes seen on the surface of old impacted wax, which has been pushed deep into the auditory canal, is not out of place. Nor, during its removal, should we neglect occasionally to examine the meatus, and inspect the membrane. A large grub of wax may come away, and yet other layers, both of wax and wool, be concealed. I have recorded a case where there were three such layers of wax and two of wool, in the canal, and another in which a grain of shot had remained undetected since childhood, and was discovered by me after the removal of a plug of cerumen. The precaution referred to will also prevent syringing on an exposed drumhead. In addition to the removal of any secretion or epidermal *débris*, it is well to thoroughly cleanse the ear by wiping and drying the walls of the canal, and, in certain cases, the membrane, with the aural probe or absorbent wool-holder.

It was in the year '78 that I first figured, in this journal, the original probe here shown, made for me at the time by Messrs. Weiss, and which has since passed through various crooks and twists, without any great advance in its progressive clinical development, whatever it may have gained in nomenclature. As in handling most other simple appliances, there is an art required in using this one efficiently. With a little practice and dexterity the wool can be rapidly affixed or removed with a twist of the finger, and may be rolled on the screw end of the probe in any shape or size desirable. For diagnostic and cleansing purposes the "duck's egg" shape is preferable, but for a therapeutical application, the thinner the layer of wool we use the better. This is shown in the illustration.

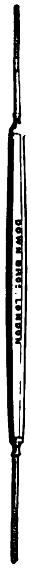
FIG. 1.

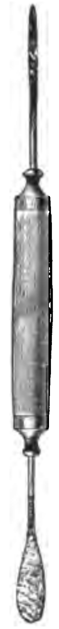
FIG. 2.

FIG. 1.—Aural Probe (about half its natural size.)

FIG. 2.—The same charged with absorbent wool.

I may, in passing, refer to another convenient appliance made for me a few years since by Messrs. Down Bros, and which I have already described in the *Lancet*. It is useful for diagnostic and therapeutical purposes, in the case both of the ear and nose; in short, it is a naso-oral probe. The flat end is that first employed by Bosworth for exploratory and therapeutical purposes, in the examination and treatment of the nasal cavities. This flattened end, made of platinum, is modified by being serrated at the edges to within a short distance of the extremity. It is most convenient for passing between the turbinate bodies, and into the nasal interstices. The other end, which is bulbous, has a screw thread, not continued quite up to the bulb. To both the flattened and bulbous points wool may be affixed in any form desired. The bulb point answers well for sounding the nose, determining the consistence and size of any swelling, and may be used in the external meatus for the same purpose as the aural probe. Both shafts screw into the central gilt metal tube, so as to make it readily fit into a pocket case.

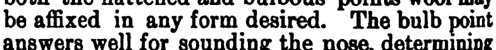
FIG. 3.

FIG. 3.—Showing the probe with both ends concealed.

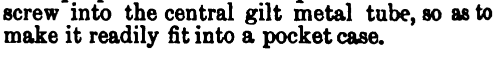
FIG. 4.

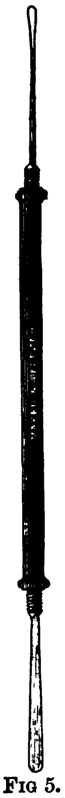
FIG 5.

FIG. 4.—Showing the same detached.

FIG. 5.—Showing the entire probe connected.

With a small rubber syringe, and the aural probe, the ear passage can in a few moments be thoroughly cleansed and dried and made ready for inspection.

A word may be said of the aural speculum. All the coloured drawings of diseased conditions of the membrana tympani, in my aural atlas, which have stood the test of universal criticism, were made through the ordinary Toynbee's speculum, and with the laryngeal reflector. This shows how unnecessary is complicated apparatus. Siegle's speculum is valuable in the detection of adhesions. The magnifying speculum, made for me by Messrs. Arnold, of London, I now constantly use. I thus described it in the *Lancet* of Nov. 18th, 1893:—

"All aural surgeons are familiar with the construction and use of Siegle's speculum. Its value in affording a magnified view of the membrane and the detection of adhesions, rigidity of the ossicles, and readily yielding portions of the membrane through the action of the pneumatic tube are well known."

For a long time, with the ordinary silver tubular speculum, I have been in the habit of combining different lenses from my trial lens-case in order to obtain, rapidly, a magnified view of the membrane, the light being thrown with the ordinary aural or laryngoscopic mirror. With very little practice a splendid view of all portions of the membrane is thus easily obtained.

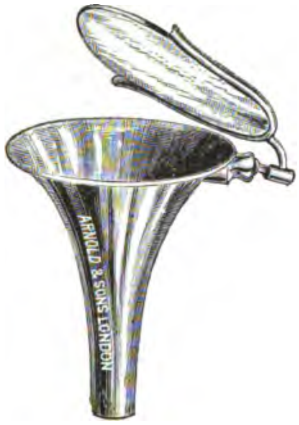

Fig. 6.

Fig. 6.—Magnifying speculum with ball and socket attachment.

It was not until quite recently that the thought struck me that such a set of lenses might be combined with a properly shaped tubular speculum. This I have done by attaching a light clip on a ball and socket joint to the rim of the speculum, into which fit three lenses 12, 14, and 16 D. The lenses can thus be instantly changed. For children all that is required is a speculum with the tubular end reduced in calibre.

Subsequently, I discovered that Dr. Ward Cousins had already (*British Medical Journal*, January 16th, 1891), devised a Magnifying Speculum (See letter to *Lancet* from me, December 2nd, 1893).

The above speculum, however, is quite different in construction. The surgeon who is not familiar with the use of Siegle's speculum may at first have little difficulty in getting rid of the reflection of the mirror on the lens which obstructs the view. After a little practice this is quickly overcome. By turning the lens obliquely (as in the instance of the ophthalmoscope) the reflection is deviated.

By this speculum we obtain, with a little experience, a clear and magnified view of the tympanic membrane, and any abnormalities in its position, colour, vascular injection, or minute perforation; also of vascular growths upon it, or any such that may be sprouting from the tympanic cavity. By the additional aid of Valsalva's inflation, we can distinctly see the slightest alterations in the curve of the membrane, in the light reflex, as well as any escape of air through the most minute perforation.

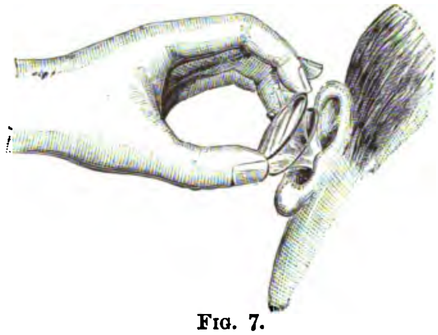

Fig. 7.

Fig. 7.—Speculum applied.

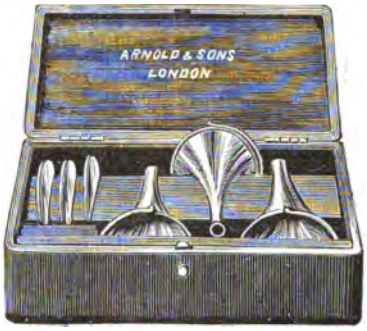

Fig. 8.

Fig. 8.—Set in case.

In this exploration of the outer ear and membrane the use of cocaine, in inflamed or sensitive states, is a considerable assistance. It may be applied with the cotton wool holder, in a ten to twenty per cent. solution, and by its aid, with but little distress, an abscess may be opened, an incision made, and the cautery, carbolic, chromic, or chloro-acetic acid, applied. The possibility of a mass of cerumen being concealed behind an abscess or swelling of the meatus should not be overlooked. I have seen this happen a few times when there was no suspicion that such a collection of epidermis and wax, the obvious cause of the primary irritation, existed.

A foreign body, in the futile effort to extract which injury has been inflicted, either to the meatus wall or tympanum, may be in great part concealed from view through swelling. Here again cocaine is of help. I have elsewhere mentioned the case of the gentleman whose drumhead was permanently lacerated in the effort to remove what was supposed to be the bone head of a programme pencil which had come off in the ear passage and was thought to have remained in. When the effects of the inflammation subsided it was found that there was nothing in the ear, and, curiously enough, a few years since a gentleman was sent to me for the same object, though no foreign substance was present. These observations are not intended to embrace principles of treatment, but I may state as a fact that I have never yet failed by patience, recurrent and well directed syringing, to remove from the ear any foreign body, and I think that that experience covers nearly every substance which is likely to find its way into the passage. It is a common practice for patients to wear small pieces of cotton wool in the ear for slight ailments; this habit is to be discountenanced, but at times, after examination, and when a journey has to be taken subsequently, it may be right that such a protection from cold should be adopted. The little celluloid protectors I have devised, which are perforated are light, clean, and handy for this purpose. They are shown in the drawing natural size.

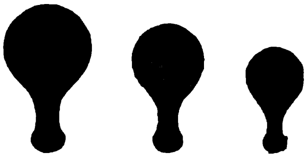

Fig. 9.—Celluloid ear protectors. (Maw.)

There is not much to be said of examination with the auscultation tube (otoscope). Familiarity with the nature of the sounds conveyed through it to the ear of the observer affords valuable knowledge with regard to collapse of the membrane, dryness or moisture of the tympanum, and perforation of the membrane, to diagnose which latter however we have occasionally to resort to Politzer's inflation. Negatively, it informs us of the non-entrance of air into the tympanum through the Eustachian tube.

Before passing from the examination of the ear itself, there are a few points of importance to refer to. The cause, duration, source, and character of an aural secretion or discharge, have to be carefully inquired into.

(1) Cause, in some probable microbal or fungoid contamination, such as influenza, malaria, foul drains, zymotic inflammation, or the fungus aspergillus ;

(2) Duration, as indicating the depth to which the destructive processes have extended, and the probable involvement of the parts about the tympanum. This suggests an acquaintance with the previous steps taken for its suppression ;

(3) Source, whether from the meatus, with the drum-head intact or perforated; the tympanic cavity, and the part of the latter which secretes the discharge ; in other cases the mastoid antrum as a possible source has to be remembered, and the strong probability of chronic suppurative conditions of the middle ear, extending to this cavity, must be kept in mind ;

(4) Character, whether sanguineous, coloured, transparent, and glairy, purulent or mucoid ; its quantity or odour ;

The obstinate persistence of chronic suppurative discharges of the ear is notorious, and the quantity that may be secreted in the twenty-four hours is very great. Blood is sometimes rapidly effused in attacks of acute periostitis extending to the tympanum. This is generally associated with most severe pain. It likewise frequently accompanies polypus and granulations of the meatus or tympanum. In injuries to the labyrinth, or extension to it of inflammation from traumatism of the middle ear, the quantity of discharge of a semi-purulent nature is very great. The fœtor of a discharge is another feature of moment. It is most persistent and characteristic in old suppurative states of the middle ear, and when we have apparently washed out all discharge and cleansed the tympanum it may still be detected by means of the aural probe and cotton-wool, a clear proof that the cavity still contains septic material. This knowledge is valuable when we are thoroughly cleansing and drying for the application of an antiseptic the tympanic cavity. No patient's life is safe who has any fœtid discharge from the ear, and, indeed, the same may be said both of aural polypus and exuberant granulations in the cavity of the tympanum. At any time mastoid inflammation, with all its consequences in extension to the brain, or the occurrence of septicæmia, may set in. And, if, with the presence of an old discharge, a patient comes suffering from a boring or radiating pain about the ear or in the head, or who even without this symptom, is attacked by giddiness, with signs of general malaise, suspicion should at once be aroused that the mischief is extending to the brain, and an ophthalmoscopic examination be made so as to detect any corroborative evidence in the presence of optic neuritis, though such correlative proof is by no means necessarily to be expected. Under any circumstances increase in temperature, nausea, or furred tongue, with constipation and possibly lowering of the pulse, should excite apprehension. Obviously, all these observations apply with double force in the case of children, in whom some old ear discharge is apt to be overlooked, and in whom the earlier symptoms are liable to be confounded with the consequences of dentition, gastric or typhoid fever, worms, or meningeal inflammation arising from other causes.

One axiom, however, is universally applicable to all cases, viz., that every chronic discharge from an ear is an indication of danger, quite apart from any influence it may have on the hearing or other inconvenience that may result from it. And this further lesson it is well to insist on—that when head symptoms suddenly set in after a short illness, even though there be no present indication of aural mischief, and the attention be diverted to other organs, inquiry should be made into the history of any previous affection of the ear, if such there has been.

Since the naso-pharynx has come to be rightly regarded for clinical purposes, as a portion of the organ of hearing, an examination of the nasal passages and pharynx is part of every complete investigation into the cause of deafness and tinnitus. I have gone to some trouble to collect evidence, not yet published, which the experiences of others, as well as my own, has furnished of the influence exerted through turbinate hypertrophy on the hearing. Individually, I am convinced that the relation, as cause and effect, of certain forms of nasal obstruction in producing deafness has been greatly exaggerated, and I am further convinced that mutilation of the nose for the cure or relief of deafness has been far too widely practised.

At the same time, there can be no doubt that considerable nasal obstruction does predispose to loss of equilibration of the air in the tympanic cavity, while collapse of the membrane and closure of the Eustachian tube, follow from the same cause. Therefore, with Duplay's speculum, it is well to look for deviations and spurs of the septum, and those various changes in the turbinate bodies, leading to their enlargement—the results of hypertrophic rhinitis. Nasal polypus, as is well known, is rarely a cause of deafness. In examination of the nose, the probe to which I have alluded, and the various nasal bougies, especially those semi-cylindrical and grooved ones of Stoker (made by Messrs. Down Brothers), will be found most serviceable. Were it not still of occasional occurrence that a prominent and flabby turbinate bone is mistaken for polypus, it would be unnecessary to allude to the possibility of falling into such an error.

In concluding these necessarily condensed remarks, I must say a word with reference to hypertrophic tonsils and adenoid growths in the naso-pharynx. With reference to the former, it is my invariable practice, in any case of deafness, to reduce these by means of the guillotine. Hearing is generally improved, and I have never had any bad result. With regard to adenoid growths, when type of face, contracted nostril, nasal pronunciation, and snoring in sleep point to their presence, I make, when possible, a rapid *digital* examination of the posterior nares. When this cannot be done, I have the patient anæsthetised, and explore in the same manner by the finger, operating if necessary at the time. There is no operation in surgery that I know of which is attended with more permanent benefit than this of removal of adenoid vegetations. The breathing becomes normal, chest formation and respiration are improved, hearing, is frequently restored, defective pronunciation ceases and the whole aspect of the patient is changed for the better.

ON CASTRATION IN FEMALES:
ITS FREQUENT INEXPEDIENCY AND THE SIGNAL ADVANTAGES OF CONSERVATIVE SURGERY IN THESE CASES.

By C. H. F. ROUTH, M.D.

Part I.

I shall start my paper to-night by asking what to some may be an aphorism, and when addressed to gynæcologists, may savour of inaptitude. This may be so, but still I believe this question, at least in its totality, has not been yet answered satisfactorily. It is simply what are the functions of the ovary and tubes? What purpose do they serve in the animal economy? The tubes it will be said convey the ova to the uterus. The ovary secretes the ova; but how does the free tube which floats in the cavity of the abdomen seize hold of the ovary to receive the secreted ovum? The most recent authorities cannot decide this point. Probably it is due to a current running from the peritoneal cavity to the uterus, set up by the action of the intra-tubal and uterine cilia. Possibly the erectile muscular tissue of the Fallopian tube, under the influence of the maturation of the ovum, is also a factor in the process. But again, has the ovary no other function? Does it secrete any other substance besides ova? *A priori* we should imagine it did, and further, following the example of the kidney which excretes bile in jaundice, it may, under certain circumstances, secrete some other substance to compensate for other defective glands.

There are at least five other glands in the human body which excrete or secrete some substance from the blood, and which, in its changed form, passes into its efferent blood again. They are the *spleen*, the *thymus* gland, the *thyroid* gland, the *supra-renal capsule*, and the *pineal gland* or pituitary body. All these must exert a very powerful influence upon the human organism. It is true some of these may be extirpated in part or in entirety, and life appears to be little affected thereby. But this can only be the case where other organs take up a compensating action, as in the case of the kidney excreting bile in jaundice. An artery may be tied or be plugged by embolism, and the parts supplied by it will for a time suffer and be ill nourished, but by and bye new channels will result from the enlargement of arteries in the neighbourhood, and the parts will reacquire their original development. It they do not, a permanent injury will result to the individual.

Of late years we have come to know that two of these glands at least do perform a very essential part in the economy. Disease of the supra-renal capsules gives rise to Addison's disease—which generally, producing discolouration of the skin, which is mottled sometimes throughout, and intense debility, ends generally fatally.

So likewise disease of the thyroid, whether hypertrophic, as in the formation of goitre, with insanity in its course to offspring, or atrophic, as in *myxœdema*, should be borne in mind. This last disease, indeed, teaches us much as to some secretion in the thyroid, which if not there to be taken up by the blood and reabsorbed, is fraught with great danger. In myxœdema we know that the symptoms are all due to the absence or disease of the thyroid gland, which, although destitute of ducts, must produce some substance in its parenchyma, which is reabsorbed by the blood and utilised by it. If this substance, whatever it be, is wanting, the group of symptoms known as myxœdema result. But experience has shown that, if beef tea made from the thyroid gland is drunk, or a sterilised essence of it be made and injected subcutaneously, or if a sterilised portion of another animal's thyroid gland is thrown into the belly (although the last course is somewhat perilous), then the symptoms of myxœdema rapidly pass away.

In the case of the liver we have another analogous fact which helps us in this inquiry. Sugar is converted by some process, into a substance very like starch, and then re-converted into glucose for consumption in the lungs.

The pituitary gland, according to Dr. W. Lloyd Andriezen (*British Medical Journal*, Jan. 13th, 1894, p. 56), consists of at least three parts, chiefly an anterior lobe which is a type of a secreting structure of epithelial cells with many ducts terminating in one. It must be of great use in the economy of the nerve tissues just as much as the oxygen borne by the water current is—and may act either upon the nerve tissues for their oxygenation; or destructively to neutralise and render innocuous other waste products of the activity of the nerve tissues. The second part of this body is a water vascular duct, the third a posterior sensitive nervous lobe which later in life become obliterated in all but larval acraniates or amocoetes. Quite recently Henrot and Marie have drawn attention to the hypertrophy of the pituitary gland found in patients dying with acromegaly.

We now pass on to more modern research and upon more questionable ground, although the question is most interesting. We are all I suppose well acquainted with the late researches of Brown-Séquard. Briefly it is to the effect that there is a certain principle which can be extracted from the testicle of animals, and which when sterilised and injected subcutaneously in a human being is in many cases a recuperative remedy, specially in cases of mental decay.

Now I am not going to praise up this system, but I have read much that Brown-Séquard himself has written upon the subject, also Dr. L. H. Gorzet's book on "La vie prolongée par la méthode Brown-Séquard." I cannot consider that when many medical men from different parts of the Continent admit its efficacy, and instance cases, that it is all like the medical battery illusion. There must be a substratum of truth, for doubtless the secretion of an organ which effects such changes in life and nutrition, should have we must suppose *a priori* a peculiar influence. It is true that among ourselves, probably owing to the ill savour of the subject, it has not been fully tried as in other countries, but some have had the courage to do so. The subject was brought up before the Harveian Society by Messrs. Waterhouse and Shaw; and their opinion after trial was upon the whole favourable. More lately Dr. R. W. Felkin, in a paper (published in the *Edinburgh Medical Journal* for February, 1894), and entitled "Abstract of a Note on the Administration of Organic Extracts," speaks of the value of brain and orchitic extracts, prepared by Messrs. Duncan and Flockart and Co., in Edinburgh, and Burroughs, Wellcome, and Co., in London. He gives two cases of paralysis and one verging on delirium tremens cured by brain extract. Also three cases of epilepsy greatly benefited, if not cured. And then refers to orchitic extracts and their effects. He alludes to certain habits of the savages in Central Africa who feed on raw orchitic glands and their secretion to gain prowess. And like myself he believes that this gland and the ovary do secrete some peculiar fluid, which absorbed in the system, strengthens it in some manner, and that the sufferings induced upon many women by castration, are due to the loss of this substance, although in time the effect may pass off. Melancholia and hypochondriasis are the two resulting diseases he mentions. For my part I should say these effects only pass off when other glands supply the spermin and compensate for the loss of the action of the two glands above named. Whether, therefore, we speak of the Brown-Séquard vaccine or the inorganic salts they do seem to do good in some manner such as suggested. I cannot say more, nor indeed can I say less. These agents are not always reliable, and frequently fail, but they also do sometimes bring about marvellous results But contrariwise we must not ignore the converse experiments of opponents. It is alleged by several persons that if water be injected subcutaneously it will produce the same results; that it is in fact the result of a mental suggestion. Now I do not deny this, especially when attested by gentlemen connected with the Queen Square Epileptic Hospital. But the same thing has been observed in persons who have been accustomed to subcutaneous morphine injections where water has been substituted. Yet morphine is not inert.

Side by side with these results of success by the mere subcutaneous injection of water, we may mention those cases of fibro-myoma of the uterus which disappear. Mr. Lawson Tait refers to several cases; one where, after dilatation of the cervix, and under the influence of ergot and bromides it disappeared; another in which he removed a cystoma by abdominal section, and a fibroid she had besides disappeared, and she became pregnant. Two others in which abdominal section was performed, but the tumours only handled, and yet both disappeared. More lately Mr. Alban Doran has called attention to cases which have disappeared spontaneously under various influences, and Dr. Greig Smith has given several examples of even malignant tumours, which after the opening of the abdomen found to be irremovable have yet suddenly been absorbed and disappeared. Then there is a remarkable case quoted by Dr. Petres, of Bordeaux, which may be described as Mental Impressions *versus* Oophorectomy (*Lancet* 2, 1890, 681). He operated on a case of a woman suffering from violent neurotic manifestations, the result of fright by fire. Mr. Charlevin, of the Cremona Hospital, told her that nothing short of castration would cure her. Thereupon she became rampant to have this operation done, and so a mock operation was performed to calm her. She was anæsthetised, and a superficial cut made in the abdominal wall, which was afterwards dressed in the usual way with iodoform, &c. From that day all sickness, vomiting, insomnia ceased, and she gained health and strength.

Now this reflection must be made on these cases. If they are true, and of this there is no doubt, would these successes justify us in opening an abdomen, handling the tumour, and doing nothing more, but closing the abdomen, in all other cases, and this in the face of so many successful cases of ovariotomy and hysterectomy? I trow not. The same is true of these water subcutaneous injections as opposed to injecting a legitimate drug. It is not, however, a savoury idea, and I must confess to being actuated by a repulsive dislike to use these drugs, not because it is a vaccine and because it is taken from a lower animal, a common objection urged by foolish anti-vaccinators, but because I have the same feeling when kidneys or livers, or other internal organs are set on a table as luxuries for the purpose of a meal.

In connection with these injections, however, let me call your attention to some more recent discoveries.

In a paper published by Poehl, *Berlin Klin. Woch.*, No. 36, 1893), and referred to in the *Br. Ass. Journal Epit.*, p. 63, Oct. 14th, 1893), this principle which is called "spermin" is stated to have been found in the thyroid and thymus glands, the spleen, ovaries, and blood, as well as in the testes, from which tissues it has been extracted as an insoluble spermin phosphate. These crystals are known as the Charcot-Leyden crystals. Poehl believes them to be a leucomaine, the product of retrogressive metamorphosis of albumens. As such it is a constituent probably the active one in Brown-Séquard's vaccine. Unfortunately, it has not yet been produced stable in quality, nor has its use always been followed by the same results. Now Poehl believes it to be a most powerful intra-organic restorative of the oxidising properties of the blood. His reasons are the power possessed by a small proportion of spermin to oxidise large quantities of metallic manganese, its restorative power in chloroform poisoning and in these cases where by section of the spinal cord a reduction of such intra-organic oxidation takes place. Poehl further quotes observations to show that the favourable action of spermin is marked more in patients suffering from anæmia, diabetes, scurvy, in which auto-intoxications are manifest as the result of an accumulation of retrograde products. Finally, he states the effect of spermin injections is to increase the quantity of nitrogenous products excreted by the kidneys. Its action also in the cholera bacillus in like manner explains its tonic action. If it fails sometimes, as when it is found to be excreted in spermin phosphate crystals by the mucous membranes, it is probably due to *diminished* alkalinity of the blood, and this precipitation of the spermin phosphate has its influence on the system thereby suspended or lost. Hence the advantage of combining alkalies in its employment.

Is this principle the same as the Brown-Séquard vaccine? M. Brown-Séquard believes it may be, but he is not certain, but he thinks his own vaccine more sure and effective.

But what I have to do here is neither to recommend one nor the other, but to show that this principle must exercise a powerful influence on the animal economy, and its presence in the blood is not only a desideratum but a necessity.

But now *per contra* have we any evidence that spermin taken from a woman has when used in like manner and injected subcutaneously a similar effect? On this subject Dr. Goizet makes the following observation:—"My personal experiences, he says, on the juice extracted from the ovaries of animals demonstrate that this juice has *no* effect either on male or female. The female does not possess in her the power at the disposal of the male, no part of a female being contains a fluid similar to the testicular juice. It belongs exclusively to the male, although it is secreted under female influence," p. 91. It is difficult to reconcile this opinion with the following: An American lady, M.D. of the Faculty of Paris, Mrs. M. Augusta Brown, undertook with great courage the subcutaneous injection of ovarian juice taken from animals. She performed her experiments upon a large number of women. Her results were extremely interesting. She selected the ovaries of rabbits, removed from the abdomen of living animals, following the same rules given for the testicles, sometimes using the Pasteur filter by paper. The injections were made subcutaneously on, thorax or abdomen. Both instruments and vessels being antiseptically prepared. She treated in this manner more than a dozen women affected with extreme debility caused by age, insomnia, hysteria, uterine affections, &c. In all she found great gain of strength, in others restoration of sleep, stoppage of the hysterical attacks and cardiac palpitations, and an amelioration both of digestion and nutrition. In one remarkable case of an old woman who had possessed a splendid voice, but had lost it, the ovarian juice subcutaneously injected caused it to return with all power. Mrs. Brown found, however, that six or seven injections were often required. Mrs. Brown tried to have it absorbed over a portion of skin previously blistered, but the results obtained were much less favourable. The conclusion arrived at was that the effect of injection of ovarian juice subcutaneously was identical with injection of testicular juice, but less powerful.

Such a conclusion is in keeping with the presence of spermin in the female ovary. I do not mention the above-recited facts with a view of recommending the practice; that is no part of my subject, but it would have been a manifest contradiction to Poehl's views and the discovery of spermin in the female organs, if some such effect had not been produced. The important conclusion I draw is that spermin does exist in the female ovary, as well as other glands, and has a powerful recuperatory influence on her being. I am glad also to find that Dr. Martin, in his very able paper on the nerve theory of menstruation, published in the last quarterly number of our Transactions in the second conclusion drawn as to the cause of the symptoms produced during change of life, says: "It is probable that the ovaries, like the liver and thyroid gland, modify the blood circulating through them and add to the blood some peculiar product of their metabolism. It may be that some of the climacteric symptoms are due to the loss of this substance from the system." I should venture, perhaps, to refer to this corollary in rather a more absolute sense and say it would be very singular if the ovary did not, like other glands, secrete or excrete something useful for the processes of the economy, and which if it failed to do, would not only entail pain and disorder in the system, but produce abnormal phenomena culminating occasionally in insanity.

We know that some very analogous, albeit different results, are observed in castrated men. It is well to refer to these for comparison.

In the *Medical Times and Gazette*, Jan. 26, 1861, on Eunuchs, we read: Castrated persons have many defects which are peculiar to them; they have a bad odour, a yellow colour, furrowed cheeks and feminine voice; they are unsociable, deceitful, and rascals, and are never known to practise any virtue. ("Cours d'Opérations par Dionis.")

Eunuchs are the vilest creatures of the human race, cowards and deceitful, because they are weak, envious, and spiteful because they are unfortunate. (Benoit Bojon.)

J. E. Beauvoisin says, black eunuchs are brutal animals without any instruction, and live like wild boars in their lairs. These ferocious animals seem to think they may do what they please, and are ready to sabre those who do not get out of their way. White eunuchs are less savage.

In appearance they come to lose the shape of men, some to resemble females in the development of several bones, also become gross and fat. Their muscular force and courage, like animals, is diminished. What a difference in these respects between a bull and an ox, a ram and a wether, a cock and a capon! According to Arnabe (lib. v), they are generally weak and invalids, and subject to hæmorrhoidal discharges which assume a periodic character, as if to make up for the inutility of the blood towards the development of testicles and beard. . . . Castrated individuals are more sensitive, more obnoxious to diseases of nerves and low spirits, and affected so as often to faint on the slightest excitement.

It is but right to add that History records a few exceptional cases. One General of Constantine the Great, and also a celebrated Minister of State, were eunuchs, but they were extremely wealthy, and whether they were complete eunuchs, or operated upon in later life, is not stated. It is also said that they do not suffer from gout, and rarely from eruptive and inflammatory diseases. Lepretre indeed recommends castration in cases of elephantiasis, and the priests of Cybele were in the habit of curing mania by castration, while in certain Swedish villages it is practised in cases of satyriasis and spermatorrhœa as a curative measure.

As a reverse in the physiology of a perfect man, the following opinion is given, which is for the man, although in other words is the same conclusion to which we have referred as appertaining to the physiology of woman, viz., a memoir on the effects of castration on the human body, by Dr. Bojon, Professor of Anatomy and Physiology at the Imperial Academy of Genes, 1813. Stress is especially laid upon the fact that it is by the reabsorption of the sperm that is due the last degree of perfection in our formation; but we must bear in mind that these spermatic atoms of the blood, before they can be regarded as such, must be elaborated and secreted by the testicles themselves, carried into the spermatic vesicules, absorbed in the lymphatic vessels, which, transmitting them in the sanguine system, gives the last stroke to perfection to the animal machine.—P. 12.

(*To be continued.*)

Selected Prescriptions and Therapeutic Notes.

114.—For Impetigo:—

℞ Ungt. sulphur., ʒij;
Ung. zinci ox, ad ℥j.

M. This application can be employed freely for impetiginous eruptions, and is particularly of service for very extensive cases in which mercurial preparations are contra-indicated owing to the risk of poisoning taking place from absorption.

115.—For Lichen Urticatus. A similar ointment containing usually a larger proportion of sulphur gives great relief, especially if the itching papules be first pricked or scratched with a needle.—Dr. Eddowes (London).

116.—Guaiacol in the Treatment of Orchitis:—

℞ Guaiacol, ʒss;
Vaselini, ad ℥j.

M. Smear some of the application over a piece of lint and apply it to the scrotum. The pain of the inflamed testis will be much relieved, the relief lasting several hours. The dressing should be renewed twice or thrice daily.—Balzer.

117.—A New Treatment of Pulmonary Tuberculosis:—

Dr. Cohn, of Hamburg, has found ichthyol very useful in the treatment of pulmonary tuberculosis. He administers the drug in the following form:—

℞ Ichthyolis;
Aq. destill, āā ʒv.

M. The patient begins to take four drops of this solution thrice daily, and then the dose is increased by one drop daily until the maximum amount of forty drops three times a day is reached. The best time of administration is before meals. Generally speaking patients become readily accustomed to the disagreeable taste of ichthyol, but a mouthful or two of black coffee is very efficacious in removing the taste. The latter is said to be far superior to creosote or cod-liver oil.

118.—Useful in Dentalgia:—

℞ Tinct. gelsemini, ♏xv;
Tinct. ferri perchlor, ♏x;
Syr. aurantii, ʒss;
Aq. ad ℥j.

M. For one dose. To be repeated thrice daily.

119.—For use in External Hæmorrhoids:—

℞ Chrysarobin, gr. xvj;
Iodoformi, gr. vj;
Ext. belladonnæ, gr. xij:
Vaselini, ʒvj.

M. A small quantity to be applied to the swellings several times daily, the parts having been previously washed with a solution of carbolic acid (1 in 5).—Kossobudski.

120.—For Impetigo:—

℞ Plumbi acetatis, gr. viij;
Acid hydrocyan dil., ʒij;
Sp. rectificati, ʒss;
Aq. destil, ad ℥viij;
M.

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Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Surgery.

Meeting held Friday, March 30th.

The President, Edward Hamilton, President of the Royal College of Surgeons in Ireland, in the Chair.

CASE OF LACERATED WOUND OF THE UPPER THIRD OF THE THIGH.

Mr. **Pratt** read a paper on a case of lacerated wound of the upper third of the thigh in which the great sciatic nerve was divided and much torn, necessitating resection of about an inch of the nerve and subsequent nerve-stretching before sutures could be applied. After the cut ends were brought together they were sutured with carbolised silk in a very small needle; the divided muscles were then united in the same manner, and the skin brought together with pins, the whole dressed with iodoform and alembroth gauze. The man had recovered cutaneous sensibility altogether and muscular power to a considerable extent.

Dr. **Myles** said that he did not consider this case absolutely successful. The injury occurred two years ago, and regeneration, if it were to take place, should have done so by this time. Restoration of cutaneous sensibility alone was a fallacious test owing to the existence of recurrent sensibility through the union of nerve filaments of the divided nerve with filaments of intact nerves. He had treated a man who had all the structures in the front of the wrist, with the exception of the tendon of the flexor longus pollicis, severed, in which he sutured the ends of the median and ulnar nerves. In a few days the man had partial sensation in the area supplied by the median, and this he attributed to communications between the radial nerve and the palmar cutaneous branches of the median. In the region supplied by the ulnar nerve sensation was never restored, neither was the muscular power ever regained, and the interosseous spaces wasted and remained so. He had been extremely careful to bring the divided ends in accurate apposition and to secure them by numerous fine sutures through the nerve-sheaths. In two other cases in which he had operated—one a boy whose anterior tibial was severed, and another a patient who sustained a compound fracture in the neighbourhood of the elbow—muscular power was never regained.

Dr. **Brooks** said that in Dr. Pratt's case he thought the restoration of sensibility was through the great sciatic nerve. In the hand there was a considerable area of skin which had a double nerve supply. Adjoining nerves invaded each other's territory. This was not so in the case of the foot. The long saphenous nerve—the only cutaneous nerve in that region not derived from the great sciatic—supplied a small area of skin just beneath the internal malleolus, and he had never been able to trace it along the inner side of the foot to the great toe. He mentioned a case recorded by Surgeon Yenkith in the *British Medical Journal* of a soldier whose ulnar nerve was divided above the wrist. Several months afterwards the ends of the divided nerve were brought together, and sensations, which had been completely lost in the little finger and part of the ring finger, returned.

Dr. **Wheeler** called attention to a case recorded by Mr. Wheelhouse of recovery of muscular power and sensation after division of the great sciatic and subsequent suture of the ends. He narrated a remarkable case of an officer whose musculo-spiral nerve was cut, and several months afterwards, on cutting down on the nerve, the ends were found widely separated and unable to be brought together. By the advice of the late Mr. Corley he divided the shaft of the humerus and resected a portion of it, and was then able to bring the ends of the [illegible] together. Recovery was perfect in every respect [illegible] regards power and sensation.

Dr. **Pratt**, in reply, said that cases of primary nerve suture immediately after receipt of the injury were, as a rule, much more successful than suturing the ends together some months later.

THREE CASES OF POPLITEAL ANEURYSM.

Mr. **Lentaigne** read a paper detailing the history of three cases of popliteal aneurysm which he had cured by ligature of femoral artery after compression and flexion had been tried without success. One of the patients was a very old man (seventy-seven years), and was the subject of advanced and almost universal atheromatous disease of the larger arteries. Another of the patients was suffering from well-marked aortic regurgitation, and the third was a young man of twenty-four, who was in good health in other respects. Catgut ligatures were used in all the cases, but in the case of the old man the ligature, which was very thick, was previously softened by immersion in carbolic lotion, five per cent. In all the cases the course was perfectly aseptic, and the wounds gave absolutely no trouble whatever. In two of the patients there was noticed a small patch of gangrene on the front of the leg just above the ankle before the operation; this was caused by the pressure of the strap employed to keep up treatment by flexion. In all three cases the entire limb was asepticised before operation, and after operation was dressed in a huge antiseptic dressing, under which the gangrenous patches separated without suppuration, leaving a healthy ulcer underneath, which quickly healed under treatment. In all the cases flexion was systematically employed for some time before the operation with a view to setting up free collateral circulation at the knee-joint in the event of its failing to cure the aneurysm itself.

The **President** referred to the comparative rarity now of cases of popliteal aneurysm. He also spoke of the great improvement in the operative treatment due to the introduction of antiseptic surgery.

Mr. **Wheeler** said he was surprised to hear that Mr. Lentaigne's patients suffered severe pain when digital compression was tried. In several cases he had seen where this treatment was tried they never complained. In a case he had under observation at present he had refrained from operating, as he noticed that the articular arteries were enlarging and establishing a collateral circulation, and this was always looked upon as a sign that the aneurysm would probably cure itself.

Dr. **Brookes** asked Dr. Lentaigne were the occupations of his patients such as required them frequently to assume the squatting posture, as in gardening, in which position the popliteal artery is sharply bent.

Dr. **Myles** said that when the leg was fully flexed the artery became tortuous, and accordingly the sharpness of the bend was lessened. He thought that Dr. Lentaigne was very fortunate in the case, in which there was extensive atheroma. He recalled the case of a man whose arteries were in a similar condition, and who sustained an injury to his brachial artery, which resulted in an aneurysm. Compression was tried without avail, but caused some cellulitis; and the artery was finally ligatured. Secondary hæmorrhage followed, requiring ligature higher up. Hæmorrhage again occurred, and the artery was again ligatured, but the patient succumbed to repeated hæmorrhages. He thought that it was doubtful whether compression antecedent to operation was of benefit.

Mr. **Swan** said he thought that syphilis and flexion were regarded with too much importance as causes of aneurysms. The Indians who squatted all day on their heels, and many of whose tribes were all but universally affected with syphilis were, according to Dr. Armstrong, exempt from aneurysms.

Mr. **Franks** narrated the history of a man who had a popliteal aneurysm, and in whom, after having tried compression and flexion, he ligatured the superficial femoral artery at the apex of Scarpa's triangle. Pulsation returned in the aneurysm after some days, and he was forced to do the operation of Antyllus. The vessel was tied above and below, and the aneurysm was excised. The man a week later got dry gangrene of his foot, and he had to amputate below the knee. He was unable to understand why the latter operation caused gangrene while the former did not.

Dr. **Doyle** advised the use of iodide of potassium internally in cases of atheromatous arteries.

Dr. **Thompson** said that he thought one of the reasons Mr. Lentaigne's case of aneurysm in a subject affected with extensive atheromatous disease was so successful was owing to his having used a thick soft ligature which did not tear through the coats of the vessel.

Mr. **Lentaigne**, in reply to Dr. Brooks, said that the occupations followed by his patients did not necessitate much squatting. One was a vandriver, another a law clerk, and the third a labourer in Guinness' brewery.

The Section then adjourned.

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BRITISH LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION.

Meeting held Friday, April 13th.

Dr. MacIntyre (Glasgow), President, in the Chair.

CURE OF ASTHMA BY REMOVAL OF NASAL POLYPI.

Mr. Mayo Collier read notes of a case which, he said, exemplified the effect of nasal obstruction in the production of pulmonary troubles. The man, who was present, came to him in January, 1892, with the history of having for upwards of ten years suffered from asthma. He had been for four years under the care of various physicians without any benefit. He occasionally had very severe attacks, and was at times incapacitated from following his occupation. He found the whole nasal cavity blocked by a number of polypi which pressed against the septum and effectually obstructed the passage of air. These he removed, and from that date there was not the slightest return of the asthmatic symptoms, the immunity lasting until January of the present year. Since this date his troubles had returned in an intensified form, and his dyspnœa, which was at times intense, troubled him day and night. He was almost unable to cross the room or to go upstairs unaided. For various reasons he had postponed coming to London, until a fortnight ago, when he found that the polypi had reformed on both sides. He removed the polypi on one side at the first sitting, and the result was so far satisfactory that the patient had not been troubled with any asthmatic symptoms since.

Dr. **McNeill Whistler** observed that for the physician to omit examining the nasal cavities in cases of asthma would be to omit one of the most essential parts of the investigation, especially in view of the brilliant results that had followed the treatment of local nasal conditions in this association. They did not, he admitted, always obtain the admirable result which the author had succeeded in obtaining in this instance, but it was evident that when the condition was one of long standing secondary changes might have occurred which would serve to perpetuate the condition after the primary cause had subsided or been relieved.

Dr. **Woakes** pointed out that specialists in their department did not often see cases of asthma until the condition had existed for a considerable period of time. Under these circumstances it often happened that pathological changes had supervened as a secondary consequence, and these of course were unaffected by the removal of the primary cause. This was often the case in asthma originally dependent on intranasal conditions. If the nasal condition were taken in hand early enough uniform and marked success would, he thought, follow in every case. It must be borne in mind that exacerbations of asthma might follow acute attacks of old-standing nasal trouble.

Dr. **Dundas Grant** said that while, when asthma existed in association with nasal obstruction, they would certainly be justified in removing the obstruction, it would be imprudent and unjustifiable in every such case to promise a cure. It was, in fact, impossible beforehand to determine what would be the effect of the intervention in respect of the pulmonary trouble.

Mr. **Wingrave** alluded to the alleged influence of the vagus in the production of pulmonary troubles associated with nasal obstruction, and pointed out that as the vagus is an efferent nerve it could not have the action on the respiratory muscles that had been claimed for it.

Mr. **Collier**, in reply, observed that was due to spasmodic contraction. The nose had a certain function to fulfil in respect of respiration, viz., to warm, moisten, and filter the air which passed into the lungs. If in consequence of disease it failed to fulfil this function, the pulmonary apparatus proper suffered and the muscular fibres of the bronchioles might be stimulated into pathological activity. Mr. Wingrave, in denying the existence of any communication with the vagus, must have forgotten that the vagus sent ramifications to the mucous membrane of the larynx as well as branches to the pharyngeal plexus which innervated most of the laryngeal muscles.

CASE OF ABSCESS OF THE FRONTAL SINUS.

Mr. **Collier** related the case of a patient who came to the hospital with intense redness and swelling over the left eye, extending over the mid-frontal region. The temperature was 103° F. He diagnosed abscess of the frontal sinus, and on exploring with a probe in the region of the inner and upper wall of the orbit, he ultimately succeeded in passing the probe through a small opening into the denuded frontal sinus. Having enlarged the opening, he passed the probe down into the nose and inserted a drainage tube. The symptoms then subsided. He left in a silver drainage tube for some time, and all went well, but as soon as it was removed the opening closed and the symptoms recurred. He pointed out that there was a condition of chronic nasal obstruction, characterised by the approximation of the turbinated bones together with the other effects usually resulting from long-continued atmospheric pressure consequent on prolonged nasal obstruction. This condition he proposed to remedy as far as possible, and he showed the patient now so that they might be enabled to note the condition before as well as after the further operation.

EARLY EPITHELIOMA (?) OF THE LARYNX.

Mr. **Collier** also showed a woman, æt. 46, who came to him complaining of slight hoarseness and cough. The vocal cords had a serrated margin with some ulceration and the case looked like one of tubercle. She improved to some extent under cod-liver oil and tonics, but six months later she returned complaining of hoarseness. There was marked redness of the ventricular bands, and on attempting to phonate there was manifest inability of the left cord to come to the middle line, owing to fixation of the arytænoid cartilage. In view of the fixation of the vocal cord, the chronicity of the disease and the tendency to anæmia and loss of flesh, he thought that the infiltration of the tissues surrounding the arytænoid cartilage was probably epitheliomatous.

Dr. **MacIntyre** referred to a case of Dr. Hector Mackenzie's in connection with which attention was called to this fixation of the arytænoid cartilage as an early indication of epithelioma. He pointed out that the question of diagnosis was exceptionally important in such cases, for if on the one hand it was essential that valuable time should not be lost, the operation of removing the larynx was one of considerable gravity, one, in fact, that they would not care to undertake unless fairly sure of the malignant nature of the disease.

A DOUBTFUL CASE.

Mr. **Collier** also showed a man, æt. 60, who presented a peculiar ulcer of the palate involving the right posterior pillar of the fauces approaching the anterior pillar and reaching as far as the last molar tooth. Behind, the ulcer presented a clean cut edge while anteriorly the edge was covered with granulations. Anti-syphilitic treatment had remained absolutely without effect, and there was nothing in his or his wife's history to suggest syphilis. The lungs were quite free from tubercular deposit and no enlarged glands could be made out in the neck. The ulcer was quite painless, and he admitted that he was at a loss to know what its nature might be.

Dr. **Grant** said it looked very much like a tubercular ulcer, and suggested treatment *ad hoc*.

Dr. **Stoker** said it certainly looked like either tubercle or lupus, and he asked why the author did not remove a small portion of the tissue for microscopical examination.

Dr. **Whistler** observed that with a history extending over not more than two months, and occurring in a man, æt. 60, the chances were in favour of the ulcer being epitheliomatous.

Dr. **MacIntyre** thought the author would not be wrong if he took steps to remove the affected tissue, but he observed that the cautery was a dangerous means to employ in such cases. The effect of cauterisation was often to irritate neighbouring glands into activity in malignant cases, and thus to precipitate secondary growths.

Mr. **Collier**, in reply, pointed out that there was a margin of clearly healthy tissue all round the ulcer. One side was healing while the other was spreading. These characteristics were very unlike what one would expect in an epithelioma. Nor were the appearances consistent with the diagnosis of tuberculosis. The edges were not thickened or raised or undermined. The ulcer seemed to him just like what on the penis would be called a non-syphilitic sore, a soft sore in fact. He believed that the ulcer would heal under insufflations of iodoform.

SYPHILITIC LARYNGITIS WITH APICAL CONSOLIDATION OF ONE LUNG.

Mr. **Griffith Wilkin** related the case of a woman, æt. 33, who was sent to the hospital on February 6th for immediate tracheotomy. She was said to be suffering from phthisis. Though much exhausted by the journey to the hospital there was not much dyspnœa on admission. The illness dated from the previous August, since which time she had lost a good deal of flesh. There was no family history of phthisis. She had been married nine years, and she had had two miscarriages, one ten months after marriage, and no living child. At that time she had "erysipelas of the head and face," and her hair fell off, the throat at the same time becoming troublesome. There was a good deal of swelling of the epiglottis and false vocal cords, more marked on the left than the right. They were of a dusky colour. On examining the thorax there was evidence of consolidation of the right apex, and moist sounds were audible all over the thorax. In view of the suspicious history she was put on mercury and iodides, and from that time she had steadily improved. The signs of consolidation cleared up, the swelling of the soft tissues of the larynx gradually subsided, and the epiglottis resumed its normal appearance. The voice though still weak had regained its natural tone. He brought this case forward on account of the misleading nature of the symptoms which seemed to point so strongly to tuberculosis.

THE USE OF THE PHONOGRAPH IN DISEASES OF THE THROAT.

Dr. **MacIntyre** gave a demonstration upon the employment of the phonograph and its use in diseases of the throat. He said for many years he had taken an interest in the subject and had made a number of experiments upon imperfect machines; but lately, owing to the good offices of the Phonographic Company, he had been placed in possession of an instrument which gave every satisfaction. He explained wherein his former experiments had failed owing to the difficulties in taking records of the very fine sounds which one desired to record in such cases.

His first demonstration consisted of a series of records showing the different phonetic qualities of the voice in cases of hoarseness and the use of the instrument in teaching and distinguishing cases of hoarseness due to catarrh, new growths in the larynx, and where there was pressure upon the recurrent laryngeal nerves, such as aneurism.

Secondly, records of the various coughs were heard, and a particularly interesting group was that from pressure upon the nerves in children due to mediastinal tumours; one particular set was of extreme interest as showing the adaptability of the different parts to take on special functions where particular organs had been removed. He demonstrated cases where the tongue had been removed and where by practice on the part of the patient speech had been thoroughly restored, the whole alphabet being distinctly reproduced. In conclusion, Dr. MacIntyre described some special micro-phonographic apparatus for transmitting the sounds, and said that he had no doubt that in the near future an apparatus would be constructed whereby a number of students could hear the sounds within the body at the same time, and further that these sounds would be transmitted from the hospitals to universities or colleges at a considerable distance. He had already transmitted the sounds heard within the body many miles, and with perfect success.

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LARYNGOLOGICAL SOCIETY OF LONDON.

Ordinary Meeting held April 11th, 1894.

Felix Semon, M.D., F.R.C.P., President, in the Chair.

DISCUSSION ON THE CHOICE OF THE ANÆSTHETIC IN OPERATIONS FOR THE REMOVAL OF POST-NASAL ADENOID GROWTHS.

By special invitation of the Council of the Society the Members of the Anæsthetists' Society were invited to take part in this discussion.

Dr. **Dudley Buxton** thought that the best anæsthetic was that which could be quickly administered and which was capable of prolongation if necessary. Much depended upon the method of operating which was employed, but any plan which limited the anæsthetist to a definite period was to be condemned. For the majority of cases he preferred the use of nitrous oxide, followed by ether, supplemented in some cases by chloroform vapour blown over.

Mr. **Butlin** expressed the opinion that, while in some few cases nitrous oxide alone might be sufficient, there were very many cases in which, he at least, could not complete a satisfactory and thorough operation in the short time which it allowed.

Mr. **Tyrrell** advocated the use of chloroform throughout and especially in the case of children, but warned against its too rapid administration and against the induction of too deep anæsthesia.

Dr. **William Hill** referred to the danger of operating without any anæsthetic and related a case of death from fright. He thought that prolonged anæsthesia was necessary for a complete operation and that the anæsthetic should always be given by a skilled man.

Dr. **Hewitt** would employ gas followed by ether and chloroform in the longer cases, but had found that gas alone supplemented by oxygen was enough for the shorter cases.

Mr. W. R. H. **Stewart** had had large experience of this operation and had used Gottstein's curette before its regular introduction into this country. He thought that for removal of adenoids only by that method, gas with a little ether was sufficient. If tonsils were removed as well, more ether would be required. Anæsthesia should not be too deep. The anæsthetist and the operator should be accustomed to working together, but the former must be entirely responsible for the choice and administration of the anæsthetic. The lateral position was the best directly after the operation. The head need not be pulled over the edge of the table.

Dr. **Silk** considered that gas, or gas and ether, must be regarded as the safest form of anæsthetic, but the comfort of the patient and the convenience of the operator ought also to be considered. For the rapid operations gas was sufficient, but for the more prolonged ones he would begin with A.C.E. mixture and maintain by chloroform vapour blown through Junker's inhaler.

Dr. **Scanes Spicer** called attention to the possibilities of sharp hæmorrhage or of unforeseen difficulty in removing growths which might render an operation longer than was expected. He would greatly prefer the slight extra risk of prolonged anæsthesia to the possibility of a hurried or incomplete operation.

Mr. **Davis** used chloroform in children under 7 years, but never pushed it to complete anæsthesia or repeated the inhalation after the operation was once begun. After the age of 7 he used gas and ether. He advocated the practice of hanging down the head so that the roof of the mouth should receive the blood.

Dr. **Dundas Grant** referred to the recorded cases of death from chloroform, and to the danger of using too much of the drug. He claimed for gas that its short duration might be neutralised by the practice of rapid operation. The addition of oxygen seemed to him very satisfactory. He generally operated with the nail to begin with, followed by rapid removal of the parts thus scraped together by means of Schech's forceps. Recurrence of symptoms did not always prove recurrence of growth as they might be due to other causes.

Mr. **Richard Gill** thought that too empty a stomach was as dangerous as too full a one. Chloroform, which he preferred, should be regulated by the depth of the respiration and by the contraction of the pupil. Its chief dangers were from hæmorrhage, sickness, and fainting.

Dr. **Whistler** advocated prolonged and complete anæsthesia by chloroform. The patients were usually bad breathers, and hence the pharynx should be obstructed as little as possible by the surgeon's fingers.

Mr. **Bailey** observed that no positive rules could be laid down. There was danger in all anæsthetics, to children as well as to adults. Each administrator preferred his own. He generally used gas and ether and thought that all reflexes should be abolished before the operation was begun.

Mr. **Walsham** spoke in favour of complete removal under incomplete anæsthesia.

Mr. **Parker** had found that recurrence was more common where rapid operations had been performed than where prolonged anæsthesia had been induced.

The **President** pointed out that the discussion had proved the impossibility of laying down arbitrary laws on this question. The methods of each surgeon must to some extent determine the best means of inducing anæsthesia for his operations. The safety of the patient and the completeness of the operation must be the chief points to consider. A rapid operation was not always a complete one. The discussion had shown that the choice of the anæsthetic must be left free to the anæsthetist, and that no blame or "criminality" could attach to the selection of any one of them.

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SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Thursday, March 29th, 1894.

The President, Mr. **Richard Favell**, M.R.C.S., in the Chair.

CASES.

Dr. **Knox** showed a specimen of perforating ulcer of the stomach.

Dr. **Baron** showed a case of Addison's disease.

Dr. **Clark Hartell** showed photographs and read the notes of an anomalous case of chloasma in an unmarried kitchen-maid, æt. 22. There were two symmetrical sharply defined black patches of the face, extending from the eye down to the level of the upper lip and from the nose to within an inch of the ears. On the chest there were several pigmented spots, but these were not so black as the patches on the face. The coloured areas were hyperæsthetic in an extreme degree. The chloasma persisted for some months and during this time the patient was subject to attacks of vomiting. Just before and just after an attack the discolouring was more intense than at other times.

Mr. **Snell** read the notes of a case of osteoma of the orbit.

Dr. **Porter** showed a girl, æt. 14, the subject of gradually progressive paralysis of the muscles of the extremities and trunk following an attack of scarlet fever six years ago. There was no history of previous enlargement of the muscles, there was no very marked atrophy. There was well marked lordosis on standing, and arching backwards of the spine when sat up in bed. There was loss of reaction to both Faradic and Voltaic currents, no reaction of degeneration. Knee-jerks abolished. No clonus or muscular rigidity. Family history was negative.

CASE OF TREPHINING FOR DEPRESSED FRACTURE OF THE SKULL.

W. H., æt. 2, was admitted to Children's Hospital on August 1st suffering from suppurating wound on the left side of the head above and in front of the parietal eminence. *History.*—Seven weeks previously the patient was playing near some houses which were being re-slated when a slate fell and struck the child on the head, he was conscious and taken immediately to a doctor. Four days after the accident the mother noticed twitchings in the right arm, leg, and head, this lasted a quarter of an hour (according to mother) and then he had another attack the same evening, he was unconscious whilst they lasted. The patient had these fits off and on until four days before admission when on that day he had three. The child could not use the right arm. *Operation* performed on August 3rd. An exploratory crucial incision was made, the old wound opened up and a depressed fracture was revealed, and half inch trephine was applied near to the fracture and the bone levered up, on removing the disc of bone about two drachms of pus escaped. Result.—The patient was bright and lively after the operation. August 7th.—Can move the right arm quite well, the disc of bone quite loose and pus discharging. September 5th.—Piece of trephined bone was removed, afterwards the wound healed up and the patient is quite well.

Dr. **Alfred Robinson** showed a case of "Bradycardia" in a man, æt. 71. There was a history of rheumatic gout twenty years ago, from which time the heart trouble dates. On examination the heart was found to beat at the rate of 30 per minute. The most important symptoms being periodical attacks of epileptic fits, during which complete loss of consciousness took place.

Mr. **Atkin** showed an "osteoma" removed from the left nostril of the same patient shown by Mr. Snell. The growth weighed 294 grains, was 2 inches in length, 1 inch in breadth, and 1¼ inch in depth. On opening the left nostril round the side of the nose it was found that the growth had become spontaneously detached and was simply jammed in the nostril. What had been its precise site of origin was difficult to say. There was no evidence that it had arisen in the antrum of Highmore. A naso-pharyngeal polypus having been detached the bone was pushed forwards by the finger and extracted with vulsellum forceps.

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LIVERPOOL MEDICAL SOCIETY.

Meeting held Thursday, April 12th.

The President, Mr. C. **Puzey**, in the Chair.

Dr. **Fingland** exhibited and explained a new inhaler for administering ether and nitrous acid gas, invented by Mr. Rumbolt, of Leeds.

Cases.

Œsophagotomy.—Mr. **Arthur Wilson** read a case of œsophagotomy for a tooth plate in a man, æt. 65. The plate, which was of vulcanised rubber, contained four teeth and was 1⅝ inches in its longest diameter. It was swallowed during sleep. All efforts at extraction failed, and it was removed by œsophagotomy about twelve hours after the accident. Great difficulty was experienced in the removal, as a sharp clip was firmly imbedded in the posterior wall, but it was at length freed by two pairs of dissecting forceps. A soft rubber tube was passed from the mouth and the patient fed regularly. Continued rapid breathing was present after the operation, but although there was no other unfavourable symptoms, the patient sank and died on the fourth day of exhaustion. Mr. Wilson invited discussion as to the advisability of using a tube in the after treatment especially, and the question whether, if used, it should be passed from nose, mouth, or wound.

Drs. Stansfield, Briggs, Samuels and Rawdon took part in the discussion, and Mr. Wilson replied.

Case of Prolapsus Uteri with Vesical Calculus.—Dr. **Briggs** mentioned a case of prolapsus uteri with a phosphatic vesical calculus. The patient was 35 years of age, and a cook in domestic service. The uterine prolapse had been known for five years (ten years after the birth of her only child). Formerly she could wear a watch-spring pessary with comfort and relief; latterly, since August, 1893, a pessary had increased the pain. An anterior elytrorraphy and a colpo-perinæorraphy were performed for the relief of the prolapsus; three weeks afterwards the bladder symptoms still persisted; the bladder was examined and a phosphate calculus of considerable size was found. The calculus was too large for removal per urethram without the risk of permanently damaging the sphincter. A longitudinal incision was made in the vesico-vaginal septum; the calculus was removed through the incision and the bladder drained by a glass tube for twelve days; the septum healed completely and left a fine lunar cicatrix. Dr. Briggs would not advocate incision of the septum in preference to lithotrity in suitable cases; he had not arranged to crush the calculus, because he feared a foreign body was the nucleus of the stone.

Case of Sudden Death in a Child.—Dr. A. C. **Harris** related a case of sudden death in a child, æt. 8 months; (?) Cause. The child was a well-cared for, well-nursed, closely-looked after baby, in fact, had never been ill before. Dr. Harris was sent for because the child had had a crying night and seemed in pain. This was at 10 a.m.; the diagnosis was intestinal irritation, and treatment accordingly. The child died at 6 p.m. There was no choking, cough, or struggle, and the face quite pale. At the post-mortem, fifteen hours after death, *rigor mortis* well-marked, all the thoracic and abdominal organs healthy, the cardiac ventricles in firm systole, the intestines empty, with no ecchymoses, adhesions, &c., a little milk in the stomach.

Dr. **Alexander** read a paper on

PUERPERAL FEVER

based on his experience at the Liverpool Workhouse Hospital, and he quoted the statistics of that institution for twenty-six years, the time represented by all the lying-in registers he could find. During that period 8,323 woman had been confined, of whom 2,685 are entered as married, and 5,638 as single. The mortality from septic influences was ·5 per cent., and from all causes 1·4 per cent. The causes of death were verified generally by post-mortem examination, and sometimes occurred several months after confinement. The causes of death were described in detail, and points of interest briefly alluded to. Dr. Alexander then proceeded to show that the arrangements of Nature at and after confinement, in ordinary cases, were admirably adopted for the healing of the intra-uterine wound aseptically and safely, that puerperal fever was a wound fever and nothing else, that the contagious fevers, such as scarlet fever, had no influence in producing puerperal fever, except the patient at the same time contracted that contagious fever when she would probably suffer from it, and not from puerperal fever. He then described the lying-in wards at the Workhouse, the staff employed there, and the means adopted for the prevention and cure of puerperal fever. He alluded to the statements made by a member of the institution before the Royal Commission in regard to these statistics, and said he had invited the member to attend and make his objections to the statistics before his medical brethren, but he had not replied or attended.

Dr. **Macfie Campbell** considered that a legitimate specialty is a midwifery one, and that the midwifery practitioners should avoid as far as possible attending infective diseases. Dr. Campbell had recently absolutely forbidden nurses to use douches.

Dr. **Briggs** thought, allowing for differences in site, the surgical fevers were typically represented by the puerperal fevers. He held that the traumatism in precipitate labour and in operative midwifery ought to be considered in relation to subsequent asepsis, and here an intra-uterine douche given immediately after the labour secured what many subsequent douches might never accomplish. During the puerperine delay in recognising the symptoms which mark the onset of the most severe cases where nervous symptoms are often prominent frequently led to dissatisfaction with or failure in the treatment. Hence the douche is blamed because it was not given at the proper time.

Dr. T. B. **Grimsdale** said the term puerperal fever, he thought, was too comprehensive; it included a large variety of pathological conditions under one heading, leading to endless confusion. Under the term puerperal sepsis, or puerperal septicæmia, the ground would be cleared and some definite idea arrived at as to what was to be included under the heading. At present puerperal fever might mean any rise of temperature during the lying-in, or it might mean some dread specific disease which, according to some authorities, was peculiar to lying-in women, having origin from scarlet fever, typhus fever, erysipelas, &c., but which, becoming modified in the puerperal woman, gave rise to puerperal fever. All these theories, and many more, would be swept away and the treatment infinitely simplified and made more satisfactory if the term sepsis were used in place of puerperal fever.

Dr. **George Johnston** in his remarks quoted two cases where the puerperal woman had been brought in contact with scarlet fever, in one case with no ill effect, but in the other the woman developed scarlet fever. He thought that puerperal fever was rare in the practice of medical practitioners, but not so in the practice of midwives, and that very few of the midwives were able to recognise the early symptoms, which indicated the need for the douche, and that those responsible for the training of midwives should see that this point was well attended to.

Drs. Hope, Murray, and Macalister also made remarks.

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France.

[FROM OUR OWN CORRESPONDENT.]

Paris, April 21st.

Rupture of the Kidney.

At the Société de Chirurgie M. Marchant, referring to a case of rupture of the kidney treated by expectation, and mentioned at the preceding meeting by M. Tuffier, said that no doubt there are a large number of cases of contusion of the renal organ necessitating no intervention, but there are others of extreme gravity where there are good reasons to suspect internal hæmorrhage, and an operation must be resorted to in order to save the life of the patient. Further, the operation should be done as soon as possible, as the danger of peri-renal hæmorrhage is very great. An incision is made in the lumbar region, the clots cleared out and the kidney exposed. If there be found but a single rent the parts can be sutured, but if the organ be completely divided, as often happens, nephrectomy is imperative.

M. Lucas considered that the operation is a very safe one; he had treated recently a case of rupture of the kidney by the method described by his learned colleague, and the patient made a very good recovery.

Calculi of the Urethra.

M. Bazy read a paper on two cases of calculus in the urethra. The first was that of a peasant who had suffered from renal colic fourteen years previously. About three years ago he noticed a swelling in the perineal region, but as the tumour did not inconvenience him he would not allow any interference. However, a few weeks ago, the parts ulcerated, and a calculus about the size of a hen's egg was easily removed. The second case was that of an old man who for many years experienced considerable difficulty in micturating, and was supposed by his medical attendant to be suffering from stricture. One day he discovered a small fluctuating tumour in the perineum, and retention having come on suddenly, he passed with some difficulty a catheter of very small calibre. The following day the tumour was incised and some pus flowed out, followed by a stone of the size of a bean; the urethra was destroyed to the extent of an inch. The origin of the stone must be attributed to a renal colic from which the patient said he had suffered from about thirty years previously. The origin in any case, said M. Bazy, of calculi of the urethra is very obscure, but one fact is evident, many derive from the kidney and are arrested in the canal. Before now the operation of lithotrity left frequently fragments in the canal which became the nucleus of urethral calculi; but since the method of Bigelow has been followed no such accidents can occur.

Splenectomy.

M. Terrier spoke on a case of ablation of the spleen, reported by one of his colleagues. A young girl of eighteen was suddenly seized with vomiting, severe abdominal pains, and other symptoms indicating peritonitis. Born in a southern climate, the patient had suffered frequently from intermittent fever. The left side of the abdomen was particularly sensitive, and the spleen was very voluminous. The state of the patient rendered laparotomy imperative. When the abdomen was opened the omentum was found to be adherent and a good quantity of blood flowed out; the spleen was twisted twice on its pedicle and adherent to the neighbouring organs. The operator (M. Hartmann) tied the pedicle and removed the spleen, closing the abdominal wound without washing out the peritoneum. The patient made a rapid recovery, and microscopical examination of the blood some time after the operation showed that the red corpuscles had considerably increased.

In concluding, M. Terrier said that he wished to draw attention to the accidents to which torsion of the spleen can give rise to. He had found two similar cases to that he had just mentioned where the operative treatment saved the patient, while in another case, that reported by a surgeon of Anvers, no intervention was made and the patient succumbed.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, April 20th.

Thrombosis after Influenza.

Prof. Leyden showed a young man, æt. 20, who suffered from thrombosis. Six weeks before the attack he was confined to bed with influenza which gradually seemed to improve till one morning he awoke with a stabbing pain in the left hand. At this time the hand became pale, and a few days later assumed a dark blue colour. From this time a feeling of cold was experienced in the part, with gradually increasing weakness. When he was received into hospital, no pulse could be found in the left radial artery, but higher up, in the brachial, above the elbow, a feather-like hard thrombus, about three inches long, could be felt in the artery, and on slight pressure, gave great pain. Above the thrombus the pulsation could be distinctly felt. The heart was normal, and no other symptom pointed to the formation of a thrombus except the influenza. The electric testing proof of the muscles of the hand and forearm exhibited great reduction in the response to stimuli. Later several of the muscles became atrophic with regenerative reaction. Measurement of temperature of the skin in the spatium interossei gave for the left hand, 28·5° C., for the right hand, 34·8° C. The thrombus extended upwards 15 centimetres above the internal condyle. Gradually, however, the symptoms improved, the circulation was slightly restored, although pulsation at the radial artery was never obtained.

Spontaneous arterial thrombosis and gangrene are not unknown after acute diseases, and more particularly in the convalescence of typhus. We have also a case of closure of the arteria poplitea after erysipelas recorded by a French observer, and again after a case of influenza. The presence of arterial thrombosis after infectious diseases, especially influenza, can be easily understood where a marasmatic influence is present; but Leyden is inclined to believe from the recovery of the patient after the influenza that the marasmatic influence is passed, and that the phenomenon inducing the thrombosis was the destruction of the white corpuscular element of the blood which from the beginning of the disease to the height of the fever and even after this period would be greatly reduced. He quoted from different experiments the effects of toxines on the white corpuscles and the great accumulation of blood discs coagulating in the arteries.

Laache said that the puerperal condition was credited with peripheral thrombosis, but from a clinical standpoint he thought there was less peripheral thrombosis in this than many other diseases, such for instance as influenza, six cases of which he had to record, and might be properly termed "grippal thrombosis." He confessed that early epidemics of this disease were not so fraught with thrombosis as the later appearance of the disease seems to have been. Whether the latter be the genuine epidemic, he is unable to say, but the character of the disease has evidently changed. Of the different diseases, typhoid, pneumonia, rheumatism, chlorosis, and senile decay, he has only seen fourteen cases, three of which were males, and in all thrombi were confined to the vena femoralis, saphena major or minor.

Diseases of the Heart in Typhoid, Scarlatina, and Diphtheria.

Rhomberg, in publishing his investigations, points out that the parenchymatous and interstitial processes are not so closely connected in the tissues of the heart. In typhoid the higher grade of parenchymatous degeneration advances rapidly to the end of the second week; but later this morbid change is not so great. Interstitial myocarditis, on the other hand, only makes its appearance at the end of the second week, when the parenchymatous has run its course. In scarlet fever the interstitial myocarditis may begin to make its appearance on the fourth day, but its intensity is not reached till the end of the second week. Diphtheritic myocarditis makes its appearance later than scarlet fever, usually about the seventh or ninth day, and its intensity is reached about the beginning of the third week, and is continued even into convalescence. Rhomberg has seen myocarditic bands from diphtheria in the third week. Leyden has recorded several in the fourth week well advanced. In typhoid Rhomberg has met with these in the third week. The symptoms during the fever period are—great weakness of heart, irregularity and smallness of the pulse, probably with dilatation. The best sign of dilatation of the left ventricle with irregular contractions is, according to Leyden, galopprhythmus. Traube considered sudden sinking of the pulse "frequenz" an ominous signal in diphtheria. Leibermeister considered the pathological increase of tissue fluid, as œdema of the ankles, a dangerous symptom. Dilatation is frequently met with in typhus by the middle of the second week observable by the soft and empty pulse. In diphtheria Rhomberg can only relate one case of dilatation occurring in the first week in diphtheria. On the other hand, he has found it after a few days in scarlet fever continuing two or four weeks.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, April 20th.

Ectropia Cordis Congenita.

R. v. Braun showed an infant, 36 hours old, weighing 2,600 grammes, and healthy in appearance with the exception of the ectropia. In the anterior wall of the thorax there is an opening somewhat smaller than the size of the heart, but it is presumed that the heart developed and long existed outside the body before retraction; probably there existed a band of amniotic tissue passing from the anterior to the outer coverings. There was also on the right side of the head a large necrotic patch; the sternum was quite absent. The heart was twisted about 90 degrees from the normal, the right ventricle anteriorly, and the left posteriorly. It appeared suspended by the vessels; the pulse was slow, and the vibration of the heart wide during the systole. It was a surprise to all that the child had lived so long. The opening is covered with a flap of lint moistened with common salt.

Dr. Reiner remarked that he had often met with such cases in young animals, and that the heart when contracted became very red, as was observed in the present case, which showed that the superficial layers of the heart became greatly hyperæmic in systole.

Polypus.

Rethi showed a man, æt. 53, who had consulted him with troublesome cough, difficulty in breathing, but the voice was perfectly clear. The laryngoscope revealed a polypus the size of a hazel nut in the posterior wall of the larynx whose anterior pole presented into the trachea. It was removed by galvano-caustic snare and found to be an œdematous fibroma with its surface covered with flat epithelial cells.

Testicle Enlargement.

Wick brought forward a young man who, after a severe illness, was affected with enlargement of the left testicle. Fever was absent. After this the trunk was affected with small pus vesicles appearing on the extremities and joints. Later the testicle was found to present a circumscribed fluctuating point from which pus was drawn and found to contain tubercular bacilli. He considered this to be an undoubted case of inflammatory tubercular testes with metastasis on the surface of the body.

Warm Baths.

Wick read a paper on the effects of warm baths on the temperature. He said the specific heat of the body was reduced when the bath was between 31° and 34°, but the reduction was not parallel with the time or temperature of the bath. The pulse was increased when the temperature of the bath rose to 37°, but was unaffected between 34·8° and 36·4°. The specific heat is increased during the first half hour, but gradually becomes less thereafter. The amount of direct heat depends a good deal on the conductivity of the tissues as proved by experiments on the dead body, which shows that the heating is in the ratio of geometrical progression. The true heating agent in the body is through the circulation.

There are other factors as radiation, conduction, and evaporation which he maintains to be most important, as in breathing, perspiration, &c. The latter is adapted for the packing treatment as the perspiration is abstracted from the blood. All these conditions must be accepted as arbitrary as the body will soon accommodate itself to the treatment by warm baths and fail to act either by evaporation, radiation, or conduction.

It may be approximately stated that the pulse is increased 10 beats per minute by increasing the temperature to 40°, while the skin is greatly reddened.

Another point of investigation was the effect on the metabolism of the body. The body weight begins to sink after commencing the warm water treatment, falling 500 to 350 grammes; after which it begins to increase if treatment be continued till the body has reached 50 to 600 grammes more than it weighed at the commencement. The loss is greatest at the commencement of the treatment, and is more rapid than the increase. The nerve system is in no way irritated by the treatment. The quality of the pulse measured by the sphygmograph shows no weakening of the arteries as is generally assumed, the hæmoglobin is increased; the blood is not subsequently thickened; the leucocytes are increased; the breathing is longer and deeper, and the sensation of the skin is soon restored.

The Operating Theatres.

MIDDLESEX HOSPITAL.

Splenectomy.—Mr. **Pearce Gould** removed the enlarged spleen of a woman, æt. 38, who had been for some time under the observation of one of his colleagues, Dr. Coupland. The spleen reached two inches below the umbilicus and half way between the left linea semilunaris and the linea alba. It was slowly enlarging. There was no leucocytosis and no history of malaria, and very slight anæmia. The case was regarded as one of splenic anæmia in its early stages, and it was believed that removal of the spleen would cut short the disease. Such a result, Mr. Gould pointed out, had been previously obtained, and all other treatment for these cases had been ineffectual, and they terminate fatally. A long incision was made in the left linea semilunaris and the spleen carefully delivered, the lower end first. The pedicle was a broad but exceedingly short one; it was tied with silk in seven ligatures, great care being taken not to wound the pancreas. The peritoneum on each side of the hilus was dissected up a little to make a safe pedicle and the spleen cut away. There was no hæmorrhage from the pedicle. The wound was closed with three rows of silk sutures. Mr. Gould remarked on the advantage of a free incision, so that the spleen could be delivered easily without tearing its capsule; he thought it was very important not to make any traction on the pedicle, as such traction has been known to cause extreme collapse; the pedicle, he said required very careful ligature, and the surgeon had to be very careful not to include any portion of the pancreas, as that accident had been known to cause gangrene of the gland. Hæmorrhage, shock, and injury of the pancreas were in his opinion the chief dangers of the operation.

It is satisfactory to state that at the end of the fourth day the patient was doing well.

Nephrectomy for Intermittent Hydronephrosis.—The same surgeon operated on a woman, æt. 26, who seven years previously had been in the hospital under his care with a dilated left kidney. Whilst under observation the dilatation had suddenly disappeared. Nothing further had been noticed till a few weeks before the present operation, when pain in the loin came on and the tumour again was apparent. The kidney was excised through the loin from within its proper capsule, the capsule being peeled off. The vessels were included in one ligature and the ureter in another. Buried sutures were placed in the divided muscles and the skin wound closed, no drainage being employed. The kidney was found to be greatly dilated with an enlarged pelvis opening abruptly into a narrow ureter.

KING'S COLLEGE HOSPITAL.

Thyroidectomy.—Mr. Carless operated on a woman, æt. 32, the subject of a small but troublesome goître. A few years back she had come under his treatment for constitutional syphilis, the primary sore having apparently formed upon the gum of the upper jaw. It was followed by an ulcerated throat, and a small opening in the hard palate had developed subsequently. The enlargement of the thyroid body had been noticed a little over a twelvemonth, and had recently caused a good deal of respiratory embarrassment, especially at night. An incision was made along the anterior border of the lower half of the right sterno-mastoid muscle, which was exposed and drawn outwards. The omo-hyoid muscle was separated and retracted upwards, the sterno-hyoid and thyroid muscles partly divided and drawn well over towards the middle line. The capsule of the tumour was now clearly exposed, and the surrounding tissues freed by manipulation from the right lobe. The vessels entering and leaving the mass were now dealt with and ligatured, the superior thyroid vessels being secured at the upper angle, the middle thyroid vein at the centre of the outer margin, and the inferior thyroid vessels below. The tumour was now freed from all its connections except the isthmus, great care being exercised to keep as close to the capsule as possible so as to avoid injury to the recurrent laryngeal nerve and subjacent deep vessels of the neck. The isthmus was transfixed well on the left side and ligatured by means of silk which had been previously boiled in carbolic lotion (1 in 20). The deeper parts of the wound were approximated by buried stitches, and the skin closed by a continuous catgut suture. A drainage tube was inserted, but Mr. Carless stated that it would be removed in 24 hours. He also commented on the exceedingly satisfactory nature of this operation in removing the general symptoms of palpitation and irregular heart's action associated with the excessive absorption of thyroid secretion, and mentioned a case in which he had recently operated with the most gratifying results.

ST. MARY'S HOSPITAL.

Tuberculous Cervical Glands.—Mr. Owen operated on a little girl of about six years, the left side of whose neck was bulging with what he described as tuberculous glands. He said that he had never operated on a worse case; both the anterior and the posterior triangle was full of them. Fortunately, however, they were not suppurating. Beginning with the posterior group, he made an incision along the posterior border of the sterno-mastoid, and removed an enormous quantity, some of them being taken from under cover of the mastoid process, and some from behind the clavicle. He remarked that in removing the lowest of them his finger was touching the subclavian artery. Then with a free incision in front of the sterno-mastoid he cleared the anterior triangle. During the operation he called attention to the spinal-accessory nerve and to several inches of the internal jugular vein, which was naked and bulging. A drainage tube was passed beneath the sterno-mastoid and out by the posterior wound. The wounds were closed with silk suture and dressed with wood wool; (fifty-eight separate clusters of removed glands were counted). Mr. Owen remarked that when the internal jugular vein was pulled up with a mass of glands it became stretched, flattened, and emptied. It thus looked exactly like an innocent band of connective tissue, and was liable to be injured. The safest thing then to do was to press the finger upon the opening, and, having isolated the vein and tied it above and below, to cut it across. The operator called attention to the fact that in many surgical text-books it was stated that when a surgeon was about to tie an artery in its continuity he must be careful to make only a small opening in the sheath of the vessels, lest the vasa vasorum being severed, the arterial coats should slough and secondary hæmorrhage occur. If this teaching were founded on fact, it should be equally applicable to the vein. But, as a matter of fact, the large vein showed itself to be very tolerant of denudation. In many cases where, during the operation of removing masses of diseased glands from the neck, he had been compelled to lay bare several inches of the internal jugular, he had never encountered secondary hæmorrhage. He thought that there was a fallacy in connection with the vasa vasorum theory; it had probably found origin in the fact that the surgeon or physiologist who first suggested it was surrounded by sepsis and suppuration. Years ago, secondary hæmorrhage was of frequent occurrence after operation, but asepticism had almost completely banished it.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 25, 1894.

HOSPITAL ABUSE.

A correspondent of one of our medical contemporaries, who signs himself "S.," has evoked the wrath and indignation of a host of practitioners by a defence of the hospital out-patient system, which is daily diverting from the pockets of practitioners the fees which constitute their legitimate means of livelihood. Stated briefly, his defence of the system is twofold: 1. That "a considerable number of persons need—not merely would like, but really require—better advice than they can get for the fees they can afford to pay;" and, 2. That "the physician must live . . . . a practical contact with crowds of patients he must get somehow if he is to become . . a skilled physician." These phrases state mildly the motive power of the abuses of hospital charity. It goes without saying that three-fourths of the world will abstain from paying for an article which they can get of as good quality for nothing; it may also be taken for granted that every aspiring doctor or other professional man will adopt any or every means which is not absolutely disgraceful to get on in the world without regard to whose body he walks over. Until General Booth's reconstruction of the morality of the Universe comes off, these principles may be taken as immutable and universal, and it is, therefore, utter waste of time to objurgate against patients for being mean, and against doctors for being selfish, especially as no possible code of laws or morality could be constructed or enforced which could cure either party of its inborn sin. Whence, then, is the remedy for the disgraceful abuse of hospital charity to come? Surely from the influence of those people whose money is misappropriated and whose benevolent intentions are frustrated by the abuse of the hospital system. There is no more instructive illustration of the prevalent belief that the wealthy public are "mostly fools" than the audacity with which hospital managers proceed to waste thousands of pounds and continue to do so until a monstrous debt has accumulated, in perfect confidence that, when the obligation can no longer be staved off, any number of thoughtless but wealthy people will be found ready to pay it off and restore the opportunity for further extravagance and waste; and it seems that the hospital managers are sensible men of business, having tested their confidence in the stupidity of the public by ten thousand preceding experiments upon the gullibility of the moneyed benevolent. There is, in our opinion, no hope of a remedy for hospital abuse as long as these so-called charitable people are ready to part with their money in handfuls without bestowing a thought on the merits of the charity for which the money is asked, and therefore we think that the only chance of stemming the ever-increasing tide of idiotic hospital benevolence is to spend time, labour, and some money in instructing and educating these people. We know that there will always be many in this, as in other matters, whom no instruction or education will ever prevent throwing their money away in this manner, and the money of these can always be calculated upon by the sponges of hospital administration; but we are confident that, speaking generally, if the grateful old lady who hands her physician a cheque for £1,000 for his hospital, or the obese and moribund millionare who leaves ten times that amount to some such institution in his will, only knew that three-fourths of their benefactions were going to be wasted upon well-to-do but unutterably mean patients, or for the advertisement of ambitious doctors, they would certainly not loosen their purse-strings. If, for instance, they were told that one London suburban hospital expended at the rate of £261 15s. 3d. per bed occupied, or £14 16s. 3d. for every patient it took in—if they knew that, in the case of a large number of hospitals it would be as cheap to take the patients out and pay for them as guests at the best hotel in the neighbourhood. It is almost impossible to believe that they would continue to throw their money away on such institutions. Here, then, is the remedy for all hospital abuses. Let a small society be formed which shall expend a small annual revenue in circulating such facts as this by handbills and publishing them by advertisement. Such a society would be assailed, as the Charity Organisation Society has been, by the large and influential section of the public who are interested in the continuance of hospital abuses, and it would be said that the society was damming up the flow of public benevolence. That is exactly what it is desired to do, in the case of wasting hospitals and institutions for the gratuitous relief of out-patient sponges. It is our well-matured opinion that if, in many cases, hospitals were much poorer than they are, they would be much better, their administration more business-like and economical, the surgery and medicine dispensed by them not a whit the worse, and the patients accommodated, not less numerous, though much more honest and select.

THE SMOKE PROBLEM.

The smoke nuisance is undoubtedly one of the great drawbacks of latter day civilisation, and how to deal with it satisfactorily in our large towns has puzzled and is still puzzling the inventors of many countries. That it is damaging to clothes, furniture, and many household belongings, that it causes fogs, and that it is disastrous in its effects on life, both animal and vegetable, are propositions so widely established as to require nothing more than passing mention. It is equally to the front in Birmingham, the busy hardware capital of the Midlands, with its thousands of smoke-vomiting factories, and in London, where the nuisance is chiefly traceable to a million and a half house-chimneys. Statistics often cast vivid side-lights upon familiar subjects, and there is a startling weird suggestiveness, even to those accustomed to the ample nature of metropolitan statistics, in the statement that forty thousand tons of coal are burned every winter's day beneath the house chimneys of greater London. The chief remedies hitherto suggested for the solution of the smoke problem were thus summed up last year in the House of Lords by Lord Salisbury:—"(1) The use of anthracite, which kindles slowly, and is, therefore, like coke for the same reason, very unpopular; (2) The use of gas, the price of which is prohibitive to the poor, whose chimneys alone vomit daily some thirty-five tons of sulphur into the atmosphere; and (3) The invention of an improved grate that would consume its own smoke." Of these three recommendations, the last appears to be the most promising, that is to say, so long as we depend on coal as the main source of artificial heat. It is in the direction of improved grates, indeed, that the attention of inventors has hitherto been chiefly engaged. As a result we find a great number of slow-combustion and smokeless stoves and grates upon the market. None of these contrivances, however, have ever become popular, that is to say, in any wide sense of the term. The good old English open fireplace, with its air of comfort and its woeful lack of scientific principle, still reigns supreme.

In America, where the science of warming buildings is in a more advanced stage than with us, the houses are supplied throughout with warm air, the regulation of which is under perfect control. While it is possible that human ingenuity may one day solve the problem of how to use coal and avoid its present disadvantages, yet sooner or later the day must come when there will be no more of that useful modification of carbon left for us to utilise and grumble at. However, it is likely that long before our coal-fields are exhausted electrical science will in some way or other supply us with an alternative substitute for present methods. Already electric lighting has secured a firm foothold, and is ousting our gas-burners from their monopoly by leaps and bounds. But in the meantime, any generally available plan of artificial heating, apart from the combustion of coal or its products, is practically unknown: so that, for a time at least, town dwellers must be content to endure the evils of a smoke-polluted atmosphere. That the injury to the national health is considerable is a proposition that hardly requires formal proof. The same injurious products that destroy plant life must be harmful also to that of man. Soot, by its mechanical and sulphurous acid, by its chemical qualities, cannot fail to be damaging to the delicate tissues of the human lung. The actual amount of injury and loss sustained by the community from smoke-products cannot, for obvious reasons, be even approximately ascertained. It may be confidently asserted, nevertheless, that the national loss on this score must amount every year to an enormous aggregate. The discovery of improved methods of regulating and rendering harmless the combustion of ordinary coal for heating purposes will therefore be a great gain to the science of preventive medicine. But a greater and more radical step towards obtaining an ideal atmosphere will be made when some other source of artificial heat is brought practically within the grasp of the householder and the manufacturer. The chief argument in favour of subsidising science is that its discoveries, by fostering and developing native industries, quickly repay expenditure. In the same way a Government vote even of millions of money, if devoted to the subject of alternative methods of heat-production, could hardly fail to effect in the long run an enormous saving to the wealth not less than the health of this great country.

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THE GROWTH OF POST-GRADUATE TEACHING IN LONDON.

A sign of the times is certainly that afforded by the remarkable development of the facilities provided for post-graduate teaching in London. A few years ago there was no such thing as any systematic course of the kind; foreigners and colonial *confrères*, together with medical men practising in these islands who were desirous of improving their stock of professional knowledge, were in the habit of visiting London, and were compelled to go "empty away," on account of the complete dearth of any regular facilities by which they could add to their medical education. This state of things was a reproach to London, with its vast, almost unlimited, supply of clinical material collected in the various hospitals, special and general, and in the union infirmaries. Foreign medical men, coming direct from the splendid *cliniques* on the Continent, could never understand how it was that London was so backward in this respect. Attracted by the reputation of distinguished English physicians or surgeons, foreign *confrères* would come to London, fully expecting to find systematic teaching in vogue similarly to that to which they had been accustomed in their own country. But grievous disappointment must in many cases have awaited them. The "custom of the country" is not to organise large *cliniques* with distinguished men presiding over them. The more famous an English surgeon or physician becomes, the less does he teach. Teaching in the centres of medical education is merely regarded in the light of a stepping-stone to practice. No sooner is the pedestal of a lucrative practice mounted than the stepping-stone by which the ascent was made is ignored, and others are left to make use of it as best they may. The answer, of course, is that large consulting practices scarcely allow any time for the successful possessors of them to undertake teaching appointments. The real teaching in the various medical schools throughout the country is almost entirely in the hands of the young *alumni* of the hospitals. Upon the young assistant surgeons and assistant physicians mainly falls the burden of educating the succeeding generations of medical students. The senior members of the staff practically contribute only a small proportionate share to the teaching provided, and the exigencies of time and the calls of practice render any other arrangement than this almost impossible. Anything, however, which will tend to deprive London of the reproach so frequently urged against it, of having no organised teaching, should be regarded with satisfaction, and in this connection, it is gratifying to note how great has been the progress in the organisation of post-graduate lectures in the metropolis within recent years. The first definite step in this direction was made by the staff of Charing Cross Hospital. The scheme proved so unqualified a success that a movement was started to embrace several hospitals: this led to the formation of the London Post-Graduate Course, in which the staffs of nine or more hospitals agreed to take part in the delivery of daily lectures and demonstrations. The latter undertaking, it may be observed also, has proved highly successful; indeed, nothing could testify better to the want which existed in this regard than the popularity which these post-graduate schemes have rapidly acquired. Up to a few months ago no definite attempt had been made to extend the area of post-graduate instruction: that is to say, beyond the London Post-Graduate Course, and that at Charing Cross Hospital, medical men desirous of joining classes of the kind had only these from which to choose. In the near future, however, it is quite possible that the staffs of most of the smaller general hospitals in London will have organised courses designed for post-graduate teaching. In this connection already two may be mentioned as having led the way, namely, the West London Hospital, Hammersmith, and the Metropolitan Hospital, Kingsland Road, N.E. The utility of this movement appears to be that for a small fee the practitioners in the neighbourhood of the smaller general hospitals will have a good opportunity of seeing valuable cases and of adding to their stock of professional knowledge with the least amount of trouble to themselves. This is, of course, altogether apart from any foreign members of the profession, to whom the convenience of joining the courses might in particular cases become apparent. Upon the whole, we feel constrained to express our satisfaction that a real awakening appears to be taking place in this regard on the part of the staffs of non-teaching hospitals, and that the fact has at last been recognised that, although the medical students are absent in the latter institutions, there is no reason why the resources of the wards and out-patient rooms should be lost to the profession. The enterprise of the staffs above mentioned has our entire concurrence, and we should be glad, as has already been remarked, to see the movement carried out to its fullest extent.

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Notes on Current Topics.

The Registration of Male Syphilitics.

The repeal of the Contagious Diseases Act in this country, in deference to the persistent outcry of agitators, has resulted in the dissemination of a great deal of what otherwise would have been preventible venereal disease. But quite recently a new light has been thrown upon this subject by a suggestion which comes from America, that prostitution should be controlled by an Act rendering compulsory the registration of male syphilitics. The basis of the suggestion appears to be some facts to which attention may here be drawn. It would seem that in 1867 the Russian Government opened for its own Navy some brothels at Nazaski, for the exclusive use of the sailors. The Japanese girls were carefully examined, and when found healthy were placed "on trade" for the use of the Russian marines However, even such precautions as these did not prevent the prevalence of venereal disease. It was found that the officers of the Navy were the means by which the infection was transmitted, and not the women; the former had contracted it in Calcutta, Singapore, and other Indian ports, and thus the women became infected and the disease was propagated. The idea of preventing infected males from becoming the medium of disseminating syphilis is certainly a novel one; there is undeniably something which can be said in its favour. But in what manner could such preventive measures be carried out? Under what system could men be submitted to examination whenever they were visitors at brothels? Presumably to each brothel a medical man would have to be attached in whom would be invested the power of examining each male visitor who presented himself, and the subsequent course of events would entirely depend upon the results of the examination. In discussing, however, the details of this suggestion, it is obvious that difficulties present themselves at every turn which appear to be insuperable. It must, of course, from time to time happen that the prostitutes of the town are infected by the men whom they receive, and it must, therefore, naturally follow that if some means could be devised for detecting and registering the male syphilitic much good would result. But how could this plan of registration be carried out? That is the problem.

The Medical Defence Union.

A number of members of the Medical Defence Union met on the 18th April in the rooms of the Medico-Chirurgical Society of London. The meeting, which was non-official, had been called together to hear a personal statement by Dr. Leslie Phillips as to the causes which led to his resignation of the secretaryship, and also to consider the position of the company generally. The chair was taken by Dr. Norman Kerr. Dr. Phillips entered into a full explanation, and several speakers addressed the meeting. In the absence of the President and members of Council nothing of the nature of a personal attack upon them was very properly permitted. Out of the large number of members present 102 signed the following requisition to the Council:—"We, the undersigned, being upwards of twenty members of the Medical Defence Union, Limited, do hereby, in pursuance of the 17th Article of Association, request you to convene a special meeting of the members of the Union to be held on such day (not being later than 21 days after the 19th April, 1894) and at such hour and place in London as you may deem most convenient, for the following purposes, viz:—(*a*) To consider the recent action of the Council of the Union, in connection with the litigation between Drs. Collie and Bloxham. (*b*) To consider, and if thought fit, to repeal the present Articles of Association of the Union, or some of them, and to substitute others therefor by special resolution with the object of preventing the Council or governing body of the Union in future interfering in disputes of a purely private or domestic nature between members of the Union, or between a member of the Union and any other member of the medical profession not being a member of the Union." Another resolution, moved by Dr. H. H. Sturge, was carried unanimously. It was to the following effect:—"This meeting feels the deepest regret at the resignation of Dr. Phillips, and in view of his proved experience and foresight trusts the loss of Dr. Phillips to the executive may only be temporary."

Medical Evidence in Criminal Cases.

In a murder case which was tried last week in Dublin, a medical practitioner got himself into serious trouble and was fined £5 for contempt of court for refusing to attend upon his subpœna. Apparently his testimony was required for the defence and for the purpose of showing that the deceased might have died from other causes than injury, and, as to this, the doctor said that he knew next to nothing of the matter. What we are concerned about is as to the obligation on him to attend without security for his fee. The law on this subject is obscure and unsatisfactory. If the subpœna was issued from the Crown Office, whether the evidence was for the prosecution or the defence, the doctor should have attended, and his fee, according to the fixed scale, would have been secure to him. We believe that, as a matter of fact, the *contretemps* arose from the fact that he thought that the summons came from the defendant, and that, if he attended, he had little chance of being paid, and he derived this impression from the fact that the document was not served by the police, but by an attorney's clerk. He was wrong in this impression, and was fined accordingly; but, suppose he had been right, the question is whether a doctor is compelled to attend and give expert evidence in a criminal case upon a subpœna couched in the usual official form but issued by the defendant and without payment of fee. We know that, in a civil suit, the subpœna technically binds the witness to attend and give evidence as to matter of fact, like any other citizen, but that if he abstains from attending because his expert fee is not paid or secured to him, the judge will very rarely enforce the subpœna. As we believe, this remark does not apply to criminal cases, and that if a doctor is served either for prosecution or defence in such a case, he must be present and will probably get his fee from the Crown if the defendant is not able to pay it.

Medical Students from South Africa.

A South African contemporary draws attention with pride to the successes of the medical students from the Cape at the last examinations of the University of Edinburgh. The "Cape men," as they are commonly called by their fellow-students, have certainly distinguished themselves, as a reference to the honours list will show. For example, one Cape student carried off the silver medal of the School of Medicine; another secured the gold medal in anatomy at the Royal College of Surgeons, Edinburgh—the "blue ribbon" for third years' men; yet another student gained the medal for second years' men; while the bronze medal in pathology and that in practical and microscopical pathology also respectively fell to students from South Africa. When it is remembered that the South African students are hardly three per cent. of the total number in the Faculty of Medicine, these successes appear to us all the more striking. In any case, however it speaks well for the attractions of the Edinburgh School that so definite a proportion of Cape students seek their medical education in the northern capital of the kingdom, and avoid London. The deficiencies of the educational system, mainly represented by the absence of a university which would give London students access to degrees in their faculty, must be held to be chiefly responsible for this state of things. It is generally admitted that the clinical material in London available for teaching purposes is superior by a long way to that which any other teaching centre can show throughout the world. Yet, despite this fact, medical students are fast becoming accustomed to turn elsewhere for their medical education.

The Birmingham Board of Guardians.

It seems that the small-pox epidemic in Birmingham shows no signs of material abatement. The Birmingham Guardians have had the matter under their serious consideration. It appears that the Board has allowed the Health Committee of the town to house their small-pox cases in a stone-yard adjoining the workhouse infirmary, pending the erection of a new small-pox hospital at Yardley. The Health Committee was to have resigned their occupation of the stone-yards by December 31st, and an extension of that time to March 25th was reluctantly granted by the guardians. The request of the Committee for further use of the yards was acceded to. Several interesting points were brought out during the prolonged discussion which took place. For instance, fourteen cases of small-pox occurred in the workhouse infirmary, five of which could be traced to one centre. These figures prove that small-pox sheds were very far from being an active source of infection to the infirmary. Moreover, it is almost certain that the disease would be sooner or later brought into the wards from infected districts. Another interesting fact is that in the face of an urgent epidemic the Health Committee accepted a contract for the erection of a special hospital within twelve months. Rapidity of action is everything in these cases. Instead of expensive permanent buildings, the principle has long since been generally accepted that it is best to treat small-pox in temporary sheds. One speaker went so far as to say that such mismanagement could have happened only in "the best-managed city in the world," as Birmingham has been fondly styled.

Chelsea Hospital Scandal.

It has been decided to re-organise the committee of inquiry appointed to consider the charges brought by Dr. Louis Parkes against the Chelsea Hospital for Women. The Chairman, Lord Cadogan, has addressed to the Chairman of the Chelsea Vestry an explanatory letter, from which we quote the following:—"I beg to inform you that I have received an intimation that the consulting medical and surgical staff of the Chelsea Hospital for Women, who have been invited to become members of the proposed committee of inquiry, have declined to join the committee. In view, therefore, of the letter addressed to me by the clerk to the vestry, stating that the vestry are of opinion that the professional members of the committee shall be limited to members appointed by the Royal College of Physicians and Surgeons, I venture to hope that, inasmuch as the views of the vestry in this respect will now be carried out, members will be willing to appoint forthwith one of their body to serve upon such committee of inquiry. I may add that the Presidents of the Royal Colleges of Physicians and Surgeons have now agreed to depute a member of each of those bodies to represent them, and that Lord Sandhurst, Lord Balfour of Burleigh, and Sir Chas. Dilke have also agreed to serve." It will be seen that the composition of the committee is broad and responsible, a fact which will tend to satisfy both the public and the medical profession that the inquiry will be thorough and trustworthy.

The Pail-Closet System.

The evils of the pail-closet system, to which the town of Leicester appears to be particularly exposed, were forcibly pointed out in a paper read by the Medical Officer of Health for the borough at a meeting last week of the Midland Branch of the Society of Medical Officers of Health. In referring to the typhoid history of the borough for last year, the author pointed out that the existence of the antiquated system had a close connection with the prevalence and dissemination of the fever. Out of a total of 406 cases he had no difficulty in tracing 108, or 26·6 per cent., to pre-existing cases. Moreover, while investigating some of these direct infectious cases, he was struck with the proportionately large number of infected houses which were supplied with pails as against those provided with water-closets, and the proportion of typhoid-infected persons in houses in the former as compared with those where the sanitary arrangements were better was three to one. This is a serious indictment against the use of pail-closets and the sanitary committee of the town should lose no time in getting rid of this serious sanitary defect. It appears that there are still 7,000 of these malodorous appliances in Leicester, whose presence will always be a menace to the public health. Clearly, therefore, with the sewerage system which is already available, the alterations from pail-closets to water-closets should at once be proceeded with throughout the town. Something has already been done in this direction, but the work appears to be progressing very leisurely.

A Fever Hospital Patient Fined.

The public is generally assured that when a patient suffering from fever is placed in a fever hospital that one centre of infection, at any rate, is removed from their midst. From a recent occurrence at Bristol, however, it appears that there is a further factor to be taken into consideration, namely, the personal element in individual patients, before isolation can be regarded as quite secure. In the instance to which we refer a youth, who hailed from Cheltenham, but was an inmate of the British Fever Hospital, strolled out to a public-house, and then returned to the hospital, after a short walk through some of the neighbouring streets. For this offence he was summoned before the magistrates and fined 40s. and costs. We are not told whether it was the irksomeness of hospital life that drove this enterprising young man into the streets. It certainly does not look as if the discipline could be very strict in an institution where a patient was allowed to casually leave the place in broad daylight. It is to be hoped that the medical evidence fully proved that the patient's mental condition had not suffered from his illness.

The "Parke" Memorial Statue.

The Committee which has had in hand the organisation of the memorial to Dr. Parke, Surgeon of the Emin Expedition to Central Africa, met last week for the purpose of inspecting designs for the proposed statue. The commission for the work has been given to Mr. Percy Wood, of Queen Anne Street, London, and he has prepared for submission to the Committee two designs, one in military dress, and the other in the costume of African exploration. The unanimous feeling of the committee was that the latter design, being specially appropriate to the work in which Dr. Parke chiefly distinguished himself, and being also capable of much freer and more artistic treatment than the buttoned-up military costume to which most military statues are condemned, should be adopted. The pose represents Dr. Parke standing with one foot raised upon a rock and with a rifle in front, the loose shirt showing chest and arms, and is simple, artistic, and light. The statue will be of colossal proportions, and in bronze, and in order to identify it with Dr. Parke's medical heroism, the pedestal will display, not only a descriptive inscription but a bass-relief of Parke at his professional work on some striking occasion during the expedition. Mr. Herbert Malley, of 14 Kildare Street, Dublin, has charge of the movement as secretary, and will be glad to afford any information desired.

Obesity.

The present year in some respects is a phenomenal one; we have already had a foretaste of summer, despite the fact that spring has hardly commenced. But no one could have predicted that the "silly season" would have "burst into flower" at least three months or more before it is due. Still, this is the fact, which anyone can verify by referring to the columns of a morning contemporary. Of course it is too early yet for the big gooseberry, or the sea-serpent, and a warm temperature is generally considered to be necessary before discussions on matrimony can prove to be successful. But a subject has been discovered which the promoters evidently thought was highly adapted for the time of year. A discussion has been introduced on "the art of losing fat," and already it has swelled to gigantic proportions. In common with former enterprises of the kind, a contribution appeared, more or less sensible, but giving prominence to points obviously designed for the purpose of exciting controversy, and then came a letter from a medical man, signed in full name, affording an opportunity too good to be lost for a gratuitous advertisement. Afterwards followed the rank and file of the persons whose contributions to the "silly season's" discussions are indispensable to its progress. Perhaps, however, no previous discussion of the kind has been provocative of so many inane platitudes, feeble attempts at wit, and silly remarks as that which was just the rage. It may be hoped that our contemporary does not number many cynical persons among its readers, otherwise the perusal by them of the correspondence would be almost certain to make them require medical attendance.

A peculiar case of poisoning is recorded from Leamington in which a chemist died from tin poisoning. He had inadvertently filled his pepper-castor with putty powder, which is impure oxide of tin, and had continued to use it until he fell ill a couple of months afterwards, and ultimately died.

Provident Medical Societies.

At the recent annual meeting of the Worcester Dispensary and Provident Medical Institution an important decision was arrived at with regard to the payment of the medical officers of the charity. The chairman announced that the state of the funds was so satisfactory that it was proposed to divide a sum of £80 among the medical officers. It was subsequently remarked by Dr. Read that in somewhat similar institutions in London the medical officers received 95 per cent. of the pence, 5 per cent. went for management, and the rest was made up by subscriptions. To this he added the observation that in their case the medical officers got no more than 66 per cent In this hybrid class of medical benevolence it is impossible to say what would be a fair proportion of income to devote to the payment of services by and for which the institution exists. A provident dispensary is neither flesh, fowl, nor good red herring, that is to say, it is neither a charity nor a trading institute. Medical men will do well to consider their position from all points of view before they lend their active support to this sort of vicarious charity, of which they are made the instruments.

Slaves of Tobacco.

A prolonged discussion upon the tobacco habit has been dragging its somewhat tedious length through the columns of the public press. It is a stock subject, and one which recurs at intervals with all the irregular frequency of our old friends vivisection, the opium traffic, and the big gooseberry. One cannot say that the present outburst of correspondence has thrown much light into the dark by-paths of tobacco-craving. Neither is it likely to induce the devotees of nicotine to cast off their chains through fear of that which is to come, for nothing seems to have been made clearer than the fact that a man may smoke incessantly for scores of years and yet, in spite of his indulgence, pass comfortably into a green old age. A number of remedies have been suggested for those who wish to break off the habit. Among them are medicated lozenges, hypnotism, sea-bathing, and music. So far as we have seen, no one has insisted upon the value of self-denial and self-control in shaking off the habit, when its advantages are outweighed by its drawbacks.

Anti-choleraic Inoculation in India.

According to our contemporary the *Indian Medical Gazette*, anti-choleraic inoculations in India are still being carried out on an extensive sale. M. Haffkine is at present in Calcutta, where already a large number of men, women, and children of all ages have voluntarily come forward to be inoculated. The arrival of M. Haffkine at the various places which he has visited has always resulted in a cordial reception being accorded him. Upon the whole, too, this new preventive method of treating cholera has been well taken up by the profession in India. But, now that the treatment has been fairly extensively tried, it would be interesting to have some facts showing to what extent it has proved efficacious.

Drugs and the Budget.

The additional sixpence per gallon of spirit imposed by the Chancellor of the Exchequer will have an indirect effect on medical men. As everyone knows, spirits enter largely into the manufacture of tinctures and other pharmaceutical preparations. A proportionate rise may be looked for in the price of those articles into the constitution or preparation of which spirits enter. The following is an extract from the Resolution of the House of Commons: "And the duties of customs on the articles thereinafter mentioned, being articles of which spirits are a part or ingredient shall be proportionately increased, and shall be as follows: Chloral hydrate 1s. 4d. per lb., chloroform 3s. 3d. per lb., collodion £1 6s. 3d. per gallon, ether acetic 1s. 11d. per lb., ether butyric 16s. 5d. per gallon, ether sulphuric £1 7s. 5d. per gallon, iodide of ethyl 14s. 3d. per gallon.

Fees for Duplicate Notification.

A correspondent raises once again the question of the liability of local sanitary authorities for duplicate notification certificates. In his case, a "sixpenny doctor" had been called in first and had duly notified the existence of an infectious disease. The parents on being told the nature of the complaint decided to seek higher, that is to say, more expensive, advice. The "higher advice" man of course notified in his turn, but received an intimation from the local authority that no fees could be paid, the cases having already been notified. Now the law explicitly enjoins on every medical man to notify every case of the scheduled infectious diseases, and any practitioner failing to notify would be liable to the penalties in that case made and provided. Obviously, therefore, it is out of the power of the local authority to contract itself outside of the Act, and we should advise our correspondent to take out a summons to compel payment of the fees due for such notification. As this is indisputably a question involving professional interests, he might solicit the assistance of the Medical Defence Union in obtaining a satisfactory decision.

The School Board and Defective Vision.

The Committee of Representative Managers of London Board Schools have issued their report on defective vision. Among other matters referred to it was pointed out that the gas-lighting was insufficient in many class-rooms, and the suggestion was made that the central light in the rooms be supplemented by gas brackets on the walls. Again attention was drawn to the nature of the exercises in needlework, drawing, and other handwork. Needlework was still the most trying subject as far as the eyesight was concerned. It was, therefore, of great importance that the restrictions in the number of stitches, as suggested by the Code, should be observed. A very practical remark of the Committee was that the "needlework should, as far as possible, be done when the light is brightest." Certain unsatisfactory details were referred to in connection with the "black boards," and it was pointed out that black-boards, even when most advantageously placed, were often almost illegible from distant parts of the class-room. The best arrangement was asserted to be that adopted in the newest schools, where a black-board of ground glass or composition extends along the whole wall opposite the children. Lastly, great stress was laid upon the detection of scholars who needed glasses in order to enable them to work properly and without injury, and the suggestion was made that the sight of each child should be tested on admission by the head teacher for the purpose of discovering defects which might be corrected by being referred without delay to an ophthalmic surgeon at a hospital.

The Barber's "Hair-Clipper."

This comparatively new appliance, so largely employed by barbers, is a veritable medium for the spread of contagious diseases of the scalp. In France epidemics of alopecia areata in regiments have been traced to its use. "There is one thing," says a correspondent in a foreign contemporary, "that can and ought to be done at once, and that is to make it an offence punishable with a fine to use the hair-clipper!" After all, while the razor, the scissors, and comb can be kept comparatively clean, the complexity of the construction of the hair-clipper is bound to render its cleanliness a pure matter of conjecture. Presumably nothing but sterilising it in boiling water would meet the necessities of the case. But where is the barber who would put himself to this trouble for the good of his customers. The only thing to be done, under the circumstances, is to bear in mind the expediency of eschewing the use of the hair-clipper whenever the barber is anxious to apply it in the course of his tonsorial operations.

The Annual Dinner of the Army Medical Staff will be held at the Whitehall Rooms, Hotel Metropole, London, at 7.30 p.m., on Monday, June 18th, 1894, the Director General of the Army Medical Department in the chair. Brigade Surgeon-Lieutent-Colonel J. Hector is the Honorary Secretary of the Committee, to whom all inquiries should be addressed.

The official organ of the British Dental Association is informed that both Mr. E. Lloyd Williams and Mr. W. H. Dolamore have resigned their posts as dental surgeons to Westminster Hospital as a protest against the statement made by Dr. Hebb in his opening address at the commencement of the Winter Session, October, 1893.

We understand that Sir William Stokes has been accorded the distinction of being elected an Honorary President of the International Medical Congress and a President of the Surgical Section.

Mr. Roger P. Goodworth, surgeon, of Winterton Dr. W. W. Stainthorpe, of Saltburn-by-the-Sea, and Mr. Henry E. Brameld, surgeon, of the same place, have been placed on the Commission of the Peace for Lindsey, Lincolnshire, and Saltburn-by-the Sea, for the Northern Division of the County of York respectively.

Dr. Kelly, Medical Officer for Worthing, asks us to state that all reason for the scare of last year has vanished, that there was not one death in the borough last quarter from any notifiable disease, and that the water supply, which is of an exceptionally pure character, is obtained from new tube wells a mile away from the town.

The Royal Pension Fund for Nurses obtained a verdict last week against *The Record Press* for 40s. and costs, with a public apology in the *Times* newspaper, for having slandered the said Association in the columns of the *Nursing Record*

Dr. J. Alfred Masters has been elected a secretary of the Medical Defence Union *vice* Dr. Leslie Phillips resigned, and the offices of the Union have been transferred from Birmingham to 20-21, King William Street, Strand.

The latest telegraphic despatches tend to show that cholera has reappeared along the Russian and Austrian frontiers, and fears are expressed that the threatened outbreak last year is only deferred.

In the House of Commons a Bill to amend the Sale of Food and Drugs Act, 1875, and the Margarine Act, 1887, has been brought in by Sir Charles Cameron, and read for the first time.

We learn with much satisfaction that Mr. Croly, Senior Surgeon of the City of Dublin Hospital, has returned to his residence in Dublin in renewed health.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

Glasgow University Court.—At the last meeting of the Glasgow University Court the Works Committee was authorised to appoint an architect to prepare plans for the buildings at Queen Margaret College with a view to carrying out the purposes of the Bellahouston grant. In consequence also of the further grant of £5,000 for the establishment of a Chair of Geology a committee was appointed to consider and bring up a scheme for the establishment of the chair in question. Professor McKendrick wrote intimating that he desired to hand over to the University the collection of physiological apparatus which he had from time to time added to the laboratory. The Court expressed its thanks for the generous gift.

Hamilton.—A Badly-managed Hospital.—At a recent meeting the Committee of Management met a deputation from the Middle Ward District Committee. The Visiting Committee subsequently reported grave irregularities in the management of the hospital, the matron having alleged that one of the nurses went out at nights and left the patients unattended, and on one occasion encouraged a drunken soldier to come about the place who created a great disturbance. It was stated, on the other hand, that nurses were sometimes turned out of the place in the middle of the night by the matron's husband, and a skilled and faithful nurse had given in her resignation in consequence. It was ultimately agreed to request the matron to send in her resignation, and in the event of her failing to do so within a stated time that a month's notice be given to leave.

Sudden Death of Dr. Cowan.—A painful sensation was caused in Wishaw on the 20th inst. by the very sudden death of Dr. Cowan, Burgh Medical Officer. He was actively engaged in his professional duties up till the night of his death, retiring to bed apparently in his usual health, but was found dead in the morning. An overdose of chloroform is supposed to have been the cause of death. Dr. Cowan was very popular throughout the district, and has been practising in Wishaw for over twelve years.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

IS THE ASSOCIATION OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND A RADICAL BODY?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Allow me to pass over your observation about amateur politicians being consequential, and the implied slur as to their being assertive, especially when their own interests are apparently involved, as being absolutely and totally unfounded.

No doubt the term "Radical" has in many minds come to savour of an ill-odour, but it must be remembered I used the term merely to express the possibly too progressive a policy of the "Association," which may have accounted for many esteemed surgeons having failed to join in its ranks.

But my principal reason for rising at all was to say how much I should have regretted the formation of the new "Society of Fellows" being proposed and carried while quietly ignoring the work done by the "Association" in the past, particularly as the acquired right of biennial meeting of the Fellows was signalised by the chairman so prominently in his opening speech, and this gain was, as I believed, due in the main to the action of the "Association" and its distinguished Vice-President.

If the "Association" numbers its 200 or more members, and the same can be claimed for the new "Society," which also professes itself in favour of reform, the Fellows should form an assembly at their biennial meetings amply equipped for the purpose of advocating useful and judicious reform; this could not be considered the case so long as a large percentage of Fellows stood aloof from the "Association," and I trust one of the advantages accruing to the formation of the newly-formed "Society" will be to counteract the apathy with which Fellows have been charged in all that concerns College politics.

I am, Sir, yours &c.,
James Black, M.B., F.R.C.S.
2 Princes Mansions, S.W.

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THE NEW SOCIETY OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I attended the meeting held on April 5th, under Mr. Page's presidency, about the formation of the new Society of Fellows of the College of Surgeons of England. My object was chiefly to ascertain, if possible, the views of those who wish to form such a society. I was, of course, aware that if this formation had been determined on no opposition which the members of the existing Association of Fellows could offer would prevent the trial of a rival society; but I thought that a plain statement to the meeting of the objects contemplated by the Fellows' Association—objects which have been partly secured by the perseverance of that body through ten years of arduous struggle—must have elicited from the proposers of the new society some indication whether they adhere to or differ from these objects. I was ably seconded in this effort by Mr. Norton, and the circular issued by the Association had recently reached, I believe, every Fellow in the room. But my expectations were wholly disappointed. No word fell from Mr. Page or his associates to indicate whether they agree or differ with us. The vague and unmeaning words of Mr. Page's circular were supplemented by speeches equally vague. We were told that it was very improper to have any definite opinions or objects, and "quite fie-fie" to take steps for the purpose of getting such opinions supported by votes in Council. We are left, then, to our own interpretation of the language and action of the founders of this society. Fortunately this is very easy. Apart from the questions of detail which crop up from time to time, there are two definite parties among the Fellows—the one which wishes for a new charter by which a larger share in the management of the College shall be given to the general body, and the other which is satisfied with the existing order of things. In order that there might be no mistake as to which side the promoters of the new society belong, we put the views and the claims of the present association prominently before the meeting, and urged those who are in favour of our views to join us. As no reply was vouchsafed either by the chairman or by the other speakers, we can only conclude that they think that the present charter puts the Fellows in their proper position in the College, in which case their society will be an obstacle to all substantial reform. I am not imputing any motives or implying any blame. They may have the most friendly feelings towards us (and I believe many of them really have), but the existence of a society of this kind must necessarily strengthen the obstructive party. I hope, therefore, you will allow me to use your powerful aid in urging on all the Fellows who think with us the necessity of joining the association and promoting the election into the Council of Fellows who will support their views. There is an ambiguous sentence in Mr. Page's circular which appears to insinuate that the association is "a small committee which, without having any truly representative character, might tend to influence, and, in the end, control elections to the Council by methods akin to those of the political caucus of the day." I am very little skilled in "reading between lines" or understanding the meaning of ambiguous hints like this, nor do I see how any small committee could persuade a large body of Fellows to vote for a candidate whom they did not wish to vote for, nor what are the methods which Mr. Page's circular compares to those of a political caucus. The Fellows' Association has always signified in the plainest words possible what its views are, and when it has found candidates who would support those views it has taken the most open and public means for the purpose of promoting their election. It is in no way ashamed of this course, and has not (as far as I know) any intention whatever of abandoning it. It is the only intelligible method of procuring reform; it has had considerable success hitherto, and will, I believe, ultimately succeed in securing the end we have in view. I firmly believe that the Fellows are generally of our opinion, so I hope the new movement may result in increasing our association till it includes a majority of the whole body.

I am, Sir, yours, &c.,
T. Holmes.
Great Cumberland Place, April 11th, 1894.

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WHAT CONSTITUTES UNSOUNDNESS OF MIND?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You kindly published a letter from me in your issue of the 11th inst. in reply to Dr. Macnaughton Jones, wherein I attempted to point out that the adoption of any conventional phraseology, such, for instance, as the "borderland of insanity," would involve our profession in legal complexity and intrigue. Mr. Jessett has, however, to my great surprise, considerably exceeded Dr. Jones in this respect, and goes so far as to say that by "climacteric mania" he does not mean insanity, and that the term "mania," as applied to this disease, is certainly misleading, suggesting "mental disorder connected with the climacteric" as a more suitable term. It occurs to me, therefore, that a simple analogy should suffice to show the difficulty of accepting his suggestion, and for this purpose let us suppose that criminal offences committed under the influence of drink were regarded legally as insane actions, it would seem clear that a person who might suffer from slight mental disturbance under this condition could be properly designated (to paraphrase Mr. Jessett's definition) as a person suffering from "mental disorder connected with drink;" but supposing a person under a like condition were to evince suicidal or homicidal tendencies of a very threatening character, I submit that such person could then be appropriately described as in a condition of alcoholic mania, if I may employ the term. For a similar reason a person suffering from some slight mental disturbance under the climacteric period might be described according to Mr. Jessett's suggestion as suffering from "mental disorder connected with the climacteric"; but supposing this disorder attains that degree of intensity as to require the most "careful watching," mania, or some such term, is the only one, as I understand Drs. Goodall and Craig to intimate, which could give the case its practical and serious significance. If, therefore, Mr. Jessett objects to the term "mania," it is clearly incumbent upon him to supply a better; certainly it is not fair to leave us without one, the logical sequence of which would be that any case passing through the climacteric, which, he says, "is never insane in the first instance," but which culminates in unequivocal insanity, would have to be described under the one generic term, "mental disorder connected with the climacteric," which is nothing more or less than a deprivation of language.

I am, Sir, yours, &c.,
Clement H. Sers.
Queen's Road, April 19th, 1894.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Kindly permit us to correct an unfortunate error which occurs in our letter under the above heading in your issue of last week. We are represented as saying, in regard to the question of the retention of certifiable patients in single care, that "we have *no* direct cognisance of such cases." Precisely the contrary was intended. The correction is the more desirable since the phrase as originally designed is a suitable introduction to the final part of the sentence, in which we express our belief that the practice in question is widespread. The corrected sentence runs as follows:—"We have direct cognisance of cases in point, and if, as we believe, the practice in question is widespread, the risk to recovery—and to life itself—is obvious."

We are, Sir, yours, &c.,
E. Goodall & M. Craig.
West Riding Asylum, Wakefield,
April 20th, 1894.

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JOURNALISTIC BOYCOTTING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The independence and liberty of the Press is a subject-matter for pride on the part of every liberal-minded Englishman, but especially in medical literature our profession looks for, and, I think, rightly expects, independence in judgment and unprejudiced writing in the columns of its weekly periodicals. Unfortunately, of late, doubt has arisen in the minds of a large section of the medical profession as to whether some of the leading organs of medical opinion in this country are conducted with that wholesale disregard of cliquism and outside pressure so essential in journals that profess to reflect the mind of a large professional constituency, or to educate it in the higher ethical traditions which have been handed down to it. Once a doubt is engendered in the minds of the readers as to the honesty of purpose and independence of action of the proprietary or editorial department of a journal, immediately is its influence and weight depreciated, and its power for elevating the *morale* of the profession diminished. Few, I assume, will deny these general principles.

This much being admitted, I would respectfully ask why your contemporary, the *Lancet*, should allow any narrow and selfish spirit to actuate its conduct towards a large, important, and influential scientific society like the British Gynæcological, numbering some 500 members of the medical profession who have been duly elected its Fellows, and amongst whom are most of the eminent British, and not a few leading American, Australian, and Canadian obstetricians?

In fact, a more thoroughly representative and cosmopolitan society it would be difficult to find. Yet it is the proceedings of this Society that are refused a place in the columns of your contemporary. There must surely be some reason why its subscribers should be denied the advantage of perusing the valuable reports of gynæcological medicine and surgery, in the records of the cases which are regularly brought before, and discussed at, the meetings of this Society.

Let me here speak plainly and ask the question—can it be true, as is widely believed, that this process of journalistic boycotting has arisen out of an unavailing effort to discountenance and depreciate the status and work of the *special* hospital physicians and surgeons of the metropolis? It is well known that a rivalry exists between the obstetrical and gynæcological societies, and there is no reason why such rivalry should not lead to a generous and healthy competition in the scientific work of both. It is true that the "Obstetrical" has amongst its Fellows all the leading London general hospital obstetricians: the "Gynæcological" contains in its ranks all the leading provincial ones.

The lame excuse that it is not considered to be to the interests of the profession that two societies, obstetrical and gynæcological, should exist side by side in London, cannot for a moment stand, in the face of the work done by the "boycotted" Society, and the importance attributed to its proceedings all the world over.

Undoubtedly a large proportion of those who are Fellows of the Gynæcological Society are also readers of the *Lancet*. They, like ourselves, must regret and condemn the narrow policy which deprives them of the fair and just recognition of their work, and I would put it to those who are responsible for the conduct of this time-honoured journal, whether perseverance in so obviously biassed a course is calculated to maintain either its old prestige and character for independent action, or the reputation for those liberal traditions which have been so identified with its past.

I am, Sir, yours, &c.,
April 17th, 1894. Obstetricus.

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Medico-Parliamentary.

In the House of Commons, last week, the following questions were asked:—

Deaths from Carbolic Acid.

Mr. Acland, in reply to Mr. Macdona, said the Registrar-General could not give the number of deaths from poisoning by carbolic acid, but since the beginning of the year 42 deaths from that cause had been reported in the *Pharmaceutical Journal*. It was not expedient to place an article like carbolic acid, which was used for disinfecting and other purposes, under the restrictions of the Pharmacy Act, which would confine the sale exclusively to chemists and druggists, but the Government were considering whether an amendment of the law could not be made so that some precautionary regulations might be applied to the sale of carbolic acid and other poisons. He was afraid, however, that no law would restrain persons from committing suicide, but deaths from the accidental use of such compounds might probably be lessened by legislation.

Alleged Fatal Vaccination.

Mr. Hopwood—I beg to ask the Parliamentary Secretary to the Local Government Board whether his attention has been called to the death of a child named Simeon Dawson, who died after much suffering following on vaccination performed at Bury, in Lancashire; whether he is aware that the doctor who operated on and attended the child gave a certificate of death—"Primary, vaccination; secondary, pyæmia,"—and that the registrar of deaths declined to receive the certificate but gave an order for burial; whether the registrar sent up the above certificate to the Local Government Board, and was he justified in his refusal; what reply or communication has been made to him on the subject; and whether information was given of this case to the Royal Commission on Vaccination.

Sir W. Foster—The only information the Local Government Board have as to the cause of this death is contained in the certified copy of the entry with regard to the death in the register of deaths for the district. The cause of death entered was "Vaccination, pyæmia," and was certified "J. Silverwood, L.R.C.P." The death took place on the 3rd March last, and was registered on the 5th. The Board are informed that there is no foundation for the suggestion that the registrar declined to receive the medical certificate referred to. The Board received from the registrar a certified copy of the entry in the register on the 6th March, and on the same day the particulars of the case were forwarded to the Royal Commission on Vaccination.—(Hear, hear.)

Mr. Hopwood asked for what reason the certificate was sent up to the Local Government Board.

Sir W. Foster said the registrar pursued the usual course of informing the Board of any case of death after vaccination.

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Laboratory Notes.

WINE OF COD-LIVER OIL.

Messrs. Thomas Christy and Co. have submitted to us a sample of Stearns' "wine of cod-liver oil with peptonate of iron." This preparation, which is pleasant to take and free from objectionable smell and taste, contains 25 per cent. of cod-liver oil, with the addition of four grains of peptonate of iron to each fluid ounce. Such a combination will commend itself at once to medical men with fastidious patients to whom it is desired to administer this class of "medicine-food." The iron being in a readily assimilable form, does not tend to produce constipation or to provoke the disturbances of digestion to which most preparations of iron expose the patient, and it is stated, on clinical experience, that the patient's weight increases, in the majority of instances, in a more marked degree than with pure cod-liver oil, a large proportion of which is, as is well known, often found in the fæces, very little the worse for wear. We can confidently recommend this elegant pharmaceutical product in the treatment of phthisis and the various affections associated with or dependent upon the strumous diathesis.

STEARNS' CASCARA AROMATIC.

We have received from the same firm samples of "Cascara Aromatic," an aromatic sweetened fluid extract of cascara sagrada. The therapeutical properties of this valuable and fashionable laxative do not seem to be in the least impaired by the process of rendering it palatable; indeed, it may be regarded as a concentrated preparation, to be administered in correspondingly small doses (ten to thirty minims). We understand that Messrs. F. Stearns & Co., of Detroit, were the original manufacturers of Cascara in America, and the preparation under consideration differs only from the pharmacopœial extract in the fact that the bitter principle, which causes griping (and has no therapeutic value) is removed and simple aromatics substituted therefor.

Dike's Pepsin, from the same firm, is a non-hygroscopic soluble pepsin, perfectly free from mucus, and devoid of the musty odour usually associated with commercial samples of the ferment. It is presented in large, fluffy, silvery scales, and is altogether an elegant product.

ANTISEPTIC "MOUTH-PEARLS."

The well-known firm of Radlauer, of Berlin, have sent us samples of their "mouth-pearls" for disinfecting and deodorising the mouth and throat. These cavities are indeed the happy hunting ground of very numerous families of bacteria and cocci, pathogenic and otherwise. They it is that attack the teeth, provoking caries of these useful if not altogether indispensable dermal appendages. In these warm, moist, and spacious retreats, nestle the specific organisms of diphtheria and other infectious anginal affections, to say nothing of the comparatively innocuous germs whose *rôle* it is to impart a putrid odour to the breath. The extinction of even a part of the seventy or eighty micro-organisms whose *habitat* is the mouth is certainly a consummation devoutly to be wished. The agreeable odour which these pearls impart to the breath is a further advantage, at any rate, to those who are unfortunate enough to require such "respiratory cosmetics."

ANTINERVINE.

We have received from the same firm a sample of a new analgesic, to which the name of Antinervine has been given. Advantage may once more be taken of the opportunity to protest against this system of nomenclature, based on the supposed therapeutical application of this or that substance, a system which, if not nipped in the bud, will land us in confusion. Antinervine is a white, sparingly soluble powder of a somewhat agreeable taste. Like other remedies of the class to which it belongs (it is peptonised salicylbromanilide), it reduces the febrile temperature and subdues the symptom pain. It is, therefore, suggested for use in migraine, neuralgia, and in various disorders associated with an abnormally high temperature, such as articular rheumatism, pulmonary tuberculosis, &c.

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Medical News.

A New Hospital to the Memory of Livingstone.

An interesting ceremony took place at Dartford on Saturday, last when Mr. H. M. Stanley, of African fame, journeyed there in order to lay a memorial stone of a Cottage Hospital which is to be dedicated to the name of his eminent predecessor, Livingstone. The town was decorated in honour of the occasion, and a large concourse of people gathered to witness the ceremony. Mr. Ernest Hart said that no one better than Stanley knew the vast extent of the life and labours of David Livingstone, or their continuing and permanent influence on humanity. The medical profession welcomed Mr. Stanley that day as the one appropriate man to take the leading part in dedicating this Cottage Hospital as an enduring memorial to the great physician and African explorer. Mr. Stanley, after declaring the stone duly laid, delivered a lengthy address, in which he touched on the chief features of Livingstone's life and work. His good-humoured indifference to the discomforts of his wandering life was, he said, as marked as his gracious bearing towards the negroes. His hands were as free from violence as his lips were without guile. In dedicating this institution to one so great and so noble, they must think of him as of one who had yielded himself to a loving submission, and who laboured to the best of his means and with an extraordinary ability, awaking to the toils of the day and resigning himself without the least misgiving to the rest of the night, believing that the effect of his self-renunciation would not be altogether barren. A vote of thanks to Mr. Stanley brought the proceedings to a close.

Conjoint Examinations in Ireland by the Royal College of Physicians and the Royal College of Surgeons.

The following candidates have passed:—

Completing the Examination:—R. V. Brews, P. Coffey, J. M. H. Conway, R. L. Davies, E. S. L. Heard, H. E. Howley, T. F. Loughrey, T. C. Mackenzie, R. H. Moffit, F. J. Palmer, R. H. D. Pope, C. Powell, E. E. Roberts. B. Scribner, W. Taylor, T. A. J. White, T. F. Whyte.

Chemistry and Physics.—D. A. Faris, S. Jacob.

Pharmacy.—C. H. Cormac, H. M. Clarke. D. A. Faris, C. H. Fitzgerald, R. K. Galwey, A. W. A. Irwin, S. Jacob, C. J. Jones, J. F. O'Flanagan, R. W. Orpen, F. S. Walker.

Biology.—H. M. Clarke, C. H. Cormac, C. H. Fitzgerald, R. K. Galwey, S. Jacob, J. F. O'Flanagen, R. W. Orpen, W. Meagher, F. S. Walker.

Anatomy.—H. M. Clarke, C. H. Cormac, J. F. O'Flanagen R. W. Orpen.

Royal College of Physicians, Edinburgh; Royal College of Surgeons, Edinburgh; and Faculty of Physicians and Surgeons, Glasgow.

At the Quarterly Examinations for the Triple Qualification in Edinburgh, held during the present month, the following candidates passed the Final Examination, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. & S.G.:—

Harold Downes, George Prentice, Henry William Vaughan, John Jamieson Wallace, Charles Copland Piper, Patrick Gabriel Joseph Kennedy, Florence Hope Dissent, Mary Barnard, Reginald Edward Ingram Johnson, Wilson Ranson, John Garner, James Thornhill Woodhouse, Thomas Ernest Price, William Fleming Stevenson, Ernest Kinloch Johnstone, Catherine Mabel Blackwood, William Henry Tracey Vallange, Henry Paul Butterworth, Frank Carylon Rundle, David Stephenson, William John Gething, Elizabeth Marianne Erskine, William Atkinson Hardiker, Charles William Laver, John Gorman, Charles Wilfrid Lawson, Robert Alexander McWilliam Robinson, John Meade, Simon Finkelstein, Vivian Ernest Chang, Alfred Theodore Anderson, John Inchbald Johnson, Cecil Beaumont Roscrow, Grace Haxton Giffen, William Thomas Wood, John Hoggan Ewart, Cecil Gordon Foggs, William Henry Barnby, Horace Joseph Palmer, John Joseph Fitzgerald, Charles Ernest Conran, Edmond Frewen O'Ryan, Frederick William Clark, Joseph Henry Ensor Trout, William Owen Evans, Arthur Baillie Francis, Edward Haddon Ohlmus, and John Barrow Osborn Richards.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing twenty-six strings for holding the numbers of THE MEDICAL PRESS AND CIRCULAR, may now be had at either office of this Journal, price, 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor

ORIGINAL ARTICLES or **LETTERS** intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

MR. E. C.—The communication is of no practical interest to our readers.

MR. G. C. R.—Thanks, but we had previously made arrangements for reporting the lecture.

MR. JESSETT.—We shall be glad to receive the woodcut.

DR. R. P. HARRIS (Philadelphia).—We have marked your paper for early insertion.

DR. R. WILLIAMS (Preston).—We much regret the delay, which has been quite unavoidable. Proofs will be sent you during the next few days.

DR. SPENDER (Bath).—Eminently so.

MR. S. R. will find the subject of his communication has been treated in our present issue.

NOBLY DOING HER PART.

"YOUR husband is the editor of the *Bugle*, I believe?" said the neighbour who had dropped in to make a friendly call.

"Yes."

"And as you have no family and have considerable leisure on your hands, you assist him now and then in his editorial work, I dare say?"

"O, yes," answered the brisk little wife of the young newspaper man, hiding her strawberry-stained fingers under her apron, "I edit nearly all his inside matter."

QUÆRENS.—Our attention has already been called to the use in England of the medical prefix "Dr." by foreigners possessed of no British diploma, but although technically the assumption of a medical title exposes the delinquent to proceedings for infringement of Section XL of the Medical Act (1886), such actions are very difficult to bring to a successful issue, and are rarely brought. You might direct the attention of the Medical Defence Union thereto.

MR. NOBLE SMITH will receive a private note.

DR. V. G.—We have inquired as to the meaning of the inscription "Schweitz Coiffeur und Chirurgen Verband," and we are informed that it is only a fancy title devoid of any legal significance. At the same time the Association is interesting as bearing on the partnership which erstwhile existed in this country between the surgeons and barbers.

M. R. S.—Certain subjects lend themselves to discussion with advantage, and others, at any rate at certain stages, are best left severely alone, and this we imagine is the case in respect of the topic which you have selected as your theme. A few weeks hence the position may have changed, but for the time being we prefer an attitude of prudent reserve.

DR. P. H. (London).—The tabloids of thyroid gland referred to by Dr. Abraham (Medical Society, Jan. 8th, 1894) are prepared by Messrs. Burroughs, Wellcome & Co.—as might have been inferred from the term "tabloid," which is their property.

Meetings of the Societies.

WEDNESDAY, APRIL 25TH.

HUNTERIAN SOCIETY.—At 8.30 p.m. Discussion on Diphtheria. Dr. Newton Pitt: Etiology of Diphtheria.—Dr. Goodall: Clinical Relation to other Affections of the Throat and Occurrence as a Complication of Scarlet Fever and Measles.—Dr. Sidney Martin: Membranous Inflammations and the Characteristics of Diphtheria as a Disease (illustrated by lantern slides).—Dr. Washbourn: Facts bearing on Early Diagnosis, including the Employment of Bacterial Cultivation.—Dr. Hingston Fox: Mortality from Diphtheria contrasted with that from other Specific Fevers.—Dr. George Turner: Diphtheria and Sanitation. Dr. Thorne Thorne and Mr. St. Clair Shadwell have promised to speak.

THURSDAY, APRIL 26TH.

SOCIETY OF ARTS.—At 4.30 p.m., Sir Auckland Colvin: Municipal and Village Water Supply and Sanitation in the North-West Provinces of Oudh.

FRIDAY, APRIL 27TH.

CLINICAL SOCIETY OF LONDON.—Living Specimens at 8 p.m.:—Dr. Mott: Symmetrical Atrophy of the Hands.—Dr. Habershon: Amnesia with Right Hemiplegia in a young Hysterical Woman.—Dr. Rose Bradford: A case of Facial Hemiatrophy.—Dr. Hal[illegible]: A case of Muscular Dystrophy.—Mr. R. J. H. Scott: A case of Popliteal Aneurys[illegible] followed by Embolism of the Posterior Tibial Artery and Gang[illegible] the Foot.—Dr. Carr: An Unusual Form of Periph[illegible] Cayley: Multiple Cutaneous Fibrous Nodules associated [illegible] matism. Papers at 9 p.m.:—Mr. Barwell: A Mode of making Extension in Fractures of the Femur.—Dr. Lauder Brunton and Mr. Watson Cheyne: A case of Intestinal Obstruction due to Constriction of the Bowel after Appendicitis.—Mr. Silcock: A case of Acute Intestinal Obstruction and Peritonitis; Laparotomy; Incision and Drainage of Small Intestine above Obstruction; Cure.

Vacancies.

Balrothery Union—Swords Dispensary District.—Medical Officer. Salary £125 per annum, and £20 16s. 8d. per annum as Medical Officer of Health, with fees. Election 1st May. (See advert.)

Dewsbury and District General Infirmary.—House Surgeon. Salary (commencing) £80 per annum, with board and residence. Applications and testimonials to the Chairman of House Committee on or before May 1st.

London Hospital, Whitechapel, E.—Medical Registrar. Salary £100 per annum. Applications and testimonials to the House Governor not later than May 5th.

Lunatic Asylum, The Coppice, Nottingham.—Assistant Medical Officer (unmarried). Salary £120 per annum, with furnished apartments, board, washing, and attendance. Applications and testimonials to Dr. Tate at the Asylum.

North-West London Hospital, Kentish Town Road.—Resident Medical Officer and Assistant Resident Medical Officer. A salary of £50 attaches to the senior post. Candidates should attend a meeting of the Medical Committee on 1st May, at 5 p.m.

The Royal Hospital for Children and Women, Waterloo Bridge Road.—Resident Medical Officer. Salary £70 per annum, with furnished apartments and board. Applications and testimonials to the Secretary by April 25th.

Westminster Hospital, Broad Sanctuary, S.W.—Surgical Registrar. Salary £40 per annum. Applications and testimonials to the Secretary by 22nd May.

Appointments

COVEY, W. J., L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer at the Infirmary of the parish of St. Pancras.

DENT, E. A., M.B., C.M., Assistant House Surgeon to the Devonshire Hospital, Buxton.

EDINGTON, G. H., M.B.Glasg., Resident Medical Officer to the Royal Hospital for Sick Children, Glasgow.

HARMAN, A. B., M.R.C.S., L.R.C.P., L.S.A., House Surgeon to the Royal Hants County Hospital, Winchester.

HERBERT, A. W. C., L.S.A., Medical Officer for the Borough of Southwold.

HOPE, E. W., M.D., C.M.Edin., D.Sc. (Public Health), L.R.C.P.Lond., Medical Officer of Health for the Liverpool Urban Sanitary District of the parish of Liverpool.

LAWSON, T. C., M.R.C.S., Medical Officer for the Ombersley Sanitary District of the Droitwich Union.

SHANN, H. C., L.R.C.P.Edin., M.R.C.S., Medical Officer to the York Workhouse.

TREVELYAN, E. F., M.D., M.R.C.S., Honorary Assistant Physician to the General Infirmary, Leeds.

URSDELL, H., M.R.C.S., Medical Officer of Health for the Buckfastleigh Urban Sanitary District of the Totnes Union.

WACHTER, C., M.D., Resident Assistant Surgeon (Ambulance Duty) to the Northern Hospital, Liverpool.

WATERS, A. J. G., L.R.C.P., L.M.Ed., M.R.C.S., Medical Officer for the Third Sanitary District of the North Witchford Union.

WILKIN, R. H., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Fifth Sanitary District of the Risbridge Union.

Births.

COOPER.—April 17th, at Southwood, South Croydon, the wife of H. J. Cooper, M.A., M.B., B.C.Cantab., of a son.

GOODALL.—April 16th, the wife of Dr. E. W. Goodall, of the Eastern Hospital, Homerton, of a daughter.

GOULLET.—April 19th, at 10 Blenheim Place, Grove End Road, N.W., the wife of Charles A. Goullet, M.R.C.S., L.R.C.P., of a son.

MARTIN.—April 19th, at 33 Bermondsey Square, London, S.E., the wife of F. G. C. Martin, L.R.C.P., M.R.C.S., of a daughter.

Marriages.

REECE—PERKINS.—April 18th, at Whitchurch, Edgware. Ric[illegible] James Reece, M.D., only son of the late George Reece, of Kensington, to Ada Eleanor, only child of J. Watt Perkins, of Edgware.

SCOTT—BROOKHOUSE.—April 19th, at St. Thomas' Church, Nottingh[illegible] Thomas Graham Scott, M.R.C.S., L.R.C.P., of Denmark Hil[illegible] London, to Emily Hannah Halford, second surviving daughter [illegible] Joseph O. Brookhouse, M.D., M.R.C.P., of Nottingham.

Deaths.

BLAKE.—April 19th, at his residence, Acre House, Sherborne, Th[illegible] Blake, M.D., L.R.C.P., late of Salisbury, aged 75.

CONNOR.—April 14th, at his residence, 79 Hill Street, Newry, Sam[illegible] Connor, Surgeon, J.P., aged 57.

KELLIE.—April 22nd, at 32 St. James's Square, Notting Hill, Bri[illegible] Surgeon Jas. Kellie, M.D., late of the 17th Lancers and Ro[illegible] Horse Artillery, aged 69.

MORRIS.—April 19th, at Chipping Camden, Gloucester, Chas. [illegible] Morris, M.R.C.S., L.S.A., aged 66.

WAKEFIELD.—April 12th, at Prince's Square, London, W., Surge[illegible] Colonel H. Wakefield, Bombay Medical Service, aged 65.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

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Original Communications.

ON CASTRATION IN FEMALES:

ITS FREQUENT INEXPEDIENCY AND THE SIGNAL ADVANTAGES OF CONSERVATIVE SURGERY IN THESE CASES.

By C. H. F. ROUTH, M.D., M.R.C.P.Lond.,

Consulting Physician to the Samaritan Hospital for Women, the North London Consumption Hospital, &c.

Part II.

What is the condition, mental and physical, which obtains in a castrated woman? I care not if it be said that the mortality is small. But what are the symptoms in after life? Dr. Geo. H. Savage in a paper on "Some Neuroses of the Climacteric and Summary of Climacteric Cases at Bethlem" makes a remarkable admission that in the Library of the Royal College of Surgeons he did not find a single entry under either of the heads climacteric, change of life, or menopause. Two books only were found. One in English on "Change of Life" by Dr. Tilt, which he characterises as excellent, only a little too full of vasomotor explanation, some in French by Dr. Gardann. In fact the full phenomena of change of life in modern data has yet to be written, but is it not equally the case with the results of castration in the female? Operators are glad enough to tell you how many cases they have operated upon, and that their patients recovered from these operations, but what became of these women later on, that is the question to be answered. But on this point they are almost entirely dumb.

First, as regards the ovary itself. If any healthy part of it is left behind, it will do its work. Several examples are given of pregnancy following partial castration, to which I shall make reference in the sequel. But more lately Dr. Airstoff (*Lancet, Medical and Surgical Reporter*) has published a dissertation on the compensatory hypertrophy of the ovary, from materials obtained from the Pathological Medico-Chirurgical Academy under Professor Wanoski, from which he shows that when one ovary is removed the other one increases in size and weight, the follicles coming more rapidly to maturity and withering more quickly, besides which the medullary layer increases. In observations made on rabbits, it was found that the hypertrophic process (physical and mental changes after castration of annexes and ovaries) had begun within two months after the operation, and that at three or four months the remaining ovary had nearly doubled its original size. After the fifth month the remaining ovary became smaller again. (*British Gynæcological Journal*, Nov., 1893, p. 342). This is after all what we should have expected, and should act as a caution to surgeons not to remove a second ovary lest it should become diseased. Even if this be healthy its removal has unfortunately been recommended as the safest course to pursue. Such is not improbably a surgical delusion.

Climacteric changes closely resemble those following castration.—Dr. Savage speaking (Medical Press, Nov. 8th, 1893) before the Medical Society has put in a very interesting form before us some of the physical troubles of the menopause. Those who fancy something has burst in their heads or wombs, who describe the feeling as one of hot blood over the brain surface or partial loss of brain, or deadness or emptiness, all of which he has no doubt are due to disorder of the reproductive organs either at the onset or ending. He dwells particularly on the development of hair on their faces so much more commonly produced at the menopause, which may develop an accompanying suicidal tendency. This hirsuteness may also occur after removal of the ovaries. Again with the passing away of the sexual function, querulousness, jealousy, imagination that they are no longer cared for by their husbands, not infrequently occur.

Fully developed insanity occurs generally in the form of melancholia. Out of 54 Bethlem cases, 32 were melancholia, 10 maniacal, 7 suffered from delusional insanity, 3 from mental weakness, and 2 were general paralytics. Dr. Savage dwells also upon the disorders of the senses, and specially those of hearing and smelling—and the hankering after strong drink. The perverseness of the sexual function or sympathetic side of the woman at such times is apparent in home relations, some lose all sexual feeling, and imagine they are shunned for this reason by their husbands. But in some there is a distinct revival of the sexual function, and this is combined with cunning, deceit, untruthfulness and dishonesty, attentions are misinterpreted, and they may pass away from a virtuous course of life. In others this passion passes all bounds and nymphomania results.

But Dr. Savage concludes with this definite opinion, "The ordinary symptoms of the climacteric may be induced prematurely by oophorectomy, and I have some experience that the morbid exaggerating may also occur under similar conditions. Indeed all those who have discussed this question repeat this general statement. Among the later writers Martin, in his paper read before the Gynæcological Society, affirms that the artificial menopause is accompanied by the same peculiar nervous disturbances which characterise the natural climacteric (p. 279, November, 1893). The same is asserted by Dr. Champney in his last paper in the "Bartholomew's Reports" on removal of appendages. "The menopause he says with all its accompaniment occurs (p. 55). Amongst other symptoms he refers to the occurrence of vasomotor disturbances, flushings, abdominal swellings, faintness, neuroses, &c., sometimes great obesity. The sexual organs shrink, vagina and uterus become atrophied, breasts shrivel, and of course sterility." There is, no doubt, that many of them on realising their degradation are like eunuchs made intensely miserable, a feeling which extends often to the husband who thereby thinks himself dishonoured. Dr. Champney lays great stress on the loss of the feelings of motherhood. This men cannot appreciate, but to women it is often an agonising lifelong misery, if not shame. Last not least though surgeons have become very skilful in castrating

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(a) Paper read before the British Gynæcological Society, April 19th, 1894.

women, still the mortality is not to be set aside too readily. Dr. Champney expresses this strongly: "There can be no doubt that free removal of the appendages has killed many women unnecessarily."

It is well to say a word on the unsexing of the castrated female. Some are said to lose all sexual organism, others to have it intensified.

Climacteric changes resembling those of castration.—Upon this point also Mr. Knowsley Thornton states (Medical Society of London's "Transactions," vol. xiv, p. 255), with regard to unsexing, again affirming, as he had often done before, that removal of both ovaries in a woman who had no supernumerary ovary, did unsex her, and destroyed the sexual desire and pleasure. He affirmed this as the result of careful inquiry addressed some years ago to all the patients on whom he had performed the double operation either in ordinary ovariotomy or in the operations under consideration.

I think it will be admitted that operations on the sexual organs of a female favour insanity in some form. In hysterectomy Dr. T. Keith put it down as ten per cent., and I suppose in these cases the ovaries and tubes were also removed. Even we find it affirmed (*Lancet* I, '85, p. 522, Barwell's paper): Insanity often occurs after ovariotomy. Barwell, Lawson Tait, Alban Doran have all given instances. Meredith also states that many cases of insanity had occurred after ovariotomy, usually within a week after operation. Dr. Edis has mentioned one also.

This subject has been lately discussed by Dr. A. H. McFarland in a paper which was published in the *Annals of Gynæcology and Pediatry* for October, 1893. After mentioning Dr. Spitzka's and Dr. Richard Dewey's opinions, who leave the question very much where they found it, still unsettled, Dr. McFarland remarks, "While pelvic and abdominal diseases of women are more frequently and intelligently recognised by the profession now than formerly, it may be affirmed that more women, ten to one, have been consigned to hospitals for the insane (victims of needless or unskilful surgical operations) than have been restored to reason by the most commendable and skilful abdominal surgery." (*British Medical Journal*, November, 1893.) Dr. J. M. Baldy read a paper before the American Gynæcological Society on "Insanity following Laparotomy," in which he gave statistics from insane asylums of Pennsylvania in regard to the number of patients received after laparotomy. From 18 institutions he received reports of 15 cases, and he himself had one case of melancholia after an operation for rectocele, and another with chronic confusional insanity after oophorectomy. One of the conclusions of this paper *in primis* is that gynæcological operations are more likely than any other surgical procedure to disturb the mind.

Effects of removing annexes.—In the Medical Press of November 22nd, 1893, reference is made to Professor Chroback's view on the advantages and disadvantages of operating on uterine appendages. He points out the great difficulties in drawing honest conclusions therefrom, as the statistics are not sufficiently reliable. Rosthorn operated on 106 cases who visited the Hospital of Vienna, and endeavoured to learn the results by a Fragebogen, *i.e.*, a schedule of appropriate questions on their present state of health. Only 40 replied. The difficult question is, "Are they able to perform their usual duties afterwards." It certainly involves sterility in most cases. But the danger of the operation is small. (Professor Winter makes the mortality 3½ per cent., Schauta and Chroback 4·1 per cent.), but sometimes a psychical change takes place which must never be lost sight of in our premonitions.

The result of the Fragebogen was :—

1. State of general health—8 good, 24 improved, 3 unchanged.
2. Ability for work—26 able, 16 improved, 6 unable.
3. Assimilation—29 improved, 1 the same, 13 emaciated.

From 40 published cases by Rosthorn, 3 are reported to have died shortly after the operation, 20 recovered, 20 healed, 4 unhealed, 13 improved, 1 remained without history. A later history of 30 cases gave 19 who were perfectly healed, 4 improved, 4 remained unhealed, and 3 died. From this it is concluded that half the cases have a satisfactory result. On the other hand Schauta receives these statements with great incredulity as the unrecorded cases would outweigh this result. Again statistics showed very few cases died from pyosalpinx. Many recovered by massage, but if rupture occurred, the perforation and peritonitis were so rapid they died before reaching the hospital. In many of the cases he had operated upon severe central disturbance ensued which led him to believe there was a much closer connection between the nerve centres and the genitals than we had calculated upon. He had operated on 213; 121 had been heard of, 100 had replied favourably, 17 were freed from their former symptoms, while 4 remained unchanged. Careful consideration of the whole case was therefore still a great *desideratum*.

Mortality from Diseases of the Adnexa. Comparing cases left to themselves with cases operated upon.

Here we must distinguish between the usual mortality from these diseases without operation, and after operation. The latter class to be again sub-divided into those cases treated per vaginam, and secondly into those treated by abdominal section.

Dr. Grigg has given us a very graphic account of seven cases of ruptured pyosalpinx which occurred at Queen Charlotte Hospital during or after labour. This is a very sad complication, the more so as I do not see how the existence of this disease, entirely unsuspected, could have been diagnosed in time. It would be needful to examine every pregnant woman, which could never be, before labour. But we may trust that after that paper it would be at once diagnosed like a case of ruptured ectopic gestation and operated upon once it had burst. But if only seven cases were observed out of the thousands of women confined in that hospital the disease must be exceedingly rare.

Dr. Lewers has published a very able paper on the "Pathological Conditions of the Fallopian Tube" (Medical Society's Transactions for 1887). He found 17 cases of gross tubal disease out of a hundred women carefully examined in the dead house, but in no case was death produced by the disease. Dr. Galabin, out of 302 post-mortems at Guy's, found the number to be only 12 or 4 per cent., and the number of cases of pyosalpinx, was still smaller, two cases. There were 14 cases of chronic inflammatory disease, or 9 per cent. about the Fallopian tubes without distension. Death had probably indirectly resulted from perimetric inflammation in about 2·3 per cent.

Dr. Kingston Fowler's post-mortem cases are still more remarkable. In three years, 1882, 1883, and 1884, and through the courtesy of Dr. Kingston Fowler I am enabled to give now the full data, the total number of post-mortems made at Middlesex was as follows :—

Year.	Medical.	Surgical.	Total.
1882	178	110	288
1883	182	112	294
1884	167	92	259
	527	314	841

Out of this 841 total, there were found 15 cases of pyosalpinx and hydrosalpinx. "But in none of these cases was the disease suspected during life. Partly also from the fact that all the cases were complicated by some other general or uterine disease which would render doubtful to what degree any symptoms observed were due to the state of the Fallopian tubes, and also because in most of the cases, the reports of the post-mortem appearances clearly indicate the course of the disease and the sequence of the several events which together brought about the patient's death."

These cases so fully and faithfully given and evidently with so much impartiality, have been often quoted as proving the great seriousness of the disease and its great mortality, but I think with the above lucid description given in a few words and so very forcibly put by Dr. Fowler, such a conclusion is scarcely warranted, or intended by the author, especially now as we know the total number of post-mortems made in the three years. Thus far they can now be compared with Drs. Lewers' and Galabin's cases. In the first place Dr. Fowler distinctly states that in none of those fifteen cases was the disease suspected during life. Have we not some reason, therefore, in hoping from experience in other cases, that if they had been diagnosed, perhaps some might have been cured; and lastly, one objection which I think has great weight has been made by Dr. Champneys: "In Middlesex Hospital the autopsies include a number of cancer cases from the cancer wards. In five of the fatal cases cancer existed, and in one there was a large fibroid. All that these cases therefore prove is that cancerous women may actually die with intercurrent tubal disease. As it is, it proves that out of 841 cases, 15 only died with diseased tubes in the three years, *i.e.*, giving a mortality only of 1 per cent.

This result is contrary to what has been stated. Dr. Lewers tells us that in none of his 100 cases was death produced by the disease. Out of 302 cases Dr. Galabin gives the percentage mortality at 4 per cent, and Dr. Kingston Fowler at 1·7 per cent.

It would seem, however, from these preceding data that if the cases had been left to themselves the mortality would have been less, as a general rule than it was on those operated. For the actual mortality after operation is more formidable except with Mr. Lawson Tait, who puts down his deaths, out of 474 cases, at 2·5 per cent.

Dr. Cullingworth in his paper read before the Obstetrical Society, puts it down at 8 per cent. on 50 cases.

Dr. W. Duncan, 30 cases and 1 death, *i.e.*, 3·3 per cent.

Dr. Byford, 24 cases, 2 deaths or 8·3 per cent., and at the Samaritan Free Hospital from 1880 to 1893, 66 cases, mortality 5, equal to 8·3 per cent.

Dr. Cushing, in the *Pacific Journal* for July 1890, gives us also a summary of 14 cases in which abdominal section for removal of uterine appendages, not the seat of tumour, was performed by various gynæcologists, with only 1 death equals 7·1 per cent. These numbers differ greatly, but it is manifest that a great deal depends on the nature of the cases operated upon. For instance in Mr. Tait's cases there were 179 cases of pyosalpinx, 37·7 per cent. In Dr. Cullingworth, 20 cases, equal 40 per cent. In Dr. Duncan's, 2, equal 6·6 per cent. Dr. Cushing, 7 cases, or 50 per cent. Comparison therefore gives no idea of the merits of the operation.

Professor Winter has a mortality of 3½ per cent. Schauta and Croback, 4·1 per cent., and Martin, out of 27 cases, lost 1, equal to 3·7 per cent. Dentu extirpated the annexes in 48 cases, but this number included 4 ectopic gestation cases. Before 1890, at the Hospital Necker, 18 cases with one death only. Since 1890, he had extirpated the annexes in 30 cases; 14 of these were chronic salpingitis, cysts, hydrosalpinx, &c., all cured. Twelve were cases of pyosalpinx with 2 deaths, 4 were cases of ectopic gestation, with 1 death. Omitting these last 4, we have 44 cases of removal of the annexes with 2 deaths, 4·5 per cent.

Again, Bouilly had 33 laparotomies for pyosalpinx, and 4 deaths, 12 per cent.

Segond had 23 hysterectomies for removal of appendages with other lesions of tubes and ovaries with 4 deaths, 17·4 per cent.

Doleris had 84 cases, laparotomies with 4 deaths, 4·7 per cent.

Richelot, 103 laparotomies for diseases of annexes, with 4 deaths, 3·8 per cent.

And yet, if we are to believe the French surgeons, they appear to think that it is almost innocuous to remove the appendages, although some openly condemn the operation as frequently nothing better than mutilation. "The mortality from operations in these cases," says Doleris (see his paper, "Trop de Mutilations Inutiles, Nouvelles Archives d'Obstetrique et Gynæcologie," vol. 7, p. 403) is another surprise. It seems to have become a negligable quantity. Some writers simply speak of it, others announce it very precisely, but only for recent and limited periods, omitting all earlier dates. Again, others regard the mortality from these operations as not possible." In fact, to spay a woman unless also suffering from other serious diseases, is like spaying cattle, considered of no moment.

RODENT ULCER:

A CLINICAL STUDY BASED ON TWENTY-EIGHT CASES.

By ROGER WILLIAMS, F.R.C.S.,
Late Surgical Registrar, Middlesex Hospital, &c.

The recent discussion on rodent ulcer at the Pathological Society reminds me, that although during the last quarter of a century, numerous additions have been made to our knowledge of the histology of this disease, the study of its clinical features has been neglected. Hence less is really known of this form of cancer than of any other variety of the disease. Under these circumstances the following analytical study of twenty-eight cases recorded by myself when Surgical Registrar to the Middlesex Hospital, will probably be of interest.

A. Males (14 cases).

Age.—The earliest age at which the disease was first noticed was 26 years, the latest 70, and the mean age was 44·4 years.

When *first seen* by me the youngest was 34 years of age, the oldest 72, and the mean age was 54·6

The numbers for each quinquennial period were as follows:—

Age when first noticed—25 to 30 years, 2; 30 to 35, 2; 40 to 45, 3; 45 to 50, 4; 55 to 60, 2; 65 to 70, 1; the average being 44·4.

Age when first seen—30 to 35, 1; 35 to 40, 1; 45 to 50, 3; 55 to 60, 5; 60 to 65, 3; 70 to 75, 1; the average being 54·6.

The Total Duration of Life.—There were only two fatal cases, and in these the total duration of life, dating from the commencement of the disease, was 21 and 9·3 years respectively.

In the former of these cases no operation had ever been done.

In the latter the primary disease, which began near the inner canthus, was excised a year after its commencement, and the eye was enucleated. There was recurrence *in situ* before the wound had healed. Six years later this recurrent disease, which during the last year had taken on quasi-epitheliomatous characters, was freely dissected out, and the actual cautery was afterwards applied. Recurrence set in six months later, and this was again dissected out, but it returned a few months afterwards. There was no further operation. He died of asthenia a year and a quarter afterwards, with the disease progressing. There was no necropsy.

Duration of Life to Admission.—In 14 cases the duration of life from the commencement of the disease to admission was as follows:—

The shortest period 1 year, the longest 25 years, the average 10·4 years.

The subjoined statement further illustrates this subject.

The duration was from 1 to 5 years in 3 cases.
" " 5 " 10 " 5 "
" " 10 " 15 " 3 "
" " 15 " 20 " 2 "
" " 20 " 25 " 1 case.

Seat of the Initial Lesion.—This was noted in 13 cases. In every case the disease began in the skin. Its situation was as follows:—

Nose in 8 cases (side of, near right inner canthus in 3; side of, between level of inner canthus and ala nasi in 3—right 2, left 1—; ala nasi in 2—right 1, left 1).

Eyelid in 2 cases (lower, near right inner canthus 2).

Cheek in 2 cases (over right malar bone 1, near middle of right naso-facial groove 1).

Forehead in one case (over the left frontal eminence).

Character of Initial Lesion.—Pimple in 4 cases, small sore in 2 cases, speck in 2 cases, wart in 2 cases, lump, nodule and scurfy patch, each in 1 case. With regard to the *size* of the initial lesion, when first noticed it is described as being like a pin's head in 4 cases, small in 4 cases, pea-like in 2 cases, like a split-pea in 2 cases, and like a threepenny piece in 1 case.

Civil State.—Of 12 individuals, 8 were married, 3 widowers, and 2 were single.

Occupation.—Carpenter in 3 cases, police inspector, joiner, printer, servant, bricklayer, farm labourer, tin-plate worker, railway porter, coal porter, and boot-maker, each in 1 case.

Ætiological.—Of 11 cases in which inquiries were made there was history of *previous injury* in 1; in this case the disease began as a small hard knob, in the seat of a wound caused by a piece of glass, a short time previously.

Of 11 cases there was history of *previous disease* at the seat of the initial lesion, in 1—a congenital wart.

With regard to *syphilis* inquiries were made in 8 cases, and in 2 there was distinct evidence of the disease.

Previous Health.—Of 10 cases the previous health had been good in 9 (with no serious illness since youth in 3), and indifferent in 1.

The following previous diseases are noted as having occurred since childhood:—Rheumatic fever in 3 cases, small-pox in 2 cases, and erysipelas in 1 case.

FAMILY HISTORY:—(A) *The Occurrence of Cancer.*—Of 11 families in which this was specially investigated, there was history of cancer in 2 (18·18 per cent.). In one case the patient's father died, æt. 66, of cancer of the *œsophagus*, and in the other the patient's maternal grandmother died, æt. over 80, of cancer of the *skin of the thigh.*

(B) *The Occurrence of Tumour.*—Of 10 families there was history of tumour in 2. In one of the cases the patient's mother died, æt. 60, of *abdominal* tumour; in the other a daughter of the patient's sister died of *abdominal* tumour (this is the case in which the patient's maternal grandmother died of cutaneous cancer of the thigh).

(C) *The Occurrence of Phthisis.*—Of 8 families one or more members had died of phthisis in 3. The relatives thus affected were the father, brother, and sister, each in one family. In one instance there was history of phthisis and tumour in the family—the patient's mother died of abdominal tumour and her sister died of phthisis.

(D) *The Occurrence of Insanity.*—Of 5 families there was history of insanity in 1, the patient's father died insane, æt. 66.

(E) *Consanguinity in the Parents.*—As to this inquiries were made in 3 cases with negative resul[illegible]

State on Admission.—(*a*) Of 7 primary [illegible] well nourished, 1 moderately nourished, 1 pale, and 1 was sallow. In three cases the complexion was noted, all were dark. In these 7 cases there was no instance of enlargement of the adjacent lymphatic glands. Two of them presented old syphilitic scars on the legs, and 1 ulcers as well. In another case the capillaries of the cheeks were unduly obvious.

(*b*) Of 7 recurrent cases, 2 were well nourished, 2 moderately nourished, 1 ill-nourished; and 2 were pale, 3 were of fair, and 1 of dark complexion. In 2 cases the recurrent disease had assumed a quasi-epitheliomatus appearance; and in each of these cases there was a single enlarged lymph gland over the masseter muscle, just below the zygoma.

In the other 5 cases there was no lymph gland enlargement.

In every case the recurrent disease, appeared at the seat of the pre-existing disease. In one of these cases, in which the whole of the left half of the forehead was involved, nearly the whole of the diseased area had healed, and remained so for several years. This patient was admitted with rather recent outbreak of spreading ulceration at the upper edge of this scarred area.

In all of the above 14 cases the lesion was single.

Treatment, Result, &c.—Of 12 cases, the interval between the commencement of the disease and the first operation, averaged 6 years. The longest interval was 15 years, the shortest, 1 year (2 cases).

Of 9 cases, the extent of the primary disease at the time of the first operation is stated as follows:—the size of threepenny-piece in 2, of sixpence in 2, of a shilling in 3, and of half a-crown in 2 cases.

In 4 cases the primary disease had been destroyed by *caustics*, in 3 there was recurrence shortly afterwards, in 1 case the ulcer healed and remained so for several years, when the ulceration recommenced.

In 8 cases the primary disease was *excised*, and in 3 the orbit was cleared as well. All these patients recovered, the average period of convalescence being 48 days. The subsequent history of 3 of them is unknown. Of the other 5 cases in all there was recurrence: 2 years after the operation in 1 case, one year after it in 1 case, and a few weeks after it in 3 cases.

In 10 cases of first recurrence, the disease was again excised, the orbit being cleared as well in 1.

In these cases the period that had elapsed since the first operation averaged 5·6 years, the minimum was a few weeks, the maximum 17 years.

In 3 of these cases, the recurrent disease presented a quasi-epitheliomatous appearance, and in one of them the disease disseminated in an adjacent lymph gland. All recovered from the operation, the average period of convalescence being 62 days.

The subsequent history of 5 of them is unknown. In the other 5 cases the disease recurred; 6 months after operation in 2 cases, a few months after in 1 case, 2 months after in 1 case, and a few weeks after in 1 case.

In 4 cases of second recurrence, the period of immunity was a few weeks in 1 case, 6 months in 2 cases, and 1 year in 1 case.

In all of these cases, the recurrent disease was again extirpated; in 3 by dissection, with clearing of the orbit 1, and in 1 by scraping. All recovered from the operation, and the period of convalescence averaged 67 days.

The subsequent history of 2 of these cases is unknown. In the other 2 cases recurrence set in at 1 month and 6 weeks respectively after operation. One of these patients died of asthenia, with the recurrent disease progressing, 1½ years later.

In 1 case a third recurrence was excised, and an adjacent enlarged lymph gland was dissected out;

since the last operation, 6 weeks previously, the disease having assumed a quasi-epitheliomatous aspect. The patient was convalescent 41 days after the operation.

Causes of Death.—Of the 2 fatal cases, 1 died of asthenia with the disease progressing, after stay in hospital of 520 days. The nose, orbit and adjacent parts of the cheek were extensively destroyed by ulceration having thick, hard, raised, everted edges. There was no necropsy. The total duration of the disease was 9·3 years.

The other patient died of phthisis, with the disease progressing. In this case no operation had ever been done. The total duration of the disease was 21 years. At the necropsy the body was emaciated. The left orbit, eye, cheek, and the whole of the nose were completely destroyed. In their place was a large ulcerated cavity, which communicated with the mouth by an ulcerated opening through the hard palate. The bones of this region were exposed and in places necrotic. There was no dissemination in the adjacent lymph glands, nor were there any metastatic growths. Old fibrous adhesions over both lungs, each of which presented several cavities and extensive deposits of caseating tubercle, which in many places had broken down. The other organs were normal.

B. Females (14 Cases).

Age.—The earliest age at which the disease was first noticed was 14 years, (*a*) the latest 66, and the mean age was 42·1 years.

On first coming under my notice the youngest was 29, the oldest 80, and the mean age was 53·6 years.

The numbers for each quinquennial period are as follows:—

Age when first noticed.—Under 25 years, 1; 25 to 30, 1; 30 to 35, 1; 35 to 40, 2; 40 to 45, 3; 45 to 50, 3; 50 to 55, 2; 65 to 70, 1; average, 42·1.

Age when first seen.—25 to 30, 1; 40 to 45, 1; 45 to 50, 3; 50 to 55, 4; 55 to 60, 2; 70 to 75, 1; 75 to 80, 1; average, 53·6.

Total Duration of Life.—In 2 fatal cases the total duration of life, dating from the commencement of the disease, was 15·8, 12·18, and 9·7 years respectively. All of these cases had undergone operation. In the first case the disease had been excised 1·8 before death, and there was no other operation. In the second case the disease had been first destroyed by caustics 4·18 years before death; 3·75 years after this operation recurrence was excised and the orbit cleared; shortly afterwards caustics were again used. In the third case the disease was first excised 6·7 years before death, and the operation was repeated several times during the next four years.

Duration of Life to Admission.—The shortest period, 2 years (2 cases), the longest 30 years, the average 11·3 years. The following statement further illustrates this subject:—

The duration of the disease was from 1 to 5 years in 3 cases; 5 to 10 in 3; 10 to 15 in 4; 15 to 20 in 3; 25 to 30 years in one case.

Seat of the Initial Lesion.—In every case the disease was of cutaneous origin. It began in the following situations:—

Nose, in 11 cases (side of, near inner canthus in 7, right 4, left 3; just above the right ala nasi in 2; on the right ala nasi in 1).

Temple, 1 case (one inch behind the left external angular process and one inch above the zygoma).

Upper lip, 2 cases (just below the ala nasi—right 1, left 1).

Character of the Initial Lesion.—Pimple in 7 cases, sore in 3, wart in 2, red spot and white speck, each in one case. In all these cases the initial lesion was very small.

Civil State, &c.—Married 7, widowed 3, single 4. Of 8 housewives, one worked as a laundress as well; of 2 widows, one was a nurse and the other was engaged in housework; of the single, one was a cook, one a laundress, and one a governess.

Of 7 who had lived in wedlock, all were fruitful; the maximum progeny 11 children and 2 miscarriages; the minimum 3 children; the average 6·8 children and 2 miscarriages each.

Catamenia.—Regular in 4, (profuse 1). Climacteric at 47, 48, and 50 years, in the 3 cases in which it was noted. In 3 the disease began before the climacteric, and in one after it.

Ætiological.—Of 14 cases there was history of previous injury in 3, scratch 2, blow 1. Of 13 cases there was history of previous disease at the seat of initial lesion in 2, congenital mole 1, wart of 18 years' duration, 1.

With regard to syphilis, inquiries were made in 11 cases with negative results.

Previous Health.—Of 12 cases, good in 10, (with no serious illness since youth in 5), indifferent in 2.

The following previous diseases are noted: typhoid fever in 2 cases, diphtheria, pleurisy, rickets, and myopia, each in one case.

Family History:—(a) *The Occurrence of Cancer.*—Of 13 cases there was history of cancer in one family, the patient's sister having *rodent ulcer* of the nose.

(b) *The Occurrence of Tumour.*—Of 13 cases there was history of tumour in one family, the patient's sister having died of *internal* tumour.

(c) *The Occurrence of Phthisis.*—Of 12 families there was history of phthisis in 2, in both cases several of patients' brothers and sisters having died of the disease.

(d) *The Occurrence of Insanity.*—Of 5 families there was history of insanity in 2; in one case patient's sister committed suicide, and another sister was at the time insane; in the other case the mother's sister died insane, as also did the patient's brother.

Consanguinity in the Parents.—As to this inquiries were made in 4 cases with negative results.

State on Admission.—Of 6 primary cases, 4 were well nourished, 2 ill-nourished, and one was pale. In two of the cases a large extent of the rodent ulcers had healed. Of 8 recurrent cases, 5 were well nourished 1 obese, 1 moderately nourished, 2 were pale, and 1 sallow.

One of the patients was a dwarf with extreme rachitic deformity of the skeleton. In 2 of these cases the disease had assumed a quasi-epitheliomatous character, and the adjacent lymph glands were enlarged. 7 of the patients were fair complexioned and 5 dark.

Treatment, Result, &c.—Of 14 cases the interval between the commencement of the disease and the first operation averaged 9 years: the shortest period 1 year, the longest 30 years.

In 12 cases the extent of the primary disease at the time of the first operation is stated to have been as follows:—size of sixpence in 4, crown in 3, half-crown in 3, shilling in 1, and threepenny piece in 1 case.

In 6 cases the primary disease had been destroyed with caustics; in 5 there was recurrence 4 years, 2 years, 1 year, a few months, and 2 months respectively afterwards. In 2 of these cases the disease assumed epitheliomatous characters in its subsequent course, and the adjacent glands became infiltrated. Of 1 case the subsequent history is unknown.

In 8 cases the primary disease was excised. All recovered from the operation, the average duration of convalescence being 33 days. The subsequent history of 2 of these cases is unknown. Of the others, 6 in all, recurrence took place, 2 months, 4 months, 14 months, 1½ years, 2 years, and 5½ years respectively, afterwards. In none of these cases were the adjacent lymph glands involved.

Of 9 first recurrences, the disease was excised and the orbit cleared as well in 4. The interval since the

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(*a*) For an account of this case, *vide Brit. Med. Jour.*, Sept. 10, 1890, first operation averaged 2·3 years. In 2 of these cases, the disease had assumed a quasi-epitheliomatous aspect, and the adjacent glands were enlarged. All recovered from the operation, the average period of their convalescence being 26 days. The subsequent history of 3 of them is unknown. Of the others, 1 died of phthisis 67 days after operation, in the remaining 3 cases, recurrence set in 1 month, a few months, 1 year, 2 years, and 2½ years respectively, after the last operation.

Of 4 cases of second recurrence, the intervals since last operation were 4 years, 2½ years, 2 years, and 1 month respectively. In 3 of these cases, the recurrent disease was again excised, both recurred from the operation, but their subsequent history is unknown. The other case was treated with caustic, and there was recurrence a month afterwards.

In this last case, a third recurrence, like epithelioma, with lymph gland infiltration, was excised, together with part of the inferior maxilla, 2½ years later. The patient recovered from the operation, but her subsequent history is unknown.

Causes of Death.—Of the 3 fatal cases, 2 died of *Asthenia*, and 1 of *Phthisis*.

Necropsies.—Of these there were 3.

The *general condition* of the body in all was that of extreme emaciation. In one case the body was that of a dwarf, owing to infantile rickets; the skeleton was greatly deformed, the femora and tibiæ especially being stunted and bent.

The *local disease*:—

(1) The left orbital region, eye, nose, adjacent parts of face, forehead, and upper lip entirely destroyed, and replaced by an irregular ulcerated chasm, at the base of which many bones were bare and necrotic. The edges of the ulcer, slightly raised, and quasi-cartilaginous. Histologically, epithelial ingrowths, small-celled infiltration of adjacent parts and hypertrophy of the sebaceous glands.
(2) Left orbital region, eye and nose completely destroyed, and replaced by large ulcerated cavity.
(3) Soft parts of both orbital regions, eyes, nose, forehead, and face destroyed; and replaced by large ulcerated chasm. Nearly the whole of both superior maxillæ, the nasal bones, and the anterior lamellæ of the frontal bones destroyed by the disease.

Lymphatic Glands.—In every case unaffected.

Metastases.—There were none.

The following non-cancerous diseases, &c., were found:—

Of the *Lungs.*—Old pleural adhesions over the whole of both in 2 cases (caseating tubercle of both lungs in 1 case) emphysema and bronchitis, of each 1 case.

Of the *Heart.*—Mitral fibrinous vegetations, old pericardial adhesions, atheroma of aorta, fatty degeneration and smallness, each in 1 case.

Of the *Kidneys.*—Congested in 1 case; normal in 2.

Of the *Liver.*—Congested in 1 case; nutmeg in 1; normal in 1.

Of the *Spleen.*—Small in 1; normal in 2 cases.

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LIQUOR HABIT CURES. (a)

By E. MACDOWELL COSGRAVE, M.D., F.R.C.P.I.,
Professor of Biology, Royal College of Surgeons, Ireland.

In the struggle for existence we are familiar with many examples of the success of some forms leading to the increase of others, often as parasites. So we find in social life that there are large numbers whose only idea of existence is to prey upon others, and who, in the struggle so to exist, have, from time to time, to turn their attention to where their wiles are [illegible] unknown, and where there is still a prospect [illegible] those shekels after which their souls hunger. Examples of this are common. The example I want to bring before your notice to-night is the way the quack medicine man has turned his attention to the victims of alcohol.

Of late years the disease element in inebriety has been more recognised by medical men, and this fact has been gradually grasped by the public, and they look to medicine to save them from the curse of inebriety. Unfortunately it is to medicine, spelt with a small m, that the public look and in this (as indeed in most cases) they disregard prevention and ask for a "cure," a real palpable, portable cure, which will fit into a bottle.

Any such demand for a "cure" is sure to be supplied, and instead of the occasional small cures which, like the poor, are always with us there has latterly been a crop of big cures, freely advertised; flotation, as large capitalled limited liability companies, being their ultimate object.

Before taking up these big cures I would like to pay a parting tribute to a small cure which has lately passed from amongst us. For years a Dublin chemist advertised and sold a strong tincture of red bark as a cure for the drink habit, and appended two testimonials to his advertisements. Years before the cure died out one of the two who wrote a testimonial of cure died, and, I merely mention the point to emphasise the value of testimonials, he died in *delirium tremens*; but long afterwards this testimonial of cure appeared in the Dublin papers.

Big cures are numerous in America—the land of big things. The Americans discovered the disease element in inebriety, and the quacks supplied them with cures; knowledge on the subject and quackery on the subject have both crossed the Atlantic to us. The profits on these big cures are so numerous that the owners can lavish money and so buy newspaper and other support. The agent of one cure told Dr. Norman Kerr (a) that they had £20,000 to develope it; that cure can get columns of advertisements put in as ordinary news in many newspapers. Even Mr. Stead who is to purify journalism was captured, and a notorious cure of this sort filled a page of his pilot balloon paper (b). *Pearson's Weekly* is at present engaged in giving a cure a huge advertisement.

Of the big cures one of the best known is that of Keeley—the gold cure, whose gold defies the researches of the analyst. Keeleyism started in America, and "institutes," where for a stiff fee inebriates could be treated, rapidly sprang up in all directions. It is needless to add that testimonials of cure poured in even during the first few days of its existence; we all have heard patients saying they were reformed, and yet have had to treat them over and over again for drink; but Keeley had the wisdom of the serpent and printed their protestations and took no notice of their backslidings.

Soon after Keeley's cure was introduced into England a meeting of social reformers was called at Exeter Hall to hear the marvels that had been done. To the credit of a member of our profession be it recorded that almost single handed he prevented the meeting from being held. It is said that circulars inviting subscriptions to "Keeley, Limited," had been printed and directed, and that if the meeting had been held they would have been delivered broadcast while the newspapers with accounts of the great meeting were being read.

The *modus operandi* of the Keeley cure is worth noticing; I give it as exposed by a medical officer to a Keeley Institute (c), C. F. Chapman, M.D.:—

(a) Read before the State Medicine Section, Royal Academy of Medicine 20th April, 1894.

(a) *Common Sense*, January, 1894, p. 2.

(b) Cf. "Review of Reviews," Xmas No., 1893.

(c) *Chicago Medical Recorder*, February, 1893.

First take the process:—Each out-patient received a hypodermic injection and a bottle of whiskey and was sent off. This was repeated day by day, and soon he refused the whiskey as the very thought of it made him sick. Then he signed a testimonial of final cure.

Next take the theory:—The "double chloride" (an unknown salt to chemists) was supposed to cure the craving for drink, and to give a real and lasting distaste for it.

Thirdly, take the explanation:—A fluid was placed in a glass, and, in the presence of the patient, a few drops of yellow solution were added. The injection was then made. But what did the fluid in the glass contain? It contained strychnia, a permanganate, and (this is the joke of the swindle) 1-10 grain apomorphia. The patient then drank his whiskey, and the apomorphia acting as an emetic it required only a few days to convince him that the whiskey was the cause of the sickness, and that his love for whiskey was turned into loathing. However when after some weeks he cautiously tried a friend's whiskey without previously having an injection he was likely to find his distaste had disappeared. However, even if that occurred his testimonial would not have disappeared and would still draw fish to the net.

There is also a Keeley Powder which can be given to a sufferer without his knowledge. I know several cases in which this was done, but none of them were cured, although some unwittingly swallowed, if not pounds *worth* at any rate quantities which *cost* pounds.

Dr. Keeley dislikes criticism and commenced an action for libel against the Medical Press and Circular which had boldly attacked these swindles, but when pressed by the defendants to go on he found that professional engagements kept him from crossing from America to an English witness box, and so he paid up costs.

The next big cure that crossed the Atlantic was exploited by Dr. Tyson, and is called Tyson's Cure. Of course, it came over armed with reports of cures from all parts of America. Indeed, so numerous do American cures seem to be that unless they relapsed new cures would have hardly any material to try themselves on! To avoid the cloud that hung over Keeleyism, Tyson claimed that his cure was purely vegetable and was not injected. The method of exploiting this cure was ingenious and cheap; the temperance party were asked to give it a better start than thousands spent in advertisements could give. In each town visited a temperance committee was to be appointed, and cases were to be treated for nothing under their supervision, and their reports, given with the guilelessness incidental to the philanthropic, were to be distributed as advertisements. This was actually done in Birmingham and Belfast, and the reports of the committees were spread broadcast, together with circulars offering treatment for £10 10s. and £15 15s. The value of these reports can easily be estimated when it is remembered that at Birmingham the committee's printed report is dated twenty-three days after treatment commenced, the Belfast test lasting about the same time. As Dr. Tyson says, "it is advisable that the patient should in every case have a sincere wish to be cured of the drink crave," and as the moral impression of the "cure" and surveillance of the committee count for something, the utter absurdity of this as a test is apparent.

Dublin was next invaded, the Birmingham and Belfast circulars being used as levers. Fortunately I was consulted on the matter, and with the powerful aid of the Medical Press and Circular was able to prevent the formation of a committee; but the struggle was a hard one. I strongly urged that the philanthropy of the so-called "cure" was simply a swindle, the one object being to get money; I also suggested that the "perfectly harmless preparation of vegetable origin," as the representative of Dr. Tyson described the cure to the Belfast Committee, probably contained strychnia. Both assertions have since been verified. By a curious coincidence on the very day that the first article appeared in the Medical Press and Circular "L. B. Tyson and Co., Limited," was registered in London with a capital of £100,000.

I believe that Dundee was next attacked, and a meeting of temperance workers and other philanthropists was called to hear the good tidings. This meeting was foiled by news arriving from across the ocean that Tyson had been prosecuted and fined for selling strychnine, and that the public analyst had testified that £10 10s. "worth" of the medicine was really value for 2s.

Still Dundee fared worse than Dublin, and some sort of a committee was made up, and on January 15th a preliminary report appeared in the papers. On Jan. 25th another public meeting was held. Next morning 2½ columns of report were given in a local paper. (a) It was headed "The Tyson Drink Cure. Second Public Test. The Committee thoroughly satisfied."

Twenty-one days had elapsed since the treatment of the earlier cases commenced, and the subjects were called upon, aided by judicious questions from Tyson's representative, to give their testimony. We read: "All the test cases had now passed the 15th day, and could be regarded as completely cured." The newspaper report would be amusing reading if it were not sad to think how cruelly the subjects and their friends will suffer when the inevitable relapses occur; and how many people misled by this report will expend, uselessly, hardly earned and ill-spared money. One subject had previously gone into an inebriates' home and had kept her pledge after coming out for a fortnight; then she "got it from some of her friends"; but the committee seemed satisfied that she would not relapse after their treatment. After the usual vote of thanks, Dr. Tyson's representative warned them that "they must expect an occasional little relapse," and the meeting broke up cheerfully.

Since that Dr. Tyson has come over to protect his interests: a long report in a Belfast paper represents him as saying that the Australian analyst who stated he had found strychnine was in error, but that he had marked his medicine "poison" in Australia. He said the medicine contained brucine, and gave the usual account of how he suddenly thought of it.

I have occupied the time of the Section with these "cures" in order to enlist the sympathies of those present in the effort to expose and put down these frauds. The way in which the vendors of quack medicine are allowed to impose on the credulity of the public is shameful. It would not be so bad if only the rich were fleeced, but too often the needy are the victims; the inebriate's money is seldom plenty, and the extraction of 10 or 15 guinea fees too often means some suffering and even debt for the relatives. The personal influence of Father Mathew, without fee or medicine, caused 2,000,000 Irish to take the pledge and to keep it for a time, but only a decimal percentage remained true when the period of excitement was over. The idea of Government guarantee suggested by the word "Patent" should be got rid of, and Government should publish analyses and approximate money value of proprietary medicines; but it is of what lies in our power I want to speak. One way in which we can do good is by letting it be known that, whilst inebriety is to a great extent a disease, it is not a disease which any specific can cure. Typhus used to rage in our city, and would still be raging if nothing had been done but look for a cure. Improved hygiene has changed it from a common into a rare disease. Just so must it be with inebriety. Improved knowledge and better teaching will in time render it less common. In the meantime, the rational method of treatment of the inebriate is to enforce absolute abstinence and to try and build up the system to a condition of health. If the inebriate has enough moral strength to avoid the countless temptations to drink, there is good hope of permanent cure, but if the will-power be so weakened that in spite of knowing the evil that drink is doing him and desiring to be cured, he is not able to withstand temptation, but drinks when asked, the only reasonable hope of cure is detention in an inebriate asylum where drink cannot be obtained. Even then it too often happens that a year's detention builds up self-confidence out of proportion to real strength of will, and those discharged fall victims to their friends who urge that surely they can now take a little with safety.

(a) *Dundee Advertiser*, Jan. 26, 1894.

An inebriates' home presents, however, some prospects of cure, and many cases have remained cured for years after leaving. What hope is there, however, for those treated by one of these quack cures. The two shillingsworth of strychnine lasts some twenty-one days. During that time, there is a moral impression made, the idea that it is a cure is impressed on the imagination, and the ten or fifteen guineas paid enhances this effect. The friends too are all on the side of the cure, they help for the stated time. But after the "cure" is completed, when the testimonial of cure has been drawn up and signed, what chance is there of permanence. Little, if any. The very things that help at first, hinder in the end. The self-confidence that strengthens at first, ruins at last. Friends crowd round and say. "You are cured, surely you will never again drink to excess, take a little," and feeling sure of being cured, he does take a little, and in a few days he is where he was, his friends have suffered a bitter disappointment, and the proprietor of the cure has ten or fifteen guineas and a testimonial.

I have seen a good many efforts to reform, many unsuccessful but some successful. Of the successful, all remained abstainers. I cannot remember a single instance in which an inebriate turned into a moderate drinker.

Quackery is most rampant where medical men least care to treat. Inebriates are not a very hopeful class, but they are not a hopeless one, and if medical men took more interest in their treatment, inebriety would be sensibly lessened, and the big cures now booming would return to their former small insignificance.

Selected Prescriptions and Therapeutic Notes.

121.—Neebe's Treatment of Sweating Feet by Crude Hydrochloric Acid :—

When the feet are very tender, especially in hot weather, treatment is preceded by an eight to ten days' application of compound talc powder, which is sprinkled in the stockings. The application of the acid is best made in the evening. The crude hydrochloric acid is poured into a flat vessel of stone or glass or porcelain, sufficiently large to receive the two feet. Since the soles of the feet and the skin between the toes are the seat of the trouble, sufficient hydrochloric acid is poured in the vessel to completely cover the soles. It should not be allowed to come in contact with the skin of the back of the feet. The heel is kept in the acid for five minutes ; then the sole of the foot for ten minutes. After this the feet, especially the skin between the toes, are washed in soap and warm water. Soaking in the acid must be at once stopped as soon as pain is excited, and the painful spots must be treated with zinc ointment until healing is complete. The process of soaking may be repeated twice weekly, and continued for from five to eight weeks in obstinate cases.

122.—In Cases of Anæmia :—

℞ Ferri reducis ;
Pulv. camphoræ, āā ʒjss ;
Ext. gentianæ, ʒj ;
Mucilaginis acaciæ, q.s.

M. To make ninety pills. Two or three may be taken thrice daily.—Edlefsen.

123.—A New Treatment for Pertussis :—

℞ Hydrarg. perchlor., gr. j ;
Aq. destill. ad ℥iv.

M. For external use.

A small tampon of cotton wool is dipped in the solution and then the base of the tongue, the epiglottis and the mucous surfaces adjoining are freely swabbed therewith. In slight cases of pertussis this treatment may be practised once a day, but in grave cases twice in twenty-four hours.—J. Ranbitschek

124.—A Useful Hepatic Stimulant :—

℞ Euonymin, gr. ij ;
Pil, col. c. hyoscyami, gr. ij.

M. To form one pill—one or two to be taken at bedtime.

125.—For Hæmoptysis :—

℞ Pulv. ergotæ ;
Pulv. extracti krameriæ, āā ʒj ;
Extracti belladonnæ, gr. v ;
Pulv. digitalis, gr. x.

M. To make forty pills. From four to six to be taken for a dose. The patient must keep quiet, lying in bed with heat to the extremities, and be given pieces of ice to suck.—De Mousey.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, April 27th.

The President, Mr. Hulke, in the Chair.

Dr. Habershon showed a barmaid, æt. 22, suffering from amnesia with right hemiplegia. At the age of 16 she became very anæmic and consequent on a fright she developed marked hysteria. In 1893 she fell down and apparently lost consciousness, on recovering which she was unable to speak. At the present time there was partial amnesia which seemed to be a residuum of the previous attack. He expressed an opinion that there was probably an actual lesion of the nature of thrombosis complicated by functional manifestations.

Dr. Hale White showed a man with muscular dystrophy. The patient was 22 years of age. When 8 years old he had an illness of obscure nature which kept him in bed for some weeks, after which he found himself unable to walk. As shown, he was suffering from atrophy of most muscles of the body, the only muscles not affected being the infraspinati and the muscles of the abdomen and hip. The bones had ceased to grow probably in consequence of their lacking the "muscular stimulus" to development.

Dr. R. J. H. Scott showed a man, æt. 35, who was thrown from a horse 14 years ago, bruising his leg. This was followed three years later by the development of a popliteal aneurism, and his femoral artery was tied at St. George's Hospital. The tumour shrank, but three years ago it again began to increase in size. In June, 1893, while running, he had a sudden pain in the calf of his leg and two days later signs of gangrene manifested themselves in the foot, due to embolism from the aneurism lodging in the posterior tibial artery. The aneurism was cut down upon, the popliteal artery ligatured above and below, and the sac dissected out, Chopart's amputation of the foot being performed.

Dr. Rose Bradford showed a girl, æt. 15, with facial hemiatrophy. She had complained of neuralgic pains on the left side of the face in September last, and this was followed by wasting confined to the area corresponding to the upper maxilla, and most marked in the subcutaneous tissue. There was doubtful optic neuritis. Sensation was not markedly interfered with, and there was no wasting of the tongue.

Dr. **Walter Carr** showed a lad of 11, suffering from peripheral neuritis (?). In October last he complained of severe pain and tingling in the hands and feet, and remained in bed for a month. Later on complete and symmetrical paralysis of both hands and feet supervened. Sensation was not affected. No tenderness was noticed over the nerve trunks. The diagnosis lay between peripheral neuritis and acute anterior polio-myelitis.

Dr. **Cayley** showed a lad of 12, who after an attack of articular rheumatism, developed multiple fibrous cutaneous nodules like *erythema elevator diutinum*, of Croker. Microscopical examination of a nodule showed it to be composed of fibrous tissue.

Mr. F. **Eve** showed a case of "black tongue" in a man, æt. 64. He alluded to Raynaud's view as to the fungoid nature of the affection and added that experiments were in progress in this direction.

Mr. **Eve** also showed a child, æt. 3 months, with a meningocele over the posterior fontanelle.

A MODE OF MAKING EXTENSION IN FRACTURES OF THE THIGH.

Mr. **Richard Barwell** explained that he had devised this method as far back as 1860 for use in hip disease. The apparatus consisted of an ordinary Liston or Desault splint, long enough to reach from the axilla to three or four inches below the foot. To each prong of the fork at the lower end metal arms were screwed, so that these, coming together, supported below the centre of the sole, a pulley, half an inch in diameter at the flange. At the angle of the gap between the two prongs there was another pulley merely to prevent friction. Quite at the upper end and projecting about an inch from the outer surface of the splint was a third, rather larger, pulley. To use this apparatus a strap, two inches broad, of adhesive plaster on strong calico, is applied to the limb so that the ends are just below the knee on the inner and the outer side, while the centre forms a loop below the sole. A piece of strong catgut is attached to the centre of this loop, passing thence downwards under the first-named pulley, thence upwards over the pulley at the angle of the fork, and terminating short of the centre of the splint on its outer aspect. Turning to the upper end of the splint, a perineal band is applied, preferably to the sound side, though on the present occasion he demonstrated it as applied on the fractured side. This band includes both limb and splint, its ends, where stitched together, being some little distance below the above-described third pulley. Here a piece of catgut is attached, which, passing at first upwards through the pulley, changes its direction and runs thence downwards towards the catgut which is fastened to the foot. They both, however, stop short of meeting, and to the upper piece a length of brass chain is fastened, and to the lower one an inch of rubber accumulator with a hook attached which, being hitched into any one link of the chain, determines and preserves any required degree of tension on the india-rubber spring. The splint is now secured by a broad girth and a few laps of roller to the limb. The special value of the appliance lay in the constancy of the force and in the uniformity of direction.

The **President** observed that the appliance presented several points of resemblance with De Morgan's splint, and said it was, moreover, open to the objection that applied to this as to Liston's splint, viz., that it did not prevent the rotation of the limb on its long axis, a complication which there were several ways of overcoming.

Mr. **Barwell** pointed out that he had invented this splint 34 years ago so that he could not be accused of copying De Morgan's splint. Axial rotation was prevented by sand bags which could easily be applied and did not, as when applied in weight extension, interfere with the extending force.

Dr. L. **Brunton** and Mr. **Cheyne** on a case of

INTESTINAL OBSTRUCTION DUE TO CONSTRICTION OF THE BOWEL AFTER APPENDICITIS.

The case was that of a man, æt. 35, who had suffered from attacks of appendicitis for some years. Thirteen days before the operation described he was seized with sudden acute griping pain in the abdomen, the attack lasting about an hour and then passing off. Similar attacks occurred at varying but frequent intervals, the bowels being, however, open, though only imperfectly. Thirty-six hours before the operation he took a dose of castor oil, which set up intense pain, and was followed by complete obstruction, and about twenty hours afterwards by extreme collapse. About 30 hours after the castor oil he had fæcal vomiting, and when put on the table he was practically moribund, and his pulse could not be felt. The diagnosis was a narrowing of the bowel from the gradual contraction of fibrous tissue resulting from the repeated inflammatory attacks, and this was found to be correct on operating. The abdomen was opened, the appendix which encircled the ileo-cæcal valve removed, and the adhesions cut and torn through till the contents of the small intestine could be readily squeezed into the large. After the operation, during which ether was administered, the pulse could be felt. He lay in a collapsed, almost pulseless condition, for about 30 hours after the operation, without vomiting, however, and without any marked pain, and then he had two copious and very offensive stools. After that he was very collapsed, but soon recovered, and when seen 36 hours after the operation, his pulse had greatly improved. His subsequent recovery was uninterrupted, and he remains well. The points of interest in the case were the diagnosis, the treatment, and the collapsed state of the patient. The chief difficulty in diagnosis was from internal strangulation, but the history of the case and the general symptoms seemed to point conclusively to constriction of the bowel, as was found on operation. The complete success following division of the adhesions is of great interest from the fact that this condition is generally irremediable after localised peritonitis, on account of its extent and the injury to the bowel wall which usually follows attempts at separation of these adhesions. The collapsed condition of the patient was clearly due to septic intoxication from absorption of poisonous materials from the intestine, and affords strong evidence of the view held by some that a considerable amount of the trouble after strangulated hernia is often due to similar absorption.

ANOTHER CASE OF ACUTE OBSTRUCTION.

Mr. A. **Quarry Silcock** related the case of a patient, a man, æt. 26, who was admitted to St. Mary's Hospital on September 26th, 1893, suffering from acute intestinal obstruction and peritonitis. The intestines were greatly distended, the abdomen generally being tender, and the vomiting frequent, the ejecta having a fæcal odour. He was seen shortly after admission by Dr. Luff, who deemed an exploration necessary. On opening the abdomen in the middle line below the umbilicus a small quantity of turbid serum escaped. The vascularity of the adhesion precluded any systematic search for the possible source of obstruction. The man's condition at this point became so alarming that the operation was abandoned, the wound being hastily stitched up and the man removed to the ward. The next morning he had recovered from the extreme collapse, and he opened up the central part of the wound, and made a small incision into a prominent coil of small intestine, and through this incicision he thrust the cannula of a suction trocar furnished with a long indiarubber tube leading to a basin below the bed. This was held in position for 4½ hours by relays of dressers, and a large quantity of fluid intestinal contents came away to the evident relief of the patient. The vomiting and hiccough ceased, and the pain was reduced. After the withdrawal of the cannula the wound in the intestine was closed, but it subsequently reopened emitting much fluid intestinal contents. From the character of the latter it was judged that the ileum had been tapped. On September 30 he passed a motion per rectum, and by October 9 the intestinal fistula had closed. He was discharged cured on November 8th. The cause of the peritonitis was unknown. The patient had had no trouble with his bowels since his discharge.

Dr. **Lauder Brunton** mentioned that the patient was evidently suffering from impending paralysis of the respiratory centre, and he injected strychnine solution drop by drop until the desired effect was produced The vomiting was described as stercoraceous, but on examination, it did not prove to contain any fæcal matter. The striking point was the the extreme depression of the patient, who really appeared to be *in articulo mortis.*

Mr. **Golding Bird** observed that it was curious obstruction from appendicitis should be so rare, considering how commonly one met with affections of the appendix. He recalled the case of a man, æt. 30, who came in last December with a history of having had fifteen attacks of pain, &c., in the right iliac region associated with local distension and the formation of a tumour the size of an orange in that situation. This generally disappeared coincidently with the discharge of pus in the stools, pointing to suppurating appendicitis. This tumour, however, had not disappeared after the last attacks, and when Mr. Durham examined it he came to the conclusion, from its feel, that it was a neoplasm. He had cut down upon it to relieve the obstruction, and found the caput cæcum coli of an hourglass shape, the appendix being reduced to a mere thread adherent along the cæcum. He tore through the adhesions and closed the wound, and since that time the man, who made a good recovery, has been perfectly free from pain or inconvenience of any kind.

Mr. **Eve** pointed out that cocaine could often be used in these operations to the exclusion of a general anæsthetic. In the case of a patient who appeared to be *in extremis* he had made use of 30 drops of a 2 per cent. solution of cocaine with perfectly satisfactory results.

Dr. **Hale White** recalled the case of a woman with empyema secondary to sub-diaphragmatic abscess, who seemed on the point of death. She was aspirated and pus with a fæcal odour withdrawn, after which she rallied and lived for three days. He suggested that the improvement was probably due to withdrawal of the toxin-producing pus.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Medicine.

Meeting held Friday, April 6th.

Dr. Grimshaw in the Chair.

NOTE ON AN ATAXIC CASE (PATIENT EXHIBITED).

Dr. H. C. **Tweedy** exhibited a case presenting some remarkable nervous symptoms—viz., spastic ataxia of the lower limbs on attempting to walk, though the legs could be moved in any direction when the patient was lying down or sitting. There was also partial anæsthesia and paresis on the right side of the body and slight tremors of the head and right hand. The internal rectus muscle of the left eye was paralysed, and there was marked nystagmus. The patient had complete anosmia, scanning articulation and loss of taste on left side of the tongue. On the other hand, the cutaneous, periosteal, and deep reflexes were normal. There was no defect in accommodation, no optic neuritis, no headache, vertigo, vomiting, nor pain of any kind, and no trophic disturbances. The patient was twenty-three years of age, and had been three years in the Royal Irish Constabulary, and up to December, 1893, had enjoyed perfect health, from which time the symptoms described had come on gradually. He confessed that he had been in the habit of practising masturbation for several years. Dr. Tweedy gave it as his opinion that the case was one of insular sclerosis, basing his diagnosis on the age of the patient, the nystagmus, the peculiarity of articulation, and the spastic movements of the legs. At the same time he admitted that the history of masturbation rendered it possible that the symptoms were functional.

Dr. **Doyle** suggested that the man, perhaps, might be a malingerer. He recalled a case exhibited at the Academy some years ago of a patient in adult life, and supposed to be suffering from "chronic chorea." It turned out that the patient had been under treatment before and had learned the symptoms well. He proved to be a malingerer.

Dr. **Burgess** said he did not take Dr. Doyle's view of the case, and he thought the most interesting part of the case to be as to whether the disease was functional or organic. If it were functional it would probably get well after some time. He thought that very likely it was due to masturbation.

The **Chairman** narrated the history of a case he had seen in consultation many years ago. The patient was an athletic youth of nineteen, who had become partially paraplegic, and whose body used to be usually inclined to one side. There was thought to be something unusual in the appearances of the spinous processes, and the patient had an apparatus made for him, and was kept fairly quiet. He got quite well. Ten years afterwards he told him that he masturbated at that time, that he gave it up and recovered.

Dr. **Tweedy**, in reply to Dr. Doyle, said that he had no ground whatsoever for supposing this man to be a malingerer. As regards Dr. Burgess' view of it possibly being a functional disorder, the fact that he had not improved at all during the past month was against it.

TETANY.

Dr. **Alfred Parsons** read a clinical note on a case of tetany which occurred in a schoolboy, æt. 14. For the past three or four years the patient had occasional attacks of tingling and pins and needles in his forearms and hands. Each attack lasted some twenty seconds, and he has had six or eight attacks in twenty-four hours; but till quite recently they were never followed by spasmodic contractures. On March 1st he was suddenly seized with tingling in the forearms, followed by rigidity of the extremities. The lower limbs were extended, the feet being somewhat inverted. The arms were flexed at elbows, the wrists flexed, thumb flexed and adducted; the fingers were flexed at the metacarpophalangeal joints, but extended at the other joint. There was flushing of face, and anterior aspect of trunk; profuse perspiration; very frequent action of heart; slight elevation of temperature (99° F.) The spasm in legs lasted a few hours, in arms a few days. The latter exhibited Trousseau's phenomenon on several occasions, but the Schultze-Choostek reaction could not be obtained in the arms or face. The exalted electrical irritability described by Erb was not looked for. The boy returned to his schoolwork after four or five days, and since that only one similar, though less severe, attack has manifested itself. This seems to be the first case of tetany recorded in Ireland.

Dr. **Burgess** mentioned a case presenting somewhat similar symptoms to that of Dr. Parsons. In him, however, the convulsions were more general. The patient, in the absence of the doctor who attended him, was treated by another practitioner, who, taking a different view of the case, gave him a dose of turpentine and castor oil. He passed a large tapeworm and got quite well.

Dr. **Dawson** said that cases of tetany occurred most frequently in shoemakers and next so in tailors. It did not occur among female shoemakers. It was also liable to occur in women at the fifth month of pregnancy if this coincided with the season of the year at which it was prevalent. Sometimes it was associated with epilepsy and sometimes with cataract. The latter was supposed to indicate a very severe attack of the disease.

Dr. **Parsons** briefly replied, and the Section then adjourned.

HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, April 19th.

The President, Mr. George Eastes, in the Chair.

Dr. **James Taylor** gave a lantern demonstration on

POINTS OF CLINICAL INTEREST IN DISEASES OF THE NERVOUS SYSTEM,

showing about 40 photographs of patients, of macroscopic and microscopic preparations.

The **President** in the name of the Society thanked Dr. Taylor for his most interesting and instructive demonstration. He asked Dr. Taylor what his opinion was with regard to the presence or absence of optic neuritis in diagnosing the locality of an intra-cranial tumour.

Mr. **Sutherland** asked Dr. Taylor some questions as to the forms of muscular atrophy—not due to spinal lesions.

Dr. **Winslow Hall** adduced as proof of the value of the demonstration, that one set of photographs shed great light on a nervous case which had long puzzled him, and asked him for further information about the affection in question—Muscular Dystrophy of Erb.

Mr. **Peyton Beale** remarked upon the photographs shown by Dr. Taylor of degenerations of certain "white" tracts in the cord. He was anxious to know how the specimens were stained. He had never seen the degenerated parts shown so distinctly before by any method.

Dr. **James Taylor**, in reply to the President's question, said that it was very difficult to formulate any rule as to the occurrence of optic neuritis in cases of cerebral tumours. From his own experience he would be inclined to say that when the tumour was in the cerebellum, optic neuritis was almost invariably present, when it was confined to the pons or medulla, especially if of the infiltrating variety, it was more often absent than present, and when it was in the hemispheres sometimes it was present and sometimes absent. A large tumour might not cause neuritis and on the other hand a severe neuritis might exist with any small growth. The rapidity of growth of an intracranial tumour seemed to be an important element in the production of neuritis, and he himself was inclined to think that the increased intra-cranial pressure had a very close causal relation to the optic neuritis. In reply to questions from Drs. W. Hall and Sutherland he expressed the opinion that it was much better to term all these cases of muscular hypertrophy, for Erb had recently shown that the three usual forms pseudo-hypertrophic paralysis, idiopathic muscular atrophy, and the facio-scapula-humoral or Landouzy-Deperine type, were all varieties of one disease, different forms occurring in members of the same family and even in the same patient at different times. In reply to Mr. Beale, he said that the Weigert-Pal was very suitable for specimens such as he had shown. The Marchi method being more adapted for conditions in which the degeneration had only lasted a short time.

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France.

[From our own Correspondent.]

Paris, April 28th.

Icterus.

Dr. Ferrand, of the Hotel Dieu Hospital, gave recently an interesting clinical lecture on Icterus and its treatment, of which I transcribe a summary :—

Icterus is produed by the absorption of biliary pigments ; these pigments are not only invested with chromogenic, but also with toxic properties, and are capable of injuring the tissues of their region. The *rôle* of these pigmentary substances is most important as, where they are not toxic, they singularly aggravate certain maladies. Jaundice can be divided into two great classes : jaundice from retention and jaundice from biliary flux. The former is produced each time that an obstruction is produced in the biliary ducts ; the bile is absorbed by the numerous lymphatics, and is not slow to pass into the blood current, producing generally toxic phenomena.

The jaundice in such cases is always of a dark colour, somewhat like bronze, such as is observed in cancer of the liver, and in those affections where the biliary duct is obstructed. The pigment is found in the urine by the test of Gmelin, it is found also in the serum, but it is entirely absent in the fæces.

Jaundice from exaggeration of the flux is not always the result of an increase of the biliary secretion ; it can simply derive from, as shown by Stadelmann, a superabundance of the pigment in a normal quantity of the bile. It is, in a word, a bile highly coloured, and is absorbed into the system, but the colouration of the skin is lighter, and bile is found in abundance in the fæces.

The biliary pigment is, in the normal condition, composed of a particular substance, which has been called bilirubine. It can be decomposed by oxydation into three distinct elements : biliverdine, bilinianic, and bilipurpurine. These last substances colour certain infantile diarrhœas. Decomposition by reduction gives rise to the formation of urobiline, but between the urobiline and the bilirubine is found a series of pathological products ill-defined but classed under the name of *brown pigment*.

As to the origin of these pigments, it has been fully demonstrated that they are derived from the blood, and more particularly from the hemoglobine. But this latter has to pass through a series of modifications—hematine, hematoidine—before producing the biliary pigment. When once formed the pigment passes into the biliary ducts, and from there into the intestine, where it plays an important *rôle* in digestion.

What becomes of it in case of jaundice ? We have just seen how the bilirubine passes into the blood, and from thence into the tissues ; we know also that by reduction, urobiline is produced. This reduction can take place in the blood (Tissier) or in the tissues, or even in the kidneys (Mya). But urobiline is also frequently produced in the hepatic cell, when this latter is diseased, consequently the two elements of which account must be taken in order to understand the pathology of hemapheic icterus is the blood and the hepatic cell. The blood is either primarily or secondarily affected, and the hemoglobine, which has such a natural affinity for oxygen, is diminished. For this reason inhalations of oxygen have been recommended in certain forms of icterus as well as ether and turpentine, essences apt to favour oxidation. As regards the liver, the therapeutic agents are numerous. In the first case the organ is generally congested, and this condition must be modified by revulsives, frictions, actual cautery, &c. Where the jaundice is due to polycholia, agents producing a moderating effect on the biliary secretion must be prescribed, such as milk diet, frictions, diuretics, and sudorifics.

Where the icterus is due to retention, means should be taken to re-establish the flow of bile, and we have here two kinds of therapeutic agents : general eliminators and special eliminators. To the first class belong acetate of ammoniac, ether, and turpentine ; to the second, bicarbonate of soda (a drachm daily) iodide of potassium as an alterant and phosphate of soda as a purgative. Vichy or other alkaline waters are also useful in such cases.

Before I conclude allow me to mention one other agent which you have seen me frequently use and that is glycerine. Given at the dose of one tablespoonful in the morning fasting, it has produced most beneficial results. As a *régime*, a vegetable diet alone should be allowed to the patient.

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Germany.

[From our own Correspondent.]

Berlin, April 27th.

Supra-Renal Tumour.

Lazarus showed a preparation before the Gesellschaft taken from a child, æt. 3½, which had been received into hospital in the middle of February. According to the mother's story the disease commenced with pain in the body, which soon began to swell. In the right upper part of the abdomen a firm hard swelling was found which was taken for disease of the liver. The lungs, heart, and kidneys appeared to be healthy ; the child became feeble and pale, the hemoglobine of the blood 50 per cent., and at no time in the history of the case was there fever. Repeated punctures from the margin of the ribs to the umbilicus over the region of the swelling emitted very little fluid, of which the microscopical examination gave no confirmation of a malignant character. Closer diagnosis revealed a renal tumour. The child rapidly emaciated, while the weight of the body as quickly increased, till, eight days after admission, it died. On section the abdomen was found to be filled with a tumour; the total weight of the child was 37 lbs., the tumour alone 12 lbs., which originated from the left supra-renal body, which was firmly adherent to the cortical surface of the kidney. The small bowel was pressed upwards and backwards, stomach and large intestine were crushed into a small space on the right side of the diaphragm. During life no discolouration of the skin was present. Over the surface of the tumour small nodules were found rising in knots, which on examination proved to be sarcomatous degeneration. The liver appeared as a sheet of paper enveloping the tumour.

Syphilis and Tabes.

Grimm read a paper on the origin of tabes and its frequency in syphilis. Recently opinions have varied concerning syphilis being the origin of several diseases. Some have gone so far as to accuse the mercurial treatment as the origin of many diseases. Grimm's experience goes to show that a heavy percentage of tabes is due to syphilis. During his seven years of active service in the hospital in the Island of Jesso, where syphilis is rampant, tabes dorsalis was very common, and in the summer time 5 to 10 per cent. of the whole population suffered from beri-beri, with patella reflex and paresthæsia of the extremities. During five of his years' residence the average reception of patients was 10,000 to 13,000 patients, of whom not less than 10 per cent. were syphilitic. 9,800 came under his own observation. 1,271 of these suffered from eye disease, 180 of interstitial keratitis, the sufferers being mostly of the congenital type; 26 were accompanied with iritis; 29 with amblyopia without any striking changes in the fundus, but undeniable evidence of syphilis elsewhere. From an analysis of 400,000 affected with syphilis the greater number were found to be fishermen, the second dwellers in towns, and the least country people. The glandular diagnosis in the Japanese is much easier than other nations, owing to the absence of panniculus adiposus. Syphilitic treatment is a thing almost unknown, which allows the disease to run its course, giving rise to the gummi swellings and the disturbance in the mucous membrane. In small communities where syphilis is present there is a greater probability of estimating the number, because tabes dorsalis is an affection that relief will be sought for. His experience on the coast line, where syphilis is more prevalent, from statistics he found out of 694 cases 63 syphilitic, and from this number he was surprised to discover only 5 cases of tabes dorsalis which could not be clearly proved to originate from syphilis. Anti-syphilitic treatment, on the other hand, could not be accused, as this was unknown. The diseases of the nervous system probably syphilitic were not uncommon, but the relationship of tabes according to statistics were insignificant.

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The Royal University of Ireland.

The second examination in Medicine commenced yesterday, and the examination for the degrees of M.B., B.Ch., B.A.Q., to-day, is proceeding.

Austria.

[From our own correspondent.]

Vienna, April 27th.

Arcus Senilis.

Prof. Fuchs brought forward a young boy, who recently consulted him for xanathelasma in both eyes. This is a condition not uncommon in advanced years, but rarely found as congenital as seen in this case. The band was thinner above than on the sides and below and measured a mm. in breadth. This advanced condition would resemble a case of forty years of age, but in the senile the morbid conditions commence above and below, the two crescents meeting on the sides which is somewhat different in the case he showed. In this case the arc is more saturated than in the senile. He related a similar condition which he once saw in a case, æt. 18.

He is inclined to differ from the accepted orthodox opinion that this morbid change is due to a deposit of fatty substance, and considers it as a deposit of hyaline substance or pinguecula. Hyaline is an insoluble albuminoid, and may be gradually deposited on the metabolic conditions being reduced. He attempted to prove this by the fact of young people having the limbus being succulent and richer in blood vessels than the aged, which presumably would nearly induce an atrophic or lower state of nutrition. The cornea also in elderly people becomes thinner. A similar condition in the eye is sometimes observed where an atrophic condition of the limbis is present, and this pathological condition is not unfrequently met with in the form of a yellowish brown neoplasm in the limbus after infantile catarrhs, which may be a fruitful source of premature senile conditions. He recorded the state of another young man who had the arcus senilis on both cornea, and had suffered frequently in early childhood from repeated catarrhs.

Prof. Mauthner related the case of a young man who had a similar arcus senilis as that shown by Fuchs which had existed from childhood. The nature of the morbid condition he would not pause to discuss, but was inclined to believe that it was analogous *in fœtu* to that of advanced life.

Prof. Neuman said that there was to be found in the cuticle tissues fatty degeneration, cartilaginous deposits and hyaline changes in the later stages of life; the elastic fibres were also observed to become fibrous. The older the individual, the greater the anatomical changes were found.

Prof. Gruber said that in old people, and rarely in the young, he found yellow patches in the tympanum. These were generally recognised as fatty changes. The hyaline substance advanced by Fuchs was novel and might be worthy of consideration.

Progressive Muscular Atrophy.

Limbeck next showed a man, æt. 52, who suffered for nearly eight years with weakness of the upper extremities progressing so rapidly at the beginning that the limbs were perfectly powerless in a few weeks. No hereditary taint can be elicited; intelligence, speech and all the cerebral organs seem to be intact, and no albumen to be found in the urine. The most striking feature is the deformity of the shoulders, both the acromial portions being lower than the sternal; the shoulder blade hanging winglike and the patient unable to raise the arm to the horizontal. The fibres of the serratus anticus major, pectoralis, muscular obliquus abdominus are quite gone, while the shoulder can be passively moved even to the muscles of the ear. The deltoid, muscles of the forearm and small muscles of the hand remain well developed. Triceps very feeble, and muscles of the extremities quite powerless; slight lordosis in the lumbar region, sensibility quite normal, quantitative electric stimuli altered, and the muscles of the face still retain their normal appearance. The microscopic examination showed hypertrophy of the deltoid with fatty degeneration of the biceps. He considered this a classic case of progressive muscular atrophy.

Sycosis Parasitaria.

Spiegler showed a man with abscesses on the skin which apparently were undermined by the parasite trichophyton tonsurans. The application of carbolic or sublimate was effectual in reducing the disorder. On this he remarked that the disease was common amongst country people who were more exposed or brought into closer contact with animals, from which it was evidently transmitted. Residents in large towns were seldom affected. Prof. Neuman remarked that this was nothing more than herpes of the face. The parasite can establish itself in different parts of the body. Twenty years ago Hebra could not find a single case of this kind although at the present time it is not infrequently met with.

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The Operating Theatres.

ST. MARY'S HOSPITAL.

Umbilical Hernia.—Mr. Owen operated upon a stout middle-aged woman for an irreducible umbilical hernia, somewhat larger than a fist. He made a crescentic incision through the fat-laden superficial fascia at a little distance on either side of the base of the tumour, and continued these incisions through the aponeurosis of the external oblique and the peritoneum. He then bodily lifted up the sac and its contents, and, having separated and tied the pieces of omentum entering the sac, he cut them off. He then adjusted the edges of the peritoneum, and those of the abdominal wall by silk sutures, and dressed the wound with a pad of wood-wool. He remarked that he preferred this method of operating to that of opening the sac and then dealing with its contents, as it rendered the procedure more simple and straightforward.

KING'S COLLEGE HOSPITAL.

Amputation of the Hip-Joint by Furneaux Jordan's Method.—Mr. Rose removed the right lower extremity at the hip-joint by a modification of Furneaux Jordan's method, amputating first through the upper part of the femur and then removing the remainder of the bone with its head. The patient, a young man, æt. 20, had already five years previously been operated on by the same surgeon for mischief in the hip; and had always experienced bad health, having had rheumatic fever when a child, and subsequently albumen in the urine; at the time of the first operation there were abscesses about the joint; since then there had been 2½-inch of shortening in the limb, sinuses had remained discharging considerably, the albumen still persisted; there was no sign of pus in the urine. Mr. Rose said that as there was amyloid disease of both kidneys and of the liver the patient was not in a condition to stand the strain of excision of the hip with an exposed section of bone with sinuses, inasmuch as septic sinuses already existed; the limb was quite useless, the patient being unable to bear the weight of the body on the shortened extremity, therefore he thought that amputation of the hip-joint gave the best chance of life. During the operation he remarked that there were evidently amyloid changes in the vessels, causing thickening of their coats. There was considerable hæmorrhage from the smaller vessels. The femoral artery was secured when cut. The side of the pelvis was bare and was freely scraped. The globular head of the femur was found to have disappeared and the neck of the bone to be covered by dense fibrous tissue. The acetabulum was drained by a tube.

Melanotic Sarcoma.—Mr. Carless dealt with a case of melanotic sarcoma of the abdominal wall in a woman, æt. 54. The primary mass was situated mid-way between the ensiform appendix and the umbilicus a little to the left of the middle line, and had been growing for two years. The axillary lymphatic glands were distinctly enlarged, two masses nearly as large as pigeon's eggs were evident. Moreover, there were several small cutaneous patches below and to the inner side of the left mamma, lying in the course of the lymphatic vessels, and evidently due to lymphatic infection. Mr. Carless pointed out before operating that in such a case where secondary deposits were already present in the glands he could hardly hope to save life, but considered that possibly life might be prolonged by removing the main external foci of disease. The general health had been remarkably good, and at any rate it seemed justifiable to attempt to eradicate the growths. He also pointed out that the only chance of success lay in a very thorough removal, and hence proposed not only to take away the primary mass and the axillary glands but also the strip of thin subcutaneous tissue extending between them including the small cutaneous secondary nodules. This he proceeded to do by two long incisions quite two inches apart united above and below. The whole of the subcutaneous fat down to the deep fascia was included in this dissection. The axilla was now freely opened by an incision along the lower border of the pectoralis major, and the fatty and glandular contents removed, a proceeding which necessitated the exposure of the axillary vessels. The wound was closed by a continuous suture, and subsequently found by measurement to be about 16 inches in length; provision was made for drainage from the axillary cavity. It is satisfactory to state that a week after the patient was nearly well, and the wound practically healed by first intention.

ST. THOMAS'S HOSPITAL.

Operation for Weak Abdominal Wall and for Varicocele.—Mr. Battle operated on a young man, æt. about 17, who had been rejected for the army on account of "rupture." On examination this was found to be a bulging in the abdominal wall on the right side at the position of the internal abdominal ring, there being no real hernia. This condition was limited to the right side. He had no pain, and did not know that there was anything wrong with him until told so by the examining medical officer. He was also the subject of a varicocele on the left side. The operation consisted in making an incision along the line of the canal to expose the external oblique; this was then divided on a director and the neighbourhood of the internal ring fully exposed to view; the ring was large and its muscular boundary thinned. Sutures were passed from above downwards so as to bring the muscular margins closely together over the bulging peritoneum and subperitoneal tissue. The opening in the external oblique was then closed, the lower margin being drawn upwards and secured to the upper layer of the muscle at about an inch from its edge; the upper margin being fastened to the lower part of the muscle where it most easily came by means of interrupted sutures; by this means a very strong barrier was provided against any future projection of abdominal contents. The wound was closed without drainage tube and dressed in the usual way. Mr. Battle then operated on the varicocele on the left side in the manner previously described in "Operating Theatres."

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WEDNESDAY, MAY 2, 1894.

RHEUMATISM AND ELECTRICAL RAILWAYS.

THE gradual development of applied electricity has placed at the disposal of engineers that most wonderful modern method of transit, the electrical railway. This form of travelling is of especial value in the case of crowded centres of population, where the necessities of the situation have compelled the railway companies to burrow underground, and to construct, as in the metropolis, an undermining network of tunnels. Electricity has the great advantage over steam that it can be applied as a motive power without the fouling of the air by soot, carbonic acid, and sulphurous fumes which results from coal-fed locomotives. Hence, from a hygienic point of view, it is most desirous to substitute electrical engines for those at present in use. But there are other standpoints, apart from the sanitary or the æsthetic, which lend new and unexpected aspects to the case. For instance, we find a distinct therapeutic value attached in many quarters to the simple fact of travelling in an electrical railway carriage. In some way or other it has become a fixed article of popular belief that rheumatism may be cured in this way. Indeed, a circumstantial tale is going the round of the journals about a guard who had been for many years a martyr to rheumatism while in the service of one of the large companies, but who has never had a touch of the malady since he went to work on an electrical railway. The story is a pretty one, so far as it goes, but we regret to say it will not bear the test of a moment's critical examination. For instance, it is a pure assumption that persons travelling in an electrical railway carriage are in any way the recipients of electrical currents. It is fair to add, however, that it has been stated, on fairly good evidence, that watches are sometimes hopelessly upset after a journey of this kind. By hopeless, we mean to say that it is beyond the skill of the ordinary watchmaker to put the watch in proper repair. In such circumstances the owner should go to an electrician, who will demagnetise the watch. Supposing an occurrence of this sort to take place, it certainly proves *primâ facie* the existence of magnetic currents inside the electrical carriage. Assuming, for present purposes, the presence of electricity, the next step would be to find out the effect of that mode of travelling upon rheumatic passengers. A marked decrease of the ailment amongst habitual travellers might be expected if the cars in question were in any sense curative of rheumatism, but thus far one has not heard of any marked decline in the incidence of the disease. Then there is the fact that professional electricians, a most indefatigable and ingenious class of specialists, do not claim to be able to cure rheumatism by means of the application of electricity. On the whole, then, it seems probable that alleged cures of this widespread malady by travelling on electrical railways are purely imaginary. In one case investigated by the present writer an individual was said to have been cured by placing himself, under the advice of a guard, in certain positions in an electrical railway carriage. Further inquiry, however, showed that there was no real cure, but only a temporary remission of the pains of a subacute and recurrent muscular rheumatism. The same patient might just have readily imagined himself cured by hypnotism, by wearing an anti-rheumatic rug, by the virtues of some special underclothing, or by any other of the manifold forms of faith-curing for rheumatic ailments which are being constantly foisted upon a credulous British public. It is somewhat curious that a disease, the treatment of which is now well within the grasp of medical science, should still afford a happy hunting ground for quacks and charlatans. One of the greatest therapeutic triumphs of the present century has been the introduction of salicylic acid and the salicylates as specifics in rheumatism. The introduction of those drugs has robbed a dire disease, and one to which inhabitants in our variable climate are especially prone of half its terrors. For all that, we are bound to admit that the gratifying results of modern treatment are in this instance empirical, and that the etiology of rheumatism is still obscure. It is to this obscurity, indeed, that we must look for the only possible explanation of the marvellous hold that some notorious quacks have contrived to gain upon the public with their anti-rheumatic remedies. One does not altogether wonder that the imagination of folks generally should be captivated by the mystic pleasantness of the idea of curing their aches and pains by the simple prescription of a railway journey. Instead of swallowing nauseous physic the patient would merely look out an amusing book, take his ticket, and stepping into a well-lighted and well-cushioned carriage, be whisked away for an eighty or a hundred mile ride. It cannot be denied that to most people, chasing health after this fashion would be infinitely preferable to going "the round of the consultants." In the face of such an alluring picture it is with regret that we find ourselves compelled to state definitely and concisely that no scientific foundation exists to warrant this modern romance of elegant therapeutics.

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TUBERCULOSIS IN CATTLE.

The investigations of recent years, tending as they do to widen the horizon of pathological investigation in respect of the diseases of animals, have made the subject of tuberculosis one of universal interest, not only to the anxious mother who sees her offspring threatened by this national plague, but to the butcher, who is being made to understand that tuberculous meat is unfit for consumption as human food, and to the cattle breeder, who sees his profits become subject to deductions on account of animals sacrified on the altar of hygiene. The great publicity which has been given of late years to the diseases of animals capable of transmission to man has brought into forcible relief the lamentable ignorance of veterinary authorities on many of the most important points under discussion. At present it looks as if, before many years, the fillip given to researches in animal pathology would raise veterinary science from its present subservient position to a department of medicine as a whole. The more we realise the intimate connection between the diseases of animals and those of man the more we shall see that the care of sick animals cannot safely be left to comparatively uneducated practitioners whose low standard of scientific attainments is thought good enough for animals. It is not only in respect of tuberculosis that public curiosity has been aroused. Scarlet fever, diphtheria, and cow-pox all call urgently for highly skilled study in respect of their communication from animals to man and *vice versâ*. The prevalence of tuberculosis among animals in Canada and the United States has led to the imposition of certain tolerably stringent restrictions in respect of the importation of live cattle, and in order to assist in getting the more onerous of these restrictions removed or modified, some interesting observations have recently been carried out at Ottawa, in Canada, for the purpose of determining how far tuberculin administered in injections can be relied upon to afford accurate information as to the presence in any given animal of tubercular lesions. These investigations extended over a year. The tuberculin employed was most carefully prepared, and in each case it was injected just under the skin behind the shoulder-blade. If, after injection, the temperature rises considerably this is regarded as demonstrating the existence of tuberculosis; if, on the other hand, there is no rise of temperature the animal is regarded as free from the disease. The value of these investigations depends, of course, on the degree in which the temperature indications during life are confirmed by the results of post-mortem examination. It is officially stated that in all cases in which the characteristic rise of temperature took place, the animal, when slaughtered, proved to be suffering from tuberculosis, the seat of the disease being usually the lungs. Since November, 1892, some fifty-four animals have been thus tested on one farm, and of this number, twenty-six gave the reaction to tuberculin. The report says:—"The trustworthiness of tuberculin as a ready method of diagnosing this disease has been further confirmed, and it is believed that by the general use of this fluid the means will be found of detecting all cases thereof, and if detection be followed by prompt isolation, disinfection and disposal of affected animals, there would assuredly result after a time a greater immunity from this dangerous malady." The New York State Legislature has provided for the appointment of three inspectors, whose duty it is examine the herds in each county, and have affected cattle killed. A physical examination is first made, and if the existence of tuberculosis is suspected, tuberculin is injected, when, if the temperature reaction takes place, the animal is killed. A post-mortem is then made, and a report thereof is transmitted to the State Board of Health. Some 20,000 animals were examined by the three inspectors in 1893, and of this number, 686 were found to be infected and were killed. Only experiments on apparently healthy herds, however, will show whether the negative information afforded by injections of tuberculin is as valuable as the positive indications. An important observation has been made in respect of the effects of second injections. It has been found, in fact, that tuberculin rarely causes as strong a reaction after a second injection, even when several months have been allowed to intervene. Moreover, when a second injection is made shortly after the first, the reaction is usually slight or absent, although the animal may be badly diseased. This obviously vitiates to some extent the value of the test, because if it be conceded that only the results of the first injection are to be regarded as trustworthy, it will not be long before wily breeders will take advantage of this saving clause to protect their suspected cattle against summary slaughter.

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The annual *conversazione* of the Royal Society will be held this evening (Wednesday).

Notes on Current Topics.

Dispensing Extraordinary.

An account is given in the last number of the *Chemist and Druggist* of an inquest at Sheffield on the body of a child aged four months, who succumbed to the effects of the ingestion of Dover's powder. It seems that the father, on the advice of "a young medical friend," purchased a powder from a local chemist, omitting to state that it was not for himself. The chemist thereupon gave him *fifteen grains* of Dover's powder, equivalent to one and a half grains of opium, a full dose even for an adult. Half of this was given to the unfortunate infant with a fatal result. No directions, not even a label, were placed on the powder by the chemist, yet the coroner's jury found in their verdict that death was due to "inadvertence." This is only another example of the indifference of the law in respect of accidental deaths. An accident it assuredly was, but it was an accident caused by the grossest negligence, especially on the part of the chemist, who deserved exemplary punishment for his share in the catastrophe.

The Sale of Carbolic Acid.

It is to be hoped that the Pharmaceutical Society will not rest content with the unsatisfactory reply given by Mr. Acland when asked to include carbolic acid among the scheduled poisons. This official evidently regarded the request as a dodge of chemists to obtain the monopoly of the sale of this much-used disinfectant; but it was surely unnecessary to invoke any such unworthy motives in view of the terrible and increasing number of deaths from accident and suicide attributable to the indiscriminate sale of so poisonous a drug. With extraordinary rapidity carbolic acid has climbed to the second place in the list of poisons employed by suicides and in occasioning deaths by accident. What more is wanted to prove the immediate necessity for restricting the sale? It would possibly be too sanguine to hope that we are within measurable distance of a recasting of the laws regulating the sale of poisons generally, in spite of the numerous and gross abuses to which it is, from time to time, our painful duty to call attention.

Death in a Police-Cell.

Another of those sad cases in which a dying man has been locked up in a police-cell on a charge of drunkenness occurred last week at the Portland Town Police-station, St. John's Wood. The matter was reported to the magistrate at Marylebone by a police-sergeant, whose evidence was to the following effect: About half-past five o'clock in the afternoon of the 24th ult., a gasfitter, aged 58, was found lying in the street by a police-constable, who took the man into custody as drunk and incapable. The charge against deceased was entered at the police-station at a quarter to six, and he was then placed in a cell. About twenty-minutes to nine the same night, it was discovered that the man was ill, and a doctor was sent for, but before his arrival the accused had expired. The magistrate, so we gather from the newspapers, recorded this report in his book, but the public interests demand further inquiry into the affair. Had the constable who first found the dying man had any training to enable him to distinguish between drunkenness and apoplexy? Had the sergeant or inspector who took the charge any such special knowledge, and if not, why not? The power to distinguish between the two cases can be learned in the course of an evening by any person of average intelligence. There can be no shadow of an excuse, therefore, for the want of such information on the part of the police, to whom the safety of unconscious people in the streets is entrusted. In the case quoted, the very age of the patient is suggestive of cerebral mischief. One would have thought that any official whose experience warranted his being placed in so responsible a post as the charge of a police-station would at least have mastered the elementary tests to distinguish between the condition of drunk or dying. The scandal of sick persons being thus thrust into a police-cell to die has been before the public for many years. It is a question in the settlement of which every citizen is directly concerned. At least, it might be made an absolute rule that in any case presenting the slightest doubt, a medical man should be called in at once. It is high time the authorities were compelled to take steps to dispose of this standing menace to the public safety.

Lantern Slides as an Aid to Clinical Teaching.

The demonstration of microscopical sections of morbid growths and other objects of medical interest by means of lantern slides has been found exceedingly useful, and according to Dr. Kelly, who contributes a short paper on the subject in the March number of the *John Hopkins Hospital Bulletin*, this plan of instruction is capable of extension in the direction of being used as an aid to clinical teaching. In plastic and abdominal operations, for example, he remarks that comparatively few spectators can approach sufficiently close to enable them to follow the minor details upon which the success of the operation so often depends, but by this method all can have an equal view, and special points in technique which it would be impossible to demonstrate in any other way can be made clear. Lantern pictures, moreover, have also been found to be of the greatest value in showing the variations in contour of the abdomen in myoma, ascites, ovarian cyst, &c., as successive slides which bring out the differential points in diagnosis are able to be thrown upon the screen, and the student can thus obtain a much more definite idea of the subject than would be possible from a didactic lecture or demonstration upon a patient. Dr. Kelly at a recent demonstration showed the following slides:—Papillary cyst; specimen of pyosalpinx; extra-uterine pregnancy; elephantiasis of the labia; contour views of the abdomen distended by myoma uteri; ascites, and ovarian cyst; cystoscopic instruments; postures in cystoscopic examination; catheterisation of ureters by the direct; method clitoridectomy for carcinoma showing steps of operation from beginning to completion (5 slides); vaginal hysterectomy (15 slides); various forms of prolapsus uteri, and steps in the operation for its radical cure (11 slides); ovarian cyst removed by abdominal incision, showing method of tying the pedicle, position of surgeon and assistants around the operating table during the laparatomy. There is no doubt that this method would prove of the highest use in post-graduate courses, and a surgeon with a good set of slides would always be certain to attract a large audience.

The Psychology of the Weather.

A new, and what must prove to be an interesting field for investigation has just been suggested, namely, that of the psychology of the weather. A few observers have already paid some attention to it, and so far the results of their inquiries would appear to point to the fact that many very powerful forces, coming from what is popularly called the weather, control the work and success of brain workers. Experimenters, and others engaged in mental tasks of an exacting description, have found faulty deductions and misconceptions as the result of their work in damp, foggy weather, or on days in which the air was charged with electricity and thunder clouds were impending. Indeed, deductions which seemed clear at these times appeared later to be filled with error. It is also stated that an actuary in a large insurance company is obliged to stop work at such times, finding that he makes so many mistakes, a fact of which he is only conscious when he subsequently ascertains that his work is useless. A further confirmatory fact is that in large factories from ten to twenty per cent. less work is brought out on damp days and days of threatening storm than on days when the weather is fine. It is quite easy to understand the psychological effects of bad weather. Doubtless some of the phenomena arising therefrom are due to a higher state of impurity of the atmosphere than that which is present under the influence of the fulness of the sun's rays. Common observation teaches that in dull, damp, foggy weather there is less inclination to indulge in physical exercise, less inducement to undertake anything which involves much physical exertion. On the other hand, bright sunny weather acts as a stimulant to human energy, when not excessively hot, and probably at these times there is more oxygen in the atmosphere and less carbonic acid.

Depopulation and Alcohol.

Some statistics have been collected which point somewhat in the direction of showing that depopulation and alcoholism are more or less associated. In France careful investigation has revealed that the decline in the birth-rate, at least in certain districts, has coincidently occurred with a pronounced increase in the consumption of alcohol. In 1885 the returns indicated on an average the consumption of 100,000 hectolitres of alcohol per annum. On the other hand, in 1892, the consumption was 375,369. According to the most recent statistics every individual in France, in 1892, drank 4·56 litres of alcoholic beverages, while for other countries the amounts have been computed as follows:—In England, the consumption was 2·70 litres; the United States, 2·82 litres; Russia, 3·07 litres; Holland, 4·49 litres; Belgium, 4·91 litres; Germany, 4·40 litres. Thus the greatest consumption of alcoholic liquors appears to take place in Belgium, while France is a good second for the same unenviable distinction. Some further points, however, in connection with this subject are by no means uninteresting. Statistics show that in the midland districts of France there is scarcely any alcohol drunk, while in Paris as much as 7 or 8 litres per head are consumed. But even this large figure is exceeded in other districts, so much so that in one the consumption per head reaches no less than 13 litres. The French population has been declining for the past twenty years while the alcoholic proclivities of the people have been increasing.

Insanitary Government Offices.

In a letter to a morning contemporary a correspondent calls attention to the over-crowded state of a room known officially as the "Cable Room" in the General Post Office. The exact figures showing the air space per man in the room in question work out on an average of 279 cubic feet. The writer remarks: "Government Departments are supposed to be free from all legal restraint, but surely it is nothing short of hypocrisy for the Secretary of State to lay down a law on behalf of the Government, and to rigidly enforce its restrictions upon private employers, while another member of the Cabinet is allowed to conduct the department immediately under his control with a total disregard of the wishes of the Cabinet of which they are both members. The badly ventilated and over-crowded condition of many of the departments at St. Martin's-le-Grand is notorious. The explanation of this unfortunate state of affairs probably lies in the fact that the present building is the outcome of many piecemeal additions or alterations. There has, consequently, been no definite application of a properly-constructed scheme of ventilation, and a similar statement applies both to drainage and to structural points generally." The old-fashioned gas burner still holds its place in the General Post Office, and adds considerably to the air pollution. A report on the sanitary state of this important building would, if we mistake not, afford some interesting reading.

Is Permanganate of Potassium an Antidote to Morphia?

Some interesting experiments upon dogs in which the efficacy of permanganate of potassium as an antidote to morphia was tested, have just been recorded by Dr. Rector, of Jersey, New York. The experiments consisted of two series, one in which morphia was administered, and the remedy applied, the other in which the morphia was given alone. In neither case did a fatal result occur. In the first series two dogs were taken, and into each five grains and six grains of sulphate of morphia were injected respectively. The usual physiological effects of the drug were produced, and recovery followed after the administration by the mouth, in the first instance of five grains and in the second eight grains of the permanganate of potassium. Then the author ascertained that authorities had asserted that from eight to ten grains of morphia was the quantity required to kill an ordinary sized dog. Accordingly into another dog he injected twelve grains of the alkaloid. No antidote was given; the animal was left entirely to itself, but despite this, in thirty-six hours it had quite recovered. The experiment was repeated in another case with a dose of fifteen grains of morphia, but the dog's recovery, without the antidote, was nevertheless complete. Clearly, therefore, these investigations leave the claims for the antidotal properties of permanganate of potassium to morphia in an unsatisfactory state. Apparently further inquiry is requisite before the facts can be definitely established one way or the other. As the subject is one of much interest and importance it may be hoped that some well-known physiologist will take it up.

How Typhoid is Spread.

An application made to the magistrates a week or two since by the Assistant Medical Officer of St. Helen's throws a vivid light on the manner in which disease is fostered and spread amongst the poor of our great cities. The evidence showed that a patient died from typhoid fever, that there were two rooms, and that the body was lying on the ground floor, where the inmates lived and where all the cooking went on. Under these circumstances there was danger of the infection spreading, and the sanitary authorities accordingly asked for an order authorising the removal of the dead body to the mortuary. The magistrate granted the application on the understanding that the relatives should be allowed to bury the body if they wished to do so. This incident, with all its ghastly realism, brings into startling prominence the conditions under which the dead are retained in the dwellings of the poor. Under any circumstances the presence for days together of a corpse in the living rooms must be undesirable, but when to this is added the contagion of specific disease the position constitutes so great a danger to the living that it becomes necessary for the law to intervene. The obvious remedy would be the immediate removal of the dead in every instance to public mortuaries, but public opinion is by no means sufficiently ripe to permit such an innovation. In matters of this kind, where sentiment is involved, it is specially advisable for those interested in sanitary progress to proceed with the greatest caution.

A Centenarian Patient suffering from Gonorrhœa.

The precise period at which the sexual functions in man cease to become assertive is a point which has still to be definitely determined, but the current issue of the *New York Medical Record* publishes the notes of a case by Dr. Isaacs the remarkable feature of which is that the patient was a man of one hundred and three who came under treatment for an acute attack of gonorrhœa. He was a native of Ireland, and he married when he was fifty. Previous to his marriage he had never had sexual connection. His eldest living son is now fifty years of age, and his youngest thirty-three. His second wife died twelve years ago, and since this domestic affliction he appears to have considerably "fallen away" from the paths of virtue, having, so far, now suffered from four attacks of venereal trouble. Three years ago it was soft chancres which he contracted; at present it is gonorrhœa, and he was infected with the latter through a widow woman to whose support in a perfectly friendly manner he contributed. This method of requital for having helped her and her children he naturally bitterly laments, and his lamentation is not surprising. The surgeon reports that his genitals are well developed, and show no signs of senility. Under the circumstances, therefore, it is clear that this vigorous old patient should take measures to avoid in the future contingencies of a venereal description by entering for the third time the state of wedlock.

Typhoid Fever in Indian Military Service.

Under the *nom de plume* of "A Military Doctor" a correspondent has lately written to a weekly paper drawing attention to the mortality from enteric fever amongst our soldiers in India. He states that every year about 400 men die from that disease out of a total of 1,300 cases. If his figures be correct this points to a very serious state of affairs and one that demands searching inquiry. He may well call this a "horrible death rate," and if his statement that the nursing is left to chance soldiers and native attendants, "the lowest of the low, the scum of the bazaars," be borne out by facts he has indeed framed a heavy indictment of the present system. "What is wanted," he says, "is that some 500 or 600 non-commissioned officers and men of the Medical Staff Corps should be sent out to India to work in the army hospitals there, and they should be in addition to the other British troops in the country." While agreeing with the writer that the sick of a large army should be looked after by a properly trained and organised nursing corps, we cannot help thinking that the writer has not quite got at the root of the matter. Enteric fever is the result of a specifically poisoned water supply or of other grossly defective sanitary environments. It would be sounder, surely, to aim at prevention of the disease by attention to hygienic matters than to trust to good nursing to avert the after consequences.

A Burglar's Therapeutics.

A boy burglar of sixteen was committed for trial at Bradford last week on several charges of housebreaking and felony. It was stated that in searching the lad's room a document headed "Instructions to Burglars" was found between the joists of the floor. In this modern guide to Tyburn some extraordinary passages occur with regard to the criminal use of drugs, from which we quote the following:—"Get some chlorodyne from the chemists, and put it on your handkerchief and put it over some one's noses, which will send them unconscious. Then take all the expensive things he has. If you have a desire for revenge on any one, you can get some prussic acid, and when you are handing him or her drink put the acid in, or get some vitriol and throw it on someone's faces in the dark, which will burn their face. If you put poison on a knife when the knife is red-hot, the knife will be poisoned." We fancy that the enterprising burglar who tried to make his victim unconscious by the inhalation of chlorodyne would find his patience severely taxed. Upon reading the foregoing extract one reflects somewhat uncomfortably that there would be little difficulty in the way of the would-be criminal obtaining his drugs from the chemist, so defective is our poison law.

Anti-Vaccinationism in Dublin.

Those who value the public health of Dublin will note with regret and alarm that the Guardians of the South Dublin Union decided last week, by a majority, to abstain from enforcing the Vaccination law against one of those enthusiastic but stupid and ignorant persons who think that their conscience justifies them in disseminating small-pox. The decision of the Guardians does not appear to have been premeditated, and we are therefore led to hope that when the Board has time to think the matter over, it will see that it has made a huge mistake, and will be ready to go back from its hasty judgment. We decline to discuss the question of the efficacy of vaccination, and the Guardians may, with advantage, abstain from doing so considering that they could, at best, know next to nothing about the subject, and their decision would be entitled to scarcely as much respect as that of the Royal Commission which has the subject now under consideration. But, at least, the Guardians ought to realise that their sentimental refusal to prosecute in any one case is equivalent to a total abrogation of Vaccination law within their district. Do they for a moment suppose that the Dublin poor would be impelled by any belief in the efficacy of vaccination, or, indeed, by any care whether it is efficacious or not, to bring their children to be vaccinated? Do they not know perfectly well that, as soon as it becomes known that it can be done with impunity, three out of every four poor mothers will throw the doctor's vaccination requisition behind the fire and leave their children to grow up unprotected against small-pox? Should this occur, it is obvious that it will be useless for the dispensary medical officers to issue such requisitions or to make returns of defaulters to the Guardians, and the whole system would collapse. The South Dublin Guardians may think that it is well that it should collapse, but we submit that they have no right to form any judgment on that point, for it is their duty to carry out the law confided to them, and to leave it to higher authorities to repeal that law. In any case it is not their duty to subject to any risk the lives and health of the ratepayers who provide the money, and who have elected them, and it is outrageous that they should do this at the bidding of half a-dozen crazy fanatics who have not learned, refuse to learn, and, possibly, are incapable of learning anything about vaccination.

The Modern Army Medical Officer.

Surgeon Major-General Collis, in the course of a speech at a farewell dinner held in Dublin on his retirement, made some pertinent remarks on the present conditions of the service. For instance, he pointed out that the medical officer of to-day is expected to be a first-class professional man, ready to deal with any case in the whole range of surgery or medicine that might be placed before him. This constituted a kind of universal specialism which had been demanded by the conditions of foreign service. For a man to keep abreast of the rapid advances in professional knowledge it was necessary for him to obtain leave for special study. That meant an increase of numbers, which was the policy he would impress on the Army Medical Staff. An army medical officer, besides being well versed in his profession, must be a sanitarian. His duties, moreover, include those of paymaster, quartermaster, a knowledge of military law, of company drill, and of the special drill and instruction required by bearer organisation. The speaker expressed his belief that no corps can point to a higher percentage of killed and wounded than the Army Medical Staff. Surgeon Major-General Collis, whose reason for retirement was the attainment of the age of 60 years, held the post of Principal Army Medical Officer in Ireland.

A New Medical Grade.

Sir B. Ward Richardson, in the last number of the *Asclepiad*, advocates the recognition, examination, and registration of counter-prescribers. He says, first, that they are honest practitioners in their way; second, they are useful to the public under certain circumstances; third, whether they are or not, they are certain to continue to exist, because it would be almost impossible to put in action any law for their suppression, if it were desirable to do so. But he would not tolerate the counter-prescribers' invasion of visiting practice under any circumstances. *Et tu Brute!* If our memory serves us, we attended not many years ago a meeting of general practitioners convened in London for the defence of the general practitioner against counter-prescribers and all such, and at that meeting Dr. B. W. Richardson—not then Sir—"spoke like thunder on our side, bidding us depend upon his valour, his arms, and his strength," and has "he now fallen over to our foes"?

The appeal by the proprietors of Powell's Balsam of Aniseed against a conviction by the County Court Judge of Derby in a case brought by the Pharmaceutical Society, was dismissed last week with costs by Mr. Justice Charles and Mr. Justice Bruce.

A protest against the proposed Fever Hospital at Chingford has been signed almost without exception by the Members of Parliament for London.

Herpes Labialis as a Diagnostic Sign.

An inquiry into the bacteriology of herpes labialis has revealed some interesting points. The fluid contained in the vesicles teams with micro-organisms, and the conclusion deduced from the nature and variety of the latter is that they are the cause of the eruption as well as of the primary disease with which the vesicles are associated. In nineteen cases of herpes examined, in fourteen the contents of the vesicles were found to contain pneumococci, staphylococci, and streptococci, but in every instance only in one form. In five of the cases in which the contents had already become turbid, streptococci and staphylococci were present. It is pointed out that herpes occurs commonly in the course of diseases (such as pneumonia) caused by micrococci, or (such as rheumatism and endocarditis) in which micrococci cause secondary infection, and with but extreme rarity in the course of diseases (such as typhoid, diphtheria, and tuberculosis) that are dependent upon specific micro-organisms. These facts are of value clinically, and might in some cases be helpful in clearing up a difficulty in diagnosis.

Notification of Measles.

We observe that the Medical Officer of Health for Jarrow-on-Tyne, one of the first and most ardent advocates of compulsory notification, has been obliged to confess that, at least as regards measles, the system has proved a rank failure. He admits that it has resulted in an enormous increase in the number of cases notified, and a still more enormous increase in the death-rate from that disease. In the two years preceding 1891, 631 cases and 29 deaths from measles were gazetted; in the two years succeeding 1891 the cases were 2,079 and the deaths 123, an increase of nearly fourfold. The Medical Officer of Health, of course, tries to find an explanation for this monstrous increase in a variety of causes, hidden away amongst which we find the true reason, "want of universal notification." That concealment of the disease has developed under the influence of the compulsion system is indicated by the fact that in 1892 the mortality was at the rate of 4 per cent. of the cases notified, while in 1893 the mortality had advanced to 8·2 per cent.

Rachitis as a Cause of Hernia in Children.

Dr. Southgate, in a contribution to the current number of an American contemporary, discusses the relation between rachitis and hernia in children, and from the study of seventy-one cases of rupture, he found 29 5 per cent. were in children who were suffering from rickets. He concludes that there are grounds for the belief that the latter disease may act as a predisposing and exciting cause of ruptures in children, mainly by increasing intra-abdominal pressure and abdominal distension, consequent upon the enlargement of the abdominal viscera, also by a depression of the abdominal contents by a contracted thorax, and a mechanical distension of the belly walls.

The Richmond Hospital, Dublin.

This celebrated old hospital has for years worked under the difficulty that its structural arrangements are far from being up to date. It was not originally built for the purpose, and if it had been, times have changed and have rendered reconstruction necessary. For years past, therefore, the Governors have had their attention fixed upon a project of reconstruction, and have only waited for Government assistance or public help to enable them to enter on the work. We learn with much satisfaction that they have recently received a generous contribution to the necessary fund in the form of a gift of £5,000 from Mrs. Hamilton, of Merrion Square, widow of the late Mr. John Hamilton, some time surgeon of the hospital. The sum has been placed in the hands of Trustees, and the Board of Governors has passed a resolution of warm thanks to Mrs. Hamilton for her beneficence.

A Useful Suggestion.

The suggestion has been made that pneumatic tyres should be provided for ambulance wagons and similar vehicles in which sick or injured persons are conveyed from place to place. This would be a distinct improvement were it carried out. The jolting and shaking which takes place under the present system would by this means be almost entirely banished, and patients would have but little reason to dread being transferred in the conveyances in question. We trust that the suggestion will be acted upon. The Metropolitan Asylums Board might lead the way by having pneumatic tyres attached to their ambulances.

The Late and Future International Medical Congresses.

A letter from Signor Guido Baccelli to Señor San Martin, the delegate of the Spanish Government to the International Medical Congress at Rome appears in *El Siglo Médico* acquainting him of the generally expressed wish that the meeting subsequent to the St. Petersburg Congress should be held in Madrid. The proposal is favourably entertained by Señor San Martin, who warmly recommends it in a letter to the Marquis de Guadalerzas, proprietor and principal editor of our contemporary.

Sympathy with Dr. Griffiths.

The Swansea Medical Society, at its meeting on the 19th ult., unanimously passed the following resolution: "That this meeting desires to express its sincere sympathy with Dr. T. G. Griffiths in having to defend himself against the gross and slanderous charges brought against him in the recent divorce case. The Society further desires to convey to him its hearty congratulations on the successful issue of the trial, and the ample exoneration he received at the hands of the jury, with the concurrence of the Lord Chief Justice in their verdict."

Dr. Laurence Humphry, of Trinity College, Cambridge, has been appointed an additional Examiner in Medicine and Surgery for the present term.

Cholera at Lisbon.

The latest information is to the effect that despite assertions to the contrary an outbreak of cholera is coming nearer home and has reached Lisbon. It is, however, satisfactory to note that the Medical Officer sent by the Spanish Government to investigate the outbreak has reported that the disease is of a benignant type. A few deaths have occurred, but a great number of persons have been attacked, for the most part adults. In the majority of cases the progress of the attack is rapid, and the patients begin to recover on the third day, but relapses are frequent and serious. Telegraphic despatches have reported that the Portuguese Medical Society have held a meeting at which 80 members were present, and have passed a resolution declaring that the present epidemic was one of Asiatic cholera, and that although of mild form the disease still constituted a serious peril. It was also decided to advise the Portuguese and Spanish Governments to take the necessary precautions against its dissemination. The supposition is that the epidemic probably owes its origin to imported cases from the Cape de Verde Islands, where the disease raged last year. Meanwhile, in consequence of this outbreak, the Medical Officer of Health for the Port of London has notified all shipowners and brokers that vessels trading from or calling at Lisbon, will, from the 28th ult., be subjected to medical inspection on arrival at Gravesend.

Professor Redfern, the distinguished veteran anatomist of the Queen's College, Belfast, has been presented with two portraits of himself from the brush of Mr. Ernest Taylor, one of them for the Hall of the Queen's College, and the other for the Professor's family. The presentation took place on the 13th of April, and the chair was occupied by the President of the College. The various speakers, including Professor Purser, Mr. Sinclair, D.L., and the President of the College, expressed to Professor Redfern their grateful sense of the long and valuable services rendered to the College and to education.

Dr. William Russell, of Edinburgh, known for his work on the Heart, and on the Parasitic Origin of Cancer, and at present the holder of the Cullen Prize of the Royal College of Physicians, Edinburgh, has consented to deliver the Summer Course of Lectures in Pathology, in place of Dr. Barrett, who has had to resign his post through ill-health.

A medical man in St. Petersburg, Dr. Thomas Piotrovitch, has been condemned to seven days' imprisonment and to pay a sum of 1,000 roubles as damages, and further to make an annual allowance of 300 roubles, to a lady who brought against him an action for malpraxis.

Sir Thos. D. Gibson-Carmichael, Bart., has been appointed by H.M. the Queen on the recommendation of the Secretary of State for Scotland, to be Chairman of the Lunacy Board for Scotland.

Dr. J. H. Galton, of Upper Norwood, was fined at the Bromley Court on Monday last, forty shillings and costs for failing to notify a case of typhoid fever under his care.

Surgeon-Maj.-Gen. T. Pinkerton, retired list, has been appointed Honorary Physician to the Queen. He served in the Persian campaign, 1856-7.

Dr. Wallace, Member for East Edinburgh, is a candidate for the vacant Coronership for East London.

MEDICAL SOCIETY OF LONDON.

Last Monday evening's meeting was devoted mainly to two papers on intestinal surgery. One was a case related by Mr. Battle in which a man who had been kicked by a horse was brought to St. Thomas's Hospital with symptoms pointing to rupture of intestine together with laceration of the mesentery or omentum. As soon as he had rallied from the shock of the injury the abdomen was opened, when it was discovered that besides laceration of mesentery there were three ruptures of small intestine, two of them being complete. These he joined end to end, after resection, repairing the third without resection. The man did splendidly for a time, but ultimately he succumbed to peritonitis resulting from the giving way of the sutures, their giving way being due probably to the sutures having been placed in bruised tissue and partly to the damage to the mesentery interfering with the blood supply to the corresponding parts of the intestine.

Mr. Herbert Allingham mentioned a somewhat similar case in which laceration of the mesentery was followed by gangrene of the corresponding portion of bowel.

The other case was one by Mr. Herbert Allingham. In this case the patient came in complaining of intestinal obstruction, for the relief of which an opening was made into the cæcum. The man did well, but the discharge from the wound annoyed him so much that he returned requesting that something might be done. The abdomen was opened, and a tight fibrous stricture was found in the descending colon. This was excised, and the ends joined by means of a Mayo Robson bobine. The man did well, and the opening into the cæcum was closed. He returned to his home in Southampton, and subsequently rode up to the hospital in London on his bicycle. A month or two later, however, symptoms of obstruction returned, and another operation soon became necessary. On opening the abdomen, however, the peritoneum was found to be studded with nodular masses, and other masses were felt in the small intestines and mesentery, so, as nothing could be done, the wound was simply closed. He died two months later, when the resected part was found in a perfect condition, death being due to the spread of the secondary deposits.

Mr. Harrison Cripps urged that the incision in cases of chronic intestinal obstruction should be made in the left side in order that, if necessary, it might be converted into a colotomy. Failing relief by this means, the wound was to be closed and an opening made into the cæcum. This usually relieved the symptoms and left the operator free to choose his own time for the steps having for object the permanent relief of the obstruction.

The last meeting takes place *next* Monday.

Obituary.

DR. GIBSON, OF NEWCASTLE.

By the death of this gentleman a few days since, Newcastle-on-Tyne loses from its midst a citizen whom it delighted to honour, and the profession of medicine a courtly, and highly-educated physician. The immediate cause of death was an apoplectic seizure, but three weeks ago he had an attack of pneumonia, which completely prostrated him. From this, however, he was making a fair recovery, and no immediate danger was apprehended, but the sequel was sudden, and he passed away unconsciously at the age of 74. He was one of the earliest students educated at the Durham School of Medicine, and in the Winter Session of 1845-46 he was appointed Lecturer in Anatomical Demonstrations and Dissections at the same school. On the formation of the new College of Medicine, Dr. Gibson became Lecturer on Midwifery and Diseases of Women and Children, and a member of the Council. In 1856 he was elected physician to the Newcastle Dispensary, and on resigning that post in 1873, he was elected consulting physician. In 1859, the degree of M.D. was conferred upon Dr. Gibson by the University of Durham in recognition of his services to the College of Medicine. After having been some years physician-accoucheur to the obstetrical charities of Newcastle, Dr. Gibson pointed out the necessity for an hospital where the diseases of poor women might meet with proper treatment, and he took a leading part in establishing the present charity, which was opened in 1866. Deceased was also an Examiner in the University of Durham, and his connection therewith extended over half a century.

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DR. DOUGLAS, OF WARRENPOINT.

This most estimable and respected member of our profession died last week from pneumonia at his residence at Warrenpoint, after an illness of fourteen days, at the comparatively early age of 59. Dr. Douglas was one of the best of our fraternity in the North of Ireland. He was well educated and capable as a practitioner; but in addition, was straight, honest, and kindly, and never spared himself when, by self-sacrifice, he could serve a good cause. Dr. Douglas was the son of Capt. Ed. Douglas, R.N., and was educated at the Irish College of Surgeons and Peter Street Schools, and, after studentship, served for a little time as a demonstrator at Steevens' Hospital, until he settled in Newry. He took the Fellowship of the Irish College of Surgeons in 1874.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

MEDICAL ETIQUETTE IN THE ISLE OF THANET.

In a recent impression we drew attention to the fact that a certain baker at Ramsgate had printed on his paper bags, a testimonial signed by Dr. Chaning-Pearce, side by side of other articles of his trade. No member who values the honour of his profession could possibly approve of such methods of advertising, and it affords us pleasure, therefore, to publish the following explanation, which Dr. Chaning-Pearce has also caused to be inserted in the correspondence columns of the local newspapers :—

Sir,—My attention has just been called to the publication, by a local tradesman, of an opinion I wrote him some time ago, about an article of his manufacture. This opinion I gave with no intention whatever of its being so advertised: on finding that it was so, I have at once taken steps for its withdrawal, and shall be obliged if you will allow me thus to call attention to the fact.

Yours truly,
J. Chaning-Pearce.

Montague House, East Cliff, Ramsgate,
April, 1894.

Some months ago Dr. Chaning-Pearce kindly, at our request, gave us a testimonial about Triticumina bread, which we displayed in our shop window, but at his request withdrew. We now are sorry to find that we have, unknowingly, caused him annoyance, by having his testimonial printed on our bags, we have, therefore, agreed to at once withdraw this, and hereby certify that this display of the testimonial in the window and on the bags was without his knowledge or consent.

(Signed) B. F. Bryant,
For Bryant and Co.

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Literary Notes and Gossip.

An article entitled "Modern Surgery" appears in the current number of the *Nineteenth Century* from the pen of Mr. H. Percy Dunn, F.R.C.S.

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Mr. Lewis announces for immediate issue in his "Practical" Series a volume on "Diseases of the Nose and Throat" by Dr. F. de Havilland Hall; and a new edition of Dr. Norman Kerr's exhaustive treatise "On Inebriety," will also be shortly issued by the same publisher.

⁂

A fifth edition of Mr. Field's well-known work on "Diseases of the Ear" is announced by Ballière, Tindall and Cox. We understand that the previous edition (a large one) was sold out in less than eight months—an almost unprecedented thing with a book on a "special subject." The same publishers announce a new edition of Dr. Ball's book on "Diseases of the Nose and Naso-Pharynx."

⁂

Dr. J. W. Ballantyne, of Edinburgh, has brought out the first number of *Teratologia*, or, "quarterly contributions to antenatal pathology." This is entirely a new step in medical literature. The contents of the number before us consist of a long and interesting paper on the fœtus amorphous, embellished with three plates. Then follows an article on "Fœtal Pathology in the Past," and the concluding papers are taken up with reviews, abstracts from current literature, &c. We wish the author success in his enterprise. Quite possibly there is an opening for a periodical of the kind.

⁂

The literature of influenza has been enriched by a huge quarto volume dealing with the epidemic of 1889-90. The author is Dr. Friedrich, a German, and it is at once evident that he has treated his subject with the marvellous minuteness and patient exhaustiveness of research which characterise the productions of his countrymen. Many interesting observations are recorded. For instance, it was found that in glass works those men who were employed at greatest distance from the furnace were attacked first. The disappointing thing about this monumental monograph is that no definite conclusion is arrived at with regard to the *fons et origo mali* of this mysterious malady.

⁂

Dr. Rentoul's staunchest opponent would hardly dare accuse him of self-interest or want of courage. Whatever that gentleman takes in hand is carried out with ceaseless energy, and obviously at great pecuniary outlay. His former onslaught on the proposed registration of midwives is stated to have cost him considerably more than £100, and now, at the moment of going to press, a pamphlet on the same subject from his pen and pocket reaches us, in which he discusses the whole question under the title of "The Proposed Formation of an Inferior Order of Midwifery Practitioners." We shall examine this pamphlet in due course, meanwhile, its publication is hereby placed on record.

⁂

The Manchester *Medical Chronicle*, with the April number, begins a new series. The familiar green cover has given place to one of a dark orange tint, and the size of the pages is slightly reduced. The professors and lecturers in the Medical Department of Owens College have taken it over, and will be responsible for its management in future. In an introductory notice it is stated that "every effort will be made to keep the quality of the journal up to as high a standard as possible, but no important alterations will be introduced into the arrangement and proportions of the contents, but the amount of matter will be at once considerably increased."

⁂

Among the new announcements of publications by Mr. David Nutt, no less than three are interesting from their connection with medical men. They are, "Lectures and Addresses (Biological and Zoological)" by the late Prof. Arthur Milnes Marshall, of Owens College, Manchester; "Welsh Folk-Vales, and other Stories," collected and edited by Dr. P. H. Emerson; and lastly, "A Philosophical Essay concerning the Pygmies of the Ancients," by Edward Tyson, M.D., (1699) edited, with notes and a preliminary dissertation on Pygmy races, ancient and modern, and their connection with tradition and myth, by Dr. B. C. A. Windle, Professor of Anatomy in Mason College, Birmingham.

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NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last monthly list:—The Health Resorts of Europe, by Thos. Linn, M.D. Health at School, by Clement Dukes, M.D., B S. Lond. Treatise on Nervous Exhaustion, by Geo. M. Beard, A.M., M.D. Student's Handbook of Medicine and Therapeutics, by Alex. Wheeler, L.R.C.P.Ed. Dictionary of Active Principles of Plants, by Chas. E. Sohn, F.I.C., F.C.S. Annual Reports of the State Board of Health for Pennsylvania, vols. vii and viii. Lunatic Asylums, their Organisation and Management, by Chas. Mercier, M.B. Wright's Prescription Book. The Proposed Formation of an Inferior Order of Midwifery Practitioners, by R. R. Rentoul, M.D.

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Medical News.

Royal College of Physicians of London.

THE ballot for the election of Fellows of the Royal College of Physicians was taken at a meeting of the College on the 26th ult., when the following members were duly elected:—R. W. Burnet, M.D.Aberd., H. Davy, M.D.Lond., (Exeter), A. T. Davies, M.D.Cantab., M. Dalton, M.D.Lond., Lewis Jones, M.D.Cantab., J. S. Bury, M.D.Lond. (Manchester), W. L. Dickinson, M.D.Cantab., J. W. Washbourn, M.D.Lond., H. P. Hawkins, M.D.Oxon., H. D. Rolleston, M.D.Cantab., and E. C. Perry, M.D.Cantab.

West London Medico-Chirurgical Society.

THE Cavendish Lecture in connection with the above Society will be delivered by Sir William Broadbent, Bart., M.D., F.R.C.P., at the West London Hospital on Thursday, the 14th June, at 8.30 p.m., the subject being, "Some Points in the Treatment of Typhoid Fever." After the lecture the President and Council propose to entertain the members at a *conversazione*. The Council Dinner will be held at the Criterion Restaurant on Wednesday, May 30th, at 7 for 7.30 p.m. Members desirous of being present and of introducing guests are requested to intimate the Senior Secretary (Dr. Clemow, 1 Comeragh Road, West Kensington) as soon as possible in order that the necessary arrangements may be made.

The Sanitary Institute.

AT the Sanitary Institute Congress at Liverpool, Dr. Thomas Stevenson, F.R.C.P., Scientific Analyst to the Home Office, has consented to act as President of Section 3, Chemistry, Meteorology, and Geology. Dr. Edward Klein, F.R.S., has consented to act as President to Section 1, Sanitary Science and Preventive Medicine.

A Munificent Offer.

AT the opening of the bazaar in aid of the Manchester Southern Hospital in the new Medical School at Owens College on the 27th ult., Mr. Duncan Matheson announced that the trustees of the David Lewis bequest had made them the magnificent offer of £70,000 under certain conditions of amalgamation between the Southern and the St. Mary's Hospitals.

Royal College of Surgeons in Ireland.—Schools of Surgery.

PRIZE LIST, WINTER SESSION, 1893-94.

Descriptive Anatomy.

Junior.—Mr. J. Conway, 1st; Mr. F. J. Palmer, 2nd. Senior.—Mr. D. Kennedy, 1st.; Mr. W. M. Power, 2nd.

Practical Anatomy.

First year.—Mr. F. J. Palmer, 1st; Mr. J. Leventon, 2nd. Second year.—Mr. W. J. Sweeny, 1st; Mr. H. E. Eardley, 2nd. Third year.—Mr. M. Carroll, 1st; Mr. R. M. Hamilton and Mr. H. Montgomery equal, 2nd.

Practice of Medicine.

Miss C. L. Williams, 1st; Mr. A. C. Oldham, 2nd.

Surgery.

Mr. A. C. Oldham, 1st; Mr. G. E. J. A. Robinson, 2nd.

Midwifery.

Mr. P. J. Morrissey, 1st; Mr. A. Leventon, 2nd.

Physiology.

Mr. J. Thomson, 1st; Mr. F. Hefferman, 2nd.

Chemistry.

Mr. F. J. Palmer, 1st; Mr. R. H. D. Pope, 2nd.

Pathology.

Mr. A. Leventon, 1st.

Physics.

Mr. B. Scribner, 1st; Mr. G. F. Sheehan, 2nd.

Biology.

Mr. D. Hadden, 1st; Mr. B. Scribner, 2nd.

Conjoint Examinations in Ireland by the Royal College of Physicians and the Royal College of Surgeons in Ireland.

THE following candidates have passed:—

Second Professional Examination.

A. T. Benson, J. W. Benson, D. F. Clarke, H. F. Conynsham, A. A. Cooper, F. P. Cormack, K. Corsellis, H. E Eardley, E. A. Fenton, T. Fitzgerald, J. R. Hewetson, E. C. Hodgson, C. A. Kenny, M. R. L. Moore, B. McCaul, J. F. O'Keefe, F. J. W. T. O'Rorke, S. J. Scott.

The Royal University of Ireland.

Third Examination in Medicine.

Upper Pass Division.

Beggs, S. T., Queen's Col., Belfast, Rougham, J. A., B.A., Cath. Univ. Medical School.

The above candidates may present themselves for the further examination for Honours.

Pass Division.

Boyd, J. McA., B.A., Queen's Colls., Cork and Belfast, Burns, A., Queen's Col., Belfast, Carroll, W. S., Queen's Colls Galway and Cork, Cunningham, R. A., Queen's Col., Belfast, Davitt, R. E., Cath. Univ. Med. School, Floyd, S. F., Queen's Col., Belfast, Heron, F. T., Queen's Col., Belfast, McWilliam, W. A., Queen's Col, Belfast, Matson, J., Queen's Col., Belfast, Nixon, J. C., B.A., Queen's Col., Galway, Norcott, W. B, Queen's Col., Cork, O'Connor, D. J., M.A., Queen's Col., Cork, Smyth, W. S., Queen's Col., Belfast, Speller, W., M.A., Queen's Col., Belfast, Stitt, W. J., Queen's Col., Belfast, Trimble, A, Queen's Col., Belfast, Young, R. T., Queen's Col., Cork.

University of Durham.

THE following passed the second examination for the degree of Bachelor in Medicine at the April meetings of the Court:—

First-Class Honours.

Hatch, H. L., M.R.C.S., L.R.C.P., D.P.H, St. Mary's Hospital, London.

Coltman, James, College of Medicine, Newcastle.

Second-Class Honours.

Pearson, A. G. W., College of Medicine, Newcastle.
Senior, H. D., Charing Cross Hospital.
Dent, H. H. C., Mason College, Birmingham.
Rygate, A. M., Guy's Hospital.
Pratt, E. F., L.R.C P.Lond., Mason College, Birmingham.
Sutcliff, E. H., St. Thomas's Hospital.
King, J. W., College of Medicine, Newcastle.
Holgate, P., College of Medicine, Newcastle.

Pass List.

Anderson, J. C., Col. of Medicine, Newcastle.
Armstrong, P. L., Col. of Medicine, Newcastle.
Baker, Alexander, St. Thomas's Hospital.
Cahill, M. F., L.R.C.P., L.R.C.S., Catholic University, Dublin.
Carpenter, W. S., M.R.C.S., L.R.C.P., St. Mary's Hospital.
Dunn, R. A, M.R.C.S., L.R.C.P., St. Bartholomew's Hoopital.
Fell, W. G., Col. of Medicine, Newcastle.
Foster, J. J., Guy's Hospital.
Greaves, R. B., Sheffield School of Medicine.
Hughes, J. B, University Col., Liverpool.
Light, L. W., St. Thomas's Hospital.
Shapland, J. D., B.A., University Col., London.
Simmons, H., M.R.C.S., L.R.C.P., L.S.A., Bristol Medical School.
Simpson, W., Col. of Medicine, Newcastle.
Sheridan, N., Col. of Medicine, Newcastle.
Stevens, A. E., St. Thomas's Hospital.
Urwin, T. H., Col. of Medicine, Newcastle.
Varey, M., Col. of Medicine, Newcastle.
Walter, R. A., M.R.C.S, L.R.C.P., St. Bartholomew's Hospital.
Warner, A., St Thomas's Hospital.
Wreford, J., M.R.C.S., L.R.C.P., London Hospital.

The Mortality of Foreign Cities.

THE annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta —, Bombay 33, Madras 38, Paris 26, Brussels 18, Amsterdam 20, Rotterdam 24, The Hague 22, Copenhagen 19, Stockholm 18, Christiania 25, St. Petersburg —, Moscow 34, Berlin 17, Hamburg 18, Dresden 21, Breslau 28, Munich 23, Vienna 27, Prague 30, Buda-Pesth 27, Trieste 37, Rome 24, Turin 23, Venice 23, Cairo —, Alexandria —, New York 22, Brooklyn 17, Philadelphia 20, New Orleans 23.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ACCEPTED PAPERS.

The following communications received since our last are hereby acknowledged:—

Some Therapeutic Omissions in Text-books on Diseases of the Skin, by John Kent Spender, M.D.Lond.

The Therapeutic Action of Organic Extracts, by R. W. Felkin, M.D., F.R.S.E.

The Period of Treatment of Spinal Caries, by Noble Smith, F.R.C.S.E.

The Treatment of Certain Forms of Advanced Cancer of the Uterus, by F. Bowreman Jessett, F.R.C.S.

Chronic Ovaritis, its Origin and Treatment, by W. J. Burleigh Robinson, M.D.

Dr. J. S. R.—The "puff" to which you refer in the local paper is obviously an indiscretion of a newspaper friend, for which it would be unjust to make the medical man referred to responsible. It is a piece of harmless nonsense which is equalled only by the writer's want of nice feeling.

Woodford.—The case speaks for itself, and it will be dealt with in our next. In future, please send all communications to the office in your division, it prevents delay. Your present note has to be remitted in this way.

L.R.C.P.Lond.—We cannot advise our correspondent as to which of the Medical Protection Societies is the best to join. The matter is one which he had better decide for himself after due inquiry among his friends.

Mr. W. H. S.—Our correspondent is not alone in holding the conviction that abuses exist. Indeed, we have been informed that the matter will shortly be brought under the notice of the House of Commons. A letter addressed to Sir Walter Foster, M.P., might be of service in the direction indicated.

THE ORIGIN OF THE ELECTRIC LIGHT.

Our Glasgow Correspondent says:—The Duke of Argyll had a distinguished visitor at Inverary Castle recently, and Lord Lorne had the amusing of him one day. He took him up to the dynamo house from which the Castle is lighted electrically, and showed him the wonders thereof. The man in charge was exceedingly courteous, and he stuffed the interested visitor, who did not seem to know much, full of the deepest electric lore. He fairly rioted in volts and ampères and such-like technicalities, and the visitor finally asked, "*Where the light itself originally came from?*" The question puzzled the operator for a second, but he ventured to express his conviction that it came from the water; and then Lord Kelvin, who was the visitor, and one of the best living authorities, smiled his placid smile, clapped his informant on the back, and said, "Well, my man, that's *one* thing you don't know any more about than I do."

Dr. H. Y. C. (Cheltenham).—We believe that only a very few subscribers withdrew their contributions to the Society for Promoting Christian Knowledge in consequence of the refusal of the Society to stop the circulation of Professor Franklin's book. Among these were Lord Coleridge and the recently imported Canon of Westminster, whose anti proclivities are not unknown to our readers.

Dr. Westgate is thanked for his communication, and the copy of the newspaper which he forwards. The matter shall receive attention in our next number.

Meetings of Societies, Lectures, &c.

Wednesday, May 2nd.

Metropolitan Hospital (Kingsland Road, N.E.).—At 5 p.m., Mr. Goodsall: Diseases of the Rectum. (Post-graduate Lecture.)

Obstetrical Society of London.—At 8 p.m. Specimens will be shown by Mr. Cutler, Dr William Duncan, Dr. Remfry, and others. Dr. J. Braxton Hicks: On Intermittent Contractions of Uterine Fibro-myomata, and in Pregnancy in relation to Diagnosis.—Dr. Remfry: Ligature and Division of the Upper Part of both Broad Ligaments, and the Result as compared with that following Removal of the Uterine Appendages.

Thursday, May 3rd.

Ophthalmological Society of the United Kingdom.—At 8.30 p.m. Living and Card Specimens at 8 p.m. Mr. Hartridge: A case of Scrofulous Keratitis (?). Papers:—Mr. Priestley Smith: On Periodical Testing of Eyesight in Schools.—Dr. A. W. Sandford: (1) Notes of Three Cases of Tubercle of the Iris; (2) A case of Double Optic Neuritis from Caries of the Sphenoidal Cells and Intra-cranial Abscess.—Mr. John Griffith: A Rare Form of Intra-ocular Melanoma.—Dr. James Taylor: Optic Neuritis in its relation to Cerebral Tumour and Trephining.—Mr. N. C. Ridley: Some Points in the Histology of Trachoma.—Mr. Simeon Snell: (1) Cases of Congenital Serous Cysts of Eyelids with Anophthalmos or Microphthalmos; (2) Osteoma of Orbit.

Royal Institution.—At 3 p.m., Prof. Dewar: The Solid and Liquid States of Matter.

Royal Meteorological Society and The Sanitary Institute (Parkes Museum, Margaret Street, W.).—At 8.30 p.m.. Mr. W. Marriott: Moisture, its Determination and Measurement.

Friday, May 4th.

West London Medico-Chirurgical Society (West London Hospital.).—At 8.30 p.m., Mr. W. H. Battle: Two cases of Traumatic Rupture of Liver.—Dr. H. Macnaughton Jones: Rest, Physiological and Therapeutical, in the Treatment of Eye Affections.—Mr. G. Charles Wilkin: Case of Epithelioma of the Ear treated by Injections of Pyoktanin (with specimen).

Saturday, May 5th.

Royal Institution.—At 3 p.m., Captain Abney: Colour Vision. (Tyndall Lecture.)

Monday, May 7th.

Odontological Society of Great Britain.—At 8 p.m., Mr. D Hepburn will open a discussion upon The Methods of Retaining Dentures in Edentulous Lowers. Mr. O. Fergus will exhibit A Dental Phantom.—Mr. Bland Sutton will show A Pus Cyst.

St. John's Hospital for Skin Diseases (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Loss of Hair.

Vacancies.

Cardiff Union.—Assistant Medical Officer. Salary £100 per annum, with apartments, attendance, washing, &c. Applications and testimonials to the Clerk by May 10th.

Fisherton Asylum.—Assistant Medical Officer. Salary £100 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.

Huddersfield Infirmary.—Senior House Surgeon and Junior House Surgeon. Salaries £80 and £50 per annum respectively, with board, lodging, and washing. Applications and testimonials to the Secretary by May 7th.

Lewisham Union.—Medical Superintendent. Salary £275 per annum, with unfurnished house, washing, &c. An additional salary of £75 per annum as Workhouse Medical Officer. Applications and testimonials to the Clerk to the Guardians by May 10th.

London Hospital, Whitechapel, E.—Medical Registrar. Salary £100 per annum. Applications and testimonials to the House Governor not later than May 5th.

Stoke-upon-Trent.—(1) Visiting Medical Officer of the Workhouse; (2) Resident Medical Officer of the Workhouse. Salary of the former at the rate of fifty guineas, and of the latter £120 per annum, with board, washing, and furnished apartments. Applications before May 11th.

Western General Dispensary, Marylebone Road, N.W.—House Surgeon (unmarried). Salary £50 per annum, with board and apartments. Applications and testimonials to the Hon. Secretary by May 3rd.

Appointments

Inglis, E. M., M.B., Ch.M., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Health Officer for Kew, Victoria, Australia.

James, P., L.R.C.P.Lond., F.R.C.S.Eng., a Physician to the Wellington Hospital, New Zealand.

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Ryan, J., B.A., M.D., B.Ch., B.A.O. T.C.D., Medical Officer to the Hollywell District of the Shoreditch Union.

Sangster, J. J., M.R.C.S.Eng., L.R.C.P.Edin., Resident Medical Officer at the Adelaide Hospital, South Australia.

Smith, J. A., M.R.C.S., Medical Officer of Health for the Flockton Urban Sanitary District of the Wakefield Union.

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Wilks, S. L. B., M.B., B.S.Lond., L.R.C.P., M.R.C.S., Medical Officer for the Grassington Sanitary District of the Skipton Union.

Births.

Bolster.—April 26th, at Nowshera, India, the wife of Surgeon-Major J. McM. Bolster, Army Medical Service, of a daughter. (By telegram.)

Tracey.—April 24th, at Willand, Cullompton, Devon, the wife of Henry Eugene Tracey, M.B., M.R.C.S., L.R.C.P., of a daughter.

Marriages.

Ayres—Haydon.—April 26th, at St. Mary's, Lambeth, London, Charles James Ayres, M.D., H.M.C.S., Mauritius, to Edith Clara, only daughter of the late George Henry Haydon, barrister-at-law.

Deaths.

Alexander.—April 15th, at Sinclair Terrace, Wick, of typhoid fever, Alexander Alexander, M.B., C.M.Ed., aged 45.

Blackwell.—April 22nd, at St. Andrews, M.B., James Hay Blackwell, Surgeon-Major, late H.E.I.C.S., aged 75.

Douglas.—April 25th, at his residence, Coolbawn, Warrenpoint, Co. Down, of pneumonia, Allen Edmund Douglas, M.D., F.R.C.S.I., J.P., son of the late Captain Edmund Douglas, R.M., aged 59.

Eddowes.—April 17th, at Pontesbury, Salop, William Eddowes, M.R.C.S.Eng., L.S.A., aged 83.

Lush.—April 28th, at Fyfield, Eastbourne, Wm. J. Hy. Lush, L.R.C.P. Lond., M.R.C.S., aged 43.

Marshall.—April 16th, at his residence, Kilmarnock, Alexander Marshall, M.D., L.F.P.S.Glasg.

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Original Communications.

ON INTERMITTENT CONTRACTIONS IN UTERINE FIBROMATA AND PREGNANT UTERUS IN RELATION TO DIAGNOSIS.

By J. BRAXTON HICKS, M.D.Lond.,
F.R.S., F.R.C.P.,
Consulting Obstetric Physician at Guy's Hospital, and St. Mary's Hospital, London.

IT may be in the recollection of some members of this society that in 1871, I read a paper, published in our "Transactions," vol. xiii, describing a fact, before overlooked, namely, that the uterus contracted and relaxed alternately at pretty constant intervals during the whole of pregnancy. In other words, that at intervals of about from five to twenty minutes, the hand could distinctly recognise an increase of its firmness, and then a recurrence to its ordinary state. That this could be observed without difficulty when the uterus was above pubes, but also that if low down or retroverted or retroflexed, it could be observed *per vaginam*. In this paper, as also in subsequent papers read before the Obstetric Section of the International Medical Congress, 1881, and following, I gave cases in illustration of the value of the knowledge thus afforded us as regards the diagnosis of pregnancy and other tumours complicating it, or independent of it. I also pointed out the physiological use of these contractions, the principal points of which I described in a paper read before the Royal Society, and published in its "Proceedings," 1878, entitled "On the Auxiliary Forces Concerned in the Circulation of the Pregnant Uterus in Woman." Before this society I also read a paper showing that the effect of these contractions was such on the abdominal respiratory wave (described by me in a paper read before the Medical Society, December, 1882, "On Tension of the Abdomen and its Varieties"), as to nearly obliterate the curves of the tracings, as shown by the gastrograph there described.

When my paper was read before the International Medical Congress in 1881, Dr. Matthews Duncan, in the discussion following, remarked that, "considerable subtraction must be made from the value of this diagnostic sign, because a soft fibroma without pregnancy, itself or its capsule or both, contracted quite as distinctly, and with as much change of shape as the gravid uterus." It does not appear whether Dr. M. Duncan himself observed this change. In a letter to the *Lancet* shortly after, I said that this might be the case, but that I had not, up to then, met with such a one, and that I thought it must be rare, and I remarked that I thought no one else had noticed it. In rejoinder, Dr. Herman pointed out that he had, in the *Obstetrical Journal*, 1880, published a case of fibroid tumour, in which he had noticed this varying density, and Dr. John Williams, in same number of the *Lancet*, Sept. 3rd, 1881, also called attention to a case he had passingly mentioned in a lecture "On the Periodical Changes which Occur in Fibroid Tumours," 1880. To this, I answered that, although I had not hitherto observed the change, yet I had great confidence in these gentlemen's powers of observation that I was prepared to assent that so far as these two cases went, this change did occur, but that further observations were required before we could accept the phenomenon to be of common occurrence. I then proceeded to show how far the power of contraction in fibroids interfered with the value of the contractions of a pregnant uterus as a means of the diagnosis of pregnancy. This I will not now repeat as I shall discuss this point later on. It was not till about one and a half years ago that I had an opportunity of seeing a case which was parallel to the cases of Drs. Herman and Williams.

Own Case.—It was in a lady, about 43, of a highly nervous temperament, becoming almost maniacal at menstrual periods. She had lately increased much in the size of abdomen, and the menses had been for four or five months irregular, absent for two months, but too frequent the latter portion, once or twice profuse. I found a tumour rather to right side as high as umbilicus, firm and prominent in centre. During my examination, I became conscious that it had become less dense and prominent. This variation was clearly marked during a prolonged examination, and I recognised that if she was not pregnant, then it was a fibroid simply, or fibroid with pregnancy, for the feel of the mass was not that of an ordinary pregnant uterus during its relaxed condition, and besides this, there was an irregularity in its outline. I consequently made examinations from time to time, but detected no increase of size corresponding to normal pregnancy, and the menses returned nearly regularly after some time had passed. It was evident that there was no complication of pregnancy, but a fibroma of the softer kind that still remains.

It is due to the above-named observers to corroborate their experience, and it is also due in the interest of our scientific advance that we should recognise that occasionally soft fibromas of uterus do undergo alternations in density. The bearing of this fact on our diagnoses is the next point that has to be considered.

As in pregnancy we have amenorrhœa as a most common condition, so in fibroma and its varieties there is very rarely absence of menses, but the most common condition is menorrhœa and metrorrhagia. There is, however, a difference in the relative frequency of these opposite conditions, Amenorrhœa is less frequent in fibroma than menses, menorrhagia, and metrorrhagia are in pregnancy of all kinds. If we exclude, however, the abnormal conditions of pregnancy, the infrequency of the continuation of the menses during the first half of gestation will more nearly compare, though slightly in excess, with the infrequency of the amenorrhœa in cases of fibroma.

When, therefore, we are desirous of diagnosis of tumours reaching from the size of a three and a half months' pregnancy to that of full term, and even over, it is in the unusual cases of fibroma with amenorrhœa, and in the more frequent though relatively to ordinary pregnancy much less common, cases of pregnancy with periodical appearance of blood that we have to call in other diagnostic aids.

But in forming diagnoses by the doctrine of probabilities, one might say in a case of enlargement of the uterus after the absence of the third menstruation, the size of the uterus being in accordance with that of the uterus in normal pregnancy, the health of the woman continuing good. If we decided that she was pregnant we should be right in 95 per cent.

For by the end of three months the temporary checks are most commonly rectified, and the accompanying swelling of uterus has subsided, while almost all the enlargements of the uterus other than by pregnancy are not only not coupled with amenorrhœa, but most commonly by menorrhagia and excess.

But careful consideration of condition of the uterine contractions in pregnancy and with fibromas will show how far these assist us in forming diagnosis.

One might say at the outset that the rate of frequency in these contractions will not help us, because in pregnancy the period of their occurrence is unequal. But in the case of fibroid I believe it is yet to be determined whether they occur spontaneously, or whether they are set in motion by the handling. In pregnancy they certainly occur irrespective of the handling, one often finds the uterus already to be firm and tense, and then relax during the examination.

Now when the uterus relaxes in normal pregnancy, although it was impossible to feel the fœtus by palpation before, yet when the relaxation occurs the fœtus is generally to be made out not only by its movements, but by "dipping or "bobbing" as some have called it; in the same way as one feels for solid through fluid in the abdomen, or a solid in an ovarian cyst. The tips of the fingers press the parietes firmly on to the uterus, and impress its walls steadily; then by a slight quick movement the fingers press still deeper, and if a fœtus be there a momentary resistance is felt, varying according to the size of fœtus and its mobility. If much fluid be present there the feeling is but very momentary, for the fœtus recedes as in ballotment. Now it is but rarely in normal pregnancy, but that the fœtus cannot be thus detected either externally, the woman placed dorsally or laterally, or *per vaginam.*

This recognition of the fœtus can be obtained in many of the few cases I have before alluded to where some kind of blood discharge is met with in pregnancy, limiting thereby to that extent their relative number.

But there is a different feeling generally given to the hand in the case of a large relaxed soft tumour, still more evident in the smaller and firmer tumour, and although I would not press this point too far, yet I may say that the yielding of a hollow body is different to that of the solid though elastic; in the one the resistance is only just beneath the finger, while in the other it continues to the centre.

But if we now take those large soft uterine tumours which exhibit the intermittent contractions, how very few of them will really make diagnosis difficult? In nearly all will be a longer history of menorrhagia, of growth, and noticeable bulk than in pregnancy, and particularly of the abnormal kinds of vesicular mole and hydrops amnii: and again in the normal pregnancy of equivalent size, the presence of the fœtus will almost always be made out by palpation, if not by other signs; particularly by the development of the os uteri, which would be very different in pregnancy. Still if the fœtus could not be felt during the relaxed state, I admit our diagnosis must be difficult judging solely by the intermittent action. But such cases are very uncommon.

In cases of vesicular mole the physical condition imitates very closely that of a soft fibroid, and as no fœtus is present, the existence of contractions will not help us to solve the difficulty, though of course there are other circumstances which enable us to make out the case, such as the short history, the state of os, the extrusion of vesicular bodies.

In hydramnios, however, besides the also rapid history, we have sensible fluctuation, and with care the presence of the fœtus to guide us, so the case becomes one of differential diagnosis in respect of ovarian tumour and other cysts, in which case the contractions will prove at once its uterine nature.

However, the cases in which the greatest difficulty of diagnosis between fibroids and pregnancy occur is in those abnormal conditions of pregnancy called carneous mole and early death of fœtus, with hæmorrhage, because in these there is great similarity both in physical characters and also in symptoms; not that we have the intermittent contractions to help us, for often the uterus remains firm as a hard fibroid for some weeks together. Though here again the recent character of the history is unlike that of a fibroid tumour, and generally commenced with an absence of one or two periods. These cases form but a small percentage of the total cases of pregnancy. The following cases illustrate the difficulty which may arise very occasionally:—

A lady had been suffering very severe paroxysms of pain just above pubes, many times in the day for a few weeks. She was hardly able to move at the time. She had not menstruated for four months. On examination I found the uterus enlarged to a size corresponding in pregnancy to the usual size. It was very hard and solid, the os not particularly enlarged, and the mass resembled a dense fibroid. There was no history of previous menorrhagia. There was nothing about the os to indicate closure, and I concluded she was pregnant and the pain was owing to the normal contractions exaggerated, probably by something abnormal in the ovum. I saw her at intervals of a week four times, finding the same conditions of pain and hardness. My examinations of the abdomen were prolonged each time in hopes of getting the relaxed state, but without success, till at the end of the fourth time, just as I was giving up, the whole uterus relaxed, in other words that which was so hard and solid, so long, had almost disappeared. Therefore I pronounced in favour of pregnancy; and so it turned out, in due course a healthy fœtus was born. However, when the uterus keeps continually rigid, it is generally in consequence of irritation produced by some disease of ovum generally accompanied by effusion of blood into placenta.

In cases of the complication of uterine fibroma and pregnancy, it has been remarked that the difficulty of diagnosis would be increased. But this opinion has been given without due reflection. The difficulty of making out this state will always be great in the early months, but unless the uterus be more than half-way round involved in the tumours, about the fourth month, one will be quite able to distinguish a difference in substantiality at least, if not to detect the fœtus, and then as the uterus contracts, so we shall notice that the more solid and relaxed portions are all included in the same body; and this and the converse being repeated at intervels, we gain the information of the existence of fibroids and also of pregnancy; and also we are able to note the point I have already alluded to, namely, the distinction between the feel of a relaxed fibroid and that of a pregnant uterus.

In cases of differential diagnoses between two tumours, say uterine and ovarian, we can utilise the contractions whether it be a fibroma, or pregnancy or both, recognising the one altering in firmness as uterine, the other as ovarian, same in an uterine tumour, and hydronephrosis, or in cases of extra-uterine to distinguish a pregnancy uterus from the sac.

It must be remembered that we do not in practice apply the test of this alternate action of the uterus till we had taken the history of the case, and before we approached the idea of pregnancy we should have excluded a good number of the cases to which I have alluded above.

And so, whilst we admit that a certain deduction has to be made from employing these contractions as absolute evidence of pregnancy, we find that they may be used in a large majority of cases, either as a distinct proof of pregnancy or in corroboration of other signs, or in differential diagnosis of abdominal tumours; and it is a point of much importance that we should have additions to the direct signs of pregnancy, for I have for many years taught that the secondary signs and symptoms are scarcely worth considering in the presence of the opportunity of direct evidence derived from the examination of the uterus and its contents.

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THE PERIOD OF TREATMENT OF SPINAL CARIES.

By NOBLE SMITH, F.R.C.S.Ed.,

Surgeon to the City Orthopædic Hospital, and Surgeon to the All Saints' Children's Hospital.

I have elsewhere described the treatment of spinal caries as carried out at the City Orthopædic and at the All Saints' Children's Hospitals, and have upon several occasions described the almost uniform success which has attended this plan of treatment.

I propose now to discuss the question which often arises as to the length of time during which treatment must be continued before we may expect a cure of the disease, and also the time when the patient will be able to dispense with mechanical support. These are points of very great importance, in which every patient or his parents or friends are greatly interested.

The decision upon these questions depends very much upon the peculiarities of each case.

We may consider the subject from two points of view:—

1. *Period of consolidation of the diseased bones.*
2. *Period of time during which it will be necessary to continue mechanical support.*

1. Period of Consolidation.

The three chief items for consideration are:—

(*a*) General health of the patient.
(*b*) Extent of the deformity.
(*c*) Progress of the case.

(*a*) I think it may be laid down as a rule that, given a patient who is apparently robust, and in whom the disease is presumably a local affection, and where the degree of deformity is moderate, the shortest time in which we may expect complete consolidation of the diseased vertebræ is one year. I would consider this year to commence at the time of complete cessation of pain and all other active symptoms, such as high temperature or spasmodic contractions of the limbs. This is the most favourable result, as regards time, we can expect in ordinary cases, the only exceptions being perhaps in cervical caries and in some cases of lumbar caries.

In a case of cervical caries which I have recorded a cure seemed to have been brought about in six months, but I doubt the expediency of acting upon such a result.

Upon commencing treatment we depend much upon the thorough carrying out of our directions, and it not infrequently happens that directly pain has been subdued, and all acute symptoms have subsided, the patient believes himself nearly cured and able to return to a great extent, to his more active occupations.

If this course be taken some of the former symptoms return, and many weeks or a few months may pass before he realises the absolute necessity of greater care.

Here the commencement of the year must date from the period when the patient has learnt how to modify his movements and to so adapt his habits that pain and other acute symptoms are absolutely subdued.

In some instances, from the commencement of treatment, notwithstanding our utmost efforts, and the utmost efforts of the patients, it will be several weeks or longer before we can subdue the active symptoms.

During progress towards recovery many things may happen to retard the improvement, an illness, a sudden slip or fall, a severe shaking in a carriage, or a sudden twist of the body, as in turning round quickly. Any of these incidents may seriously prolong the period.

There is a great difference in patients. Some will readily adopt the principles of care, maintaining a rigid spine whatever they may be doing; going about with caution and steadiness; doing everything in a deliberate manner; never sitting down in a chair suddenly with a jerk; never looking round quickly; never bending forwards energetically.

These patients may take plenty of exercise, moving about freely, but always discreetly and carefully, always keeping their spines rigid, being guided by the action of the supporting apparatus, and never trying to resist it.

Others do not take readily to these habits. They are too graceful in their movements, too spasmodic in their dispositions, and are frequently bringing back pain or discomfort by their inconsiderate actions. Then we meet with individuals, and they are numerous, who are ever wanting to test their progress; just trying if the pain can still be produced by some particular movement, and never contented to keep from all actions which have previously produced discomfort.

These irregularities may retard the progress of consolidation, and thus prolong the period of cure. The patients with whom we have the greater difficulty are those who suffer little or no pain, with them we must use our discretion as to their actions.

If we consider the period of a year as the shortest time in which a robust patient can get well, so we must increase that time in accordance with the general deterioration of the patient's health. When there is general tuberculous infection, the ultimate result must obviously depend upon subsidence of the general symptoms, or, in other words, upon the improvement of the patient's constitutional condition.

Notwithstanding the truth of this assertion, we often see carious spines consolidate, although tubercular disease is progressing elsewhere. Tubercular meningitis may cut off a patient in whom good progress has been made as regards the caries, and we may even find consolidation of carious vertebræ in patients who die from this or other tubercular disease. When tubercular disease has become general, it is useless to discuss the length of time necessary for consolidation of a carious spine, the general health of the patient being of the first importance.

(*b*) *Extent of the Deformity.*—If the spine is thoroughly supported, and there is a moderately severe angular deformity, other symptoms being favourable, we may consider a year a fair time for consolidation, but if there be indications of a great loss of bone, and especially if the rigidity has given place to undue flexibility, then we know that a space exists which has to be filled up; and that several years must elapse before the repair can take place, and the new bone become perfectly consolidated. In such a case the surgeon may consider it desirable to try and approximate the diseased bones, but I do not think this would be a judicious thing to do. Sometimes a patient has done this for himself, and produced a terrible deformity, as shown by a specimen in St. Mary's Hospital Museum.

This approximation of the diseased bones might expedite the period of consolidation, but we can hardly suppose that anyone, in order to save a few years of care, would submit themselves to an increase of deformity.

(*c*) *Progress of the Case.*—Whatever our opinion as to period of time may be, upon commencing treatment, we ought to be always ready to modify it in accordance with the progress of the case. Experience teaches the surgeon to be most guarded in giving a prognosis as to time. In a very favourable looking case there may be a large abscess existent which is gradually approaching the surface, and which will ultimately have to be opened.

Abscesses may greatly prolong the period of treatment, so that no definite period can be safely depended upon. It may be further stated that other complications, such as paralysis, will necessarily prolong the period before a recovery can be expected.

2. THE PERIOD OF TIME DURING WHICH IT WILL BE NECESSARY TO CONTINUE MECHANICAL SUPPORT.

This must depend upon the degree of deformity. It is obvious that until complete consolidation of the diseased bones has taken place, and all symptoms have disappeared, the apparatus must be worn.

When perfect consolidation is assured, the further use of the support will depend upon whether the spine is sufficiently upright or not to support the body without the latter giving way from its mechanical inefficiency. If the deformity is very considerable, some support will always be needed if an increase is to be prevented. Under these circumstances, the patients feel so much comfort from wearing the apparatus that they do not think of giving it up.

It is not the part of the spine which was diseased which would give way, but the sound parts above and below.

In slighter degrees of deformity it depends upon the strength and activity of the patient, whether he can maintain his erect position or not without his support. Sometimes a partial wearing of it, say every other day, or once a week, or when laboriously employed, may be desirable, or a more simple apparatus may be used.

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ON CASTRATION IN FEMALES: (a)

ITS FREQUENT INEXPEDIENCY AND THE SIGNAL ADVANTAGES OF CONSERVATIVE SURGERY IN THESE CASES

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PART III.

MODES OF OPERATION ON THE ANNEXES.

IN a remarkable paper published by Dr. Doleris in the "Nouvelles Archives d'Obstétrique et de Gynæcologie," vol. vi, p. 401, on the Abuses of Castration, a paper in sequence of a former one on Useless Mutilations, &c. He refers to the extraordinary number of cases in which such castration, *i.e.*, the removal of the annexes of the uterus, occurs in France, and gives the following table :—

Here is a total of 511 performed by 7 operators by laparotomy :

Richelot .	. 170	Le Dentu	. 34
Terillon .	. 140	Routier .	. 22
Bouilly .	. 70	Segond .	. 17
Doyen (de Reims)	58	Total	. 511

Richelot's cases occurred in 2½ years ; Doyen's in a town of 100,000 inhabitants. This number of operators does not include seven other operators of distinction. These operations, he adds, are practised in 45 institutions where surgeons carry on the service, so that M. Doleris believes that the number should at least be reckoned as 10 times more frequently done than above statistically stated, *i.e.*, over 5,000.

And yet Dr. Doleris asserts it as his conviction that 8·10ths of these poor women could have avoided this radical operation. Dr. Doleris states further that out of about 300 cases observed in 3 years, he found about 50 in whom castration might have been reasonably practised, but that every day he found that he could cure them as effectually by other measures.

It is unfortunate for those who remove the annexes that the mortality is really considered as a negligable quantity, because so trifling.

These operations, Doleris tells us, are practised in France for ovarian folliculitis, catarrhal salpingitis, pelvic cellulitis, and true hysteria.

But we learn that the removal of the annexes is often performed in these realms, when the organs removed are perfectly healthy. Mr. Lawson Tait gives us his authority for this statement. In the *Lancet* for Feb. 7, 1891, p. 293, Mr. Tait in a lecture given before learned doctors, described a visit he had paid to one of his disciples, who triumphantly brought out two dozen appendages in bottles, which in almost every instance were free from guile.

In America, in the discussion upon Dr. Polk's paper (see "Transactions of New York Journal of Gynæcology and Obstetrics," p. 728, for August, 1893), Dr. Williams, of Baltimore, says : "For the last three or four years I have received a large number of tubes and ovaries in Baltimore, in fact, I have received all that were removed by five different operators for examination, so that I am able to say what few other men can, that a very considerable number of the operations are done absolutely with no justification. As the result of my work, covering at least 300 tubes and ovaries, that in at least 5 per cent. of the cases there was absolutely no anatomical ground for removing them. . . . I have seen a considerable number of young women who have had their ovaries removed for dysmenorrhœa, and in the vast majority of these cases there is no reason for it.

Dr. Wathers, speaking of Dr. Polk's paper, said he thought it would have a good effect upon those members of the profession who were so fond of removing the ovaries, whether they were diseased or not. He had seen ovaries and tubes removed in which you could not see one particle of disease, tubes a little smaller than normal.—*Ibid*, p. 729.

MEASURES TO BE TAKEN WITH DISEASED ANNEXES.

We come now to the practical part of this paper. What are we to do with diseased annexes ?

I.—The complete or partial extirpation of the annexes.

1. Complete extirpation the easiest and simplest, corresponding to the spaying of animals.

2. Partial extirpation.

A. Dr. Polk, partial resection of tubes, and of ovaries, and cutting or tearing adhesions, and replacing portions so treated within the abdomen.

B. Dr. Barrow's partial amputation of tubes and returning the healthy part in the abdomen.

C. Professor Pozzi, partial resection of diseased parts of ovary, the cut edges being brought together, if healthy, and stitched, or ignipuncture of ovary if cystic fixing ostium of tube to ovary.

D. Dr. Martin, also practises resection of the ovary in like manner, but without ignipuncture, and then resection of diseased part of tube and formation of a new ostium.

E. Salpingotomy as taught by Dr. Skutch, *i.e.*, a small piece of tube being removed and the parts brought together in cases of hydrosalpinx.

In all these modes of operation abdominal section must be performed to expose the annexes.

II.—Cases in which the treatment is carried through the vagina or rectum.

1. Dilatation and curettage of uterus.

2. The special treatment of gonorrhœal cases by electricity.

3. The relief of abscesses by the use of the aspirator.

I. *Complete Extirpation* has been largely recommended, and on both sides, even when only one annex is diseased. The reason alleged for doing so is that if one annex is diseased, the other soon will be. The objection to this method, however, is that although the easiest plan, it is not invariably necessary. For the remaining ovary may not become diseased, but enlarge, and by its increased size compensate for the loss of the other, and so many such women have become mothers. We do not remove both ovaries in cases of ovariotomy, and many of those so operated on have subsequently become mothers. I do not say complete extirpation may not be sometimes necessary, but even on this question gynæcologists would differ. Some, as Segond would say, do it but with hysterectomy and deprive a woman of her womb, which, if retained, is often a source of discomfort—forgetting the greater mortality. But this question does not really concern us at present.

(a) Paper read before the British Gynæcological Soc., April 19, 1894

II. A. *Partial Extirpation.*—To Dr. Polk I think, of New York, we must give the honour of having put this mode of operation boldly before the profession, and very unanimous should be the praise tendered to him for having defined a more merciful and a wiser mode of action. It is true he opens the abdomen, and looks in, but he respects the motherhood and the feminity of the poor sufferers on which he operates, and mutilates as little as possible. He takes up the axiom of another great gynæcologist, whom he also quotes emphatically, p. 653. I take it for granted, says Schroeder, that the essential matter in this question of the ovary, is the maintenance of menstruation and ovulation, because of its effect upon the physical and mental well-being of the patient.

1. *As regards Tubes.*—Polk recommends retention of the tubes in thickening after acute inflammation, unless the uterus be the cause. If so, it must be at once cleansed, curetted, and packed with gauze.—P. 651. Delay extirpation of tubes. If the tube be not dis-distended and is closed by recent lymph, he opens it, approximates the outer and inner coats, washes it out with plain water, and returns it to the pelvis (p. 652), but he removes all tubes distended with muco-pus, blood or sero-fluid, even to the very cornua uteri.

2. *As regards Ovaries.*—Generally these should be removed if the ovaries be sufficiently diseased. As a rule he removes both ovary and tube. But should the ovary also be removed with the tube, if the tube only is diseased? Polk replies in the negative. Remove the tube, but leave the ovary, even if the case be one of pyo-hæmato- or hydro-salpinx, and quotes ten cases so operated on, and with good results, one becoming pregnant subsequently.

3. *As regards Adhesions.*—If these imprison the ovaries and tubes, they will destroy their functions. If the adhesions can therefore be cut, or torn away safely, this should be done, and the organs will regain their integrity in many cases.

Dr. Polk's Modus Operandi as regards the Uterus.—In every case the uterus should be dilated, curetted with a sharp curette, and then packed up with as much gauze as it can possibly be made to hold. This clears the field.

As regards the Operations.—While the ovary is merely the seat of small cysts, *ignipuncture* with a fine cautery point is the best procedure, or with larger cysts enucleation and subsequent cutting away portions by a V-shaped incision. In the removal of a tube, or a portion of it, act as you would in a case of removal of a portion of intestine, &c. At the date of this paper Dr. Polk had operated in some one or other of these conservative ways in 80 cases, and these cases were for the most part again seen after periods of six months or two years, and he states that in all, except seven, excellent therapeutic results were obtained.—P. 654.

B. AMPUTATION OF PART OF TUBE—DR. BARROW'S MODE OF OPERATION.

In a paper by Dr. Charles Clifford Barrows, of New York, on the conservative surgery of the uterine appendages (*American Journal of Obstetrics* for December, 1893), after a short review of the more radical treatment by extirpation of the tubes, he refers to the paper by Dr. Polk, who treated diseased and adherent tubes and ovaries and cured them by more benevolent measures (*New York Journal of Obstetrics, &c.*, Aug., 1893). It was clear that under the name "Cellulitis" catarrhal salpingitis was cured every day by routine means, and that by simple breaking up of the adhesions and washing out a tube in catarrhal salpingitis, when even swelled to the size of a finger. In eight cases at different times where the inflamed and adherent appendages were freed from their adhesions, the fimbriated extremity of the tubes were opened. The tubes were washed out, and with the ovaries returned to the abdominal cavity and the patients were cured. Although most of his hearers maintained their preference to non-interference or complete extirpation, Dr. Barrows insisted upon a more conservative treatment and one founded on the *fons et origo* of its pathology.

All persons (he says) admit that salpingitis and ovaritis as a rule originate from the extension of some inflammatory condition of the uterus, or its lining membrane. Dr. Polk concludes from this fact that, irrespective of what you may do with the appendages themselves, the original source of infection must be removed, and to do this he advises curetting and firm packing of the cavity with gauze. This cures at once not a few cases of salpingitis.—*Ibid.* for Feb., 1892.

Now, Dr. Barrows adopts the same plan, either before or at the time of celeotomy, as it is quite possible and more convenient to perform these two operations synchronously. Indeed, he states that he has on more than one occasion curetted, packed the uterus, repaired lacerations of the cervix and perinæum, and resected the tubes and ovaries at the same sitting, all within one hour, thus avoiding a second etherisation.

By resection or amputation of the tubes Dr. Barrows means the cutting off of the diseased abdominal end of the tube, not the removal of a portion of the wall of the tube, the apparent healthy portion being returned to the pelvic cavity. In certain cases of pyo-salpingitis the tube may be amputated at some distance from the cornu of the uterus, and the formation of an artificial ostium abdominale may be so completed. In some instances he has noticed the tube which contains the pus is closed firstly at the extreme end of the infundibulum by adhesions with surrounding parts, ovaries, intestines, &c., but secondly it is also closed at a point about a half to an inch or more in length from the uterine cornu. It is in this sac that the pus accumulates. In the inner portion of the tube the aperture is patent, and any pus there formed is discharged by the uterus, but far more frequently neither the mucous, serous, or muscular coats of this portion are inflamed. It is in these cases where we have a healthy ovary, and the fimbriated extremity of the tube is not adherent to it, that he amputates the healthy portion of the tube, washes it, and slits it up a little way, and unites the serous and mucous coats of it by fine catgut ligatures, bringing the new ostium thus formed in close apposition to the ovary. The uterus may thus be curetted and filled with the gauze, all painful symptoms disappear even during menstruation.

Of the completeness of the cure Dr. Barrows had an opportunity of convincing himself in a patient who came to him for hernia, and on whom he had operated a year previously, removing a purulent tube and ovary from the right side, breaking up the adhesions on left side, resecting the tube and about one-third of ovary, and on examination he found the latter in apparently a perfectly healthy condition.

Dr. Barrows concludes his very interesting paper by a tabulated account of 18 cases so treated, besides a 19th not included in the table; 6 were cases of pyo-salpinx in which the tube was amputated and a new ostium made.

C. PROFESSOR POZZI'S CONSERVATIVE TREATMENT.

Professor Pozzi insists as one of his preliminary points that salpingitis being an extension from the uterus of disease, the uterus must be treated, and this by curetting, cauterisation and electricity, but this he believes will fail the moment that pus begins to form, and when in chronic cases the tubal walls have thickened and the fimbriæ united. He speaks doubtingly, however, as to massage, lest it should induce rupture, and electricity is equally hazardous except in neuralgic cases. He also opposes dilatation of uterus and internal ostium of the tubes, because it provokes neighbouring inflammation, and it does not open the os so as to allow free exit from the tube. Pointing next to the magnificent results obtained by resections of bones and joints in surgery, he concludes that there is abundant evidence that this may be done for the tubes. But he limits his operation. Cases which after laparotomy display profoundly disorganised appendages, a pyosalpinx with abscess of ovary, or complete cystic transformation of ovary and parenchymatous alterations of the tube, these must be removed in totality. But in hydrosalpinx with relative integrity of the ovary, cysts only the size of a pea, or an intact and permeable tube with diffuse ovaritis, sclerosis, or limited longer cysts, or microcystic degeneration, conservatism may be adopted. In the first case partial resection of the ovary may be done; in the second we may perform salpingostomy, *i.e.*, re-establishing an ostium by partial resection of the Fallopian tube.

The general rule Pozzi gives is that wherever the Fallopian tube is healthy and the ovary alone diseased we must endeavour to preserve a part, and only at the last extremity resign ourselves to a total extirpation.

The plan originally adopted by Pozzi was, first having ascertained that the tube was perfectly permeable by a stylet down to uterine cavity, the ovary was seized and a piece of it removed by a cuneiform section. The parts were thus brought together by catgut sutures. If the ovary is affected with microcystic degeneration, any portion of it, and frequently the hilum, is intact and not so affected, it is spared and the diseased portion alone removed, and thus the ostium of the Fallopian tube is fixed upon the ovarian stump by a few points of suture, salpingostraphy, and thus placed in position to receive the ova. More lately Pozzi has still further modified his *modus operandi* by opening all these small cysts by the knife, or actual cautery, which in itself often causes an energetic melting away of the chronic inflammations.

His remarks in his own words may be here added. He has practised complementary hysterophy upon only one of his six patients. Upon 4 he practised salpingorrhaphy, or suture of the Fallopian tube to the uterine stump, which he has also done in some broken adhesion cases. In 5 out of the 6 cases he removed the appendages in the opposite side.

To summarise: Fourteen women on whom he practised conservative operations on the ovary recovered, were cured, or immensely improved. In each case menstruation recurred, and one became pregnant.

MARTIN'S CONSERVATIVE OPERATIONS ON OVARIES, ETC.

D. Martin (*Deut. Med. Woch.*, July 27, 1893, Epitome B, Association Journal, Sept. 9, 1893) has also adopted conservative measures.

1. Resection of the ovary. Usually bilaterally diseased but sometimes only circumscribed cystic disease may be found in the other ovary. Under these circumstances, should the entire ovary be removed? His answer is in the affirmative, if there be no healthy tissue left, and if the process be suppurative, but not in some other cases. He refers to 27 such cases with one death. Two of these relapsed, but of the 24 remaining 8 bore children. Ignipuncture has been used by Dr. Pozzi, but Martin is satisfied with incision and stitching up.

2. Again, resection of a stenosed tube, the other being removed for disease. Here it may be more difficult to recognise the character of the disease. The contents of the tube must be carefully examined, if they are turbid or unmistakably purulent, or if the mucous membrane be ulcerated, the tube must be removed, otherwise resection with the formation of a new ostium may be practised. If any doubt exists, the whole appendix should be removed. Of 40 cases with 2 deaths only 4 were not cured or considerably improved, only one became pregnant, but 12 were unmarried, and the husbands of some others were asthenical or had had gonorrhœa.

Thus we have a mortality for the first class of cases of 3·7 per cent. and in the second class of 5 per cent.

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Selected Prescriptions and Therapeutic Notes.

126.—An Application for Enlarged Glands:—

℞ Iodoformi;
Bals. Peruviani, āā ʒj;
Colodii, ℥j.

M. To be painted over the swellings every night.

127.—For Urticaria:—

℞ Liq. calcis;
Aq. lauro-cerasi;
Glycerini, æq. partes.

M. The skin is dabbed with some of the lotion, and then covered with a thin layer of cotton wool.—BOURDEAUX.

128.—For Fœtid Diarrhœa in Children:—

℞ Calomel, gr. iss;
Zinci sulpho-carbolatis, ʒijss;
Bismuthi subnitratis, ℥ij;
Pepsinæ, gr. xxx.

M. Divide into twelve powders. Three powders daily for a child of one year.—DR. E. TOMKIN.

129.—For Laryngeal Phthisis:—

℞ Iodoformi. ʒj;
Pulv. acid. borici, gr. vij;
Pulv. calcii phosph, ʒijss.

M. Morning and evening the throat should be insufflated with the powder.—PROF. COZZOLINO.

130.—A Mixture for Asthma:—

℞ Chloroformi, ʒj;
Etheris, ℥iss;
Syr. acaciæ, ʒj;
Tinct. cardamon. co., ℥j.

M. A teaspoonful to be taken every half-hour until relief is obtained.—*L'Union Medicale.*

131.—Pills for Chronic Bronchitis:—

℞ Ammonii chloridi, gr. xv;
Ammon. carb., gr. xv;
Pulv. ipecac, gr. iij;
Morph. hydrochloratis, gr. j;
Mucilaginis acaciæ, q.s.

M. Divide into ten pills, one to be taken night and morning.

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THE Improvement Commissioners of Stourbridge have passed a resolution adopting the Notification of Diseases Act (excluding measles and whooping-cough). At the meeting at which the resolution was agreed to t was pointed out that there was now only one uthority in the county of Warwick which had not dopted the Act.

Clinical Lectures

CASES IN PRIVATE PRACTICE.

Case of Poisoning by Corrosive Sublimate by Absorption through the Unbroken Skin.

Under the care of Dr. Ed. F. Stephenson,
Ballyduff, Lismore.

Patrick Keefe, of Tubbernahulla, co. Waterford, æt. 28, labourer, suffered from varicose veins, and had a "few yellow pimples" on the calf of right leg. An ulcer had formerly been on the right leg also, but was now quite healed.

On April 1st he consulted a man named Donovan, whose father had gained some notoriety for the treatment of "tethers." Donovan was considered a good man also to cure "tethers," but not quite so skilful as his father. Donovan, having looked at Keeffe's leg, said he had "tethers," and that he "would cure it in half a minute with a couple of rubs." Keeffe promised to pay 10s. if cured. Donovan then mixed something with butter, and applied it with a knife to both of Keeffe's legs; the reason for applying it to the left leg, which had no pimples, being to prevent it getting "tethers." This occurred at 11.30 a.m. He then directed Keeffe to stand before the fire, where he remained for over an hour. The legs soon got hot, burning and very painful. Keeffe then put on bandages, that he was in the habit of wearing wet with lead lotion, on his legs. He left Donovan's house at 1.20 p.m., feeling very weak, with pains in his legs shooting up to the hips. At 2.30 or 3 p.m. there was violent purging. The bowels moved five or six times before he reached the house in which he lived. He also vomited on way home. At 4 p.m. he noticed lumps in his groins, and at 6 p.m. he passed blood by the bowels. I was called to see him, and reached the house at 8.30 p.m. He was then very weak and exhausted, and suffering considerable pain. On removing the bandages I found the skin of both legs, where the butter had been applied, whitened and greatly corroded, the surrounding skin being hot, burning, and inflamed. The lymphatic glands in the groins were enlarged and very tender. Having washed the legs, I quickly got the patient to bed. The prominent symptoms were: severe rigors, violent purging and tenesmus, the evacuations consisting of blood, suppression of urine, none having been passed since morning; temperature 100·4° F., pulse 68, weak and irregular.

Ordered: Pulv. opii, gr. j, in pill every three hours; poultices of linseed meal to loins.

On April 2nd the more prominent symptoms were: burning pain in stomach, with tenderness over epigastrium and colon, nausea, retching and vomiting (during night), purging, the evacuations consisting of blood and shreddy mucus, great thirst, salivation, expectoration of stringy mucus. The patient complained of having suffered great pain when passing water the first time during the night; temperature 99·3° F., pulse 68. Ordered:—

℞ Potass. iodidi, gr. iij;
Potass. chlor., gr. v;
Aquæ, ℥ss.
To be taken every four hours.

4th.—Stomatitis, with fœtor from breath, red line on gums, cramps in thighs. Complained of difficulty in passing water once during the night. Melæna and pains ceased.

6th.—Patient doing well; temperature normal, pulse 60.

10th.—Patient removed to Lismore Hospital, where he continues to improve under the care of Dr. P. R. Dennehy.

Donovan was arrested on April 2nd. He was charged at Petty Sessions in Lismore with having "unlawfully and maliciously inflicted grievous bodily harm" on Keeffe. The magistrates refused to receive the informations against him on the grounds that there was no *malice* shown. The prisoner was thereupon discharged.

Since writing the above, I have been informed of another case in which Donovan attempted to cure "tethers."

—— Brien, a boy, æt. about 12, living near Kilorth,w co. Cork, suffered from some form of skin disease. Donovan was brought to see him by the boy's father, said he had "tethers," and rubbed him all over with "butter," on Feb. 24th, 1894. The boy died on Feb. 28th. I have been unable to get further information about this case as the boy did not reside in my district. No inquest was held. In the interest of the public, and in justice to Donovan, in view of Keeffe's case, it would surely be desirous that the boy's body be exhumed, and the cause of death ascertained.

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Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Meeting held Wednesday, May 2, 1894.

The President, Dr. G. E. Herman, in the Chair.

FIBROSIS OF OVARIES.

Dr. Remfry showed two ovaries removed by Mr. Lockwood at the Great Northern Hospital from a woman, æt. 32, who had had ascites for eighteen months, for the relief of which she had been tapped several times. Neither heart disease nor albuminuria were present, but the liver was enlarged to about 1½ inches below the ribs. On making an exploratory incision nothing amiss was discovered inside the abdomen except the curious-looking ovaries, which were pale in colour, large, firm, and corrugated. Microscopically they were found to consist mainly of fibrous tissue with much cyst formation. Since the operation the patient had gradually been filling up again and had had to be again tapped. There was no history of alcoholism.

ENORMOUSLY DILATED FALLOPIAN TUBE WITH OVARIAN CYST.

Dr. Horrocks showed a specimen, taken from a healthy-looking woman, æt. 38. It consisted of an enormously dilated Fallopian tube, which lay right across the lower part of the ovarian cyst, and looked exactly like a piece of small intestine. The broad ligament lay over the tumour, and prior to operation the diagnosis was obscure. It turned out to be a case of ovarian cyst, and the corresponding tube was dilated to such an extent that one could introduce two fingers into it. It contained, when fresh, a fluid similar to that in the ovarian cyst. It maintained its exaggerated calibre right up to the uterus, so after applying a ligature as close to the uterine extremity as possible, he dissected out some of the swollen mucous membrane and applied tincture of iodine. He did not pass a probe into the uterus, so that he was not in a position to say whether or not the uterine passage was obliterated, as the other aperture appeared to be. There had been amenorrhœa for the last six months, but previously the patient had always suffered from menorrhagia or metrorrhagia. There was no torsion of the pedicle, which was as wide as the broad ligament itself.

Dr. Braxton Hicks on a case of

INTERMITTENT CONTRACTIONS OF UTERINE MYOMATA AND IN PREGNANCY IN RELATION TO DIAGNOSIS.

which will be found under "Original Communications."

Dr. Horrocks, commenting on the statement by an eminent abdominal surgeon that the occurrence of intermittent contractions of the uterus during pregnancy was doubtful, and that if they did exist their diagnostic value was probably very small, said it was open to anyone who would carefully examine the uterus to ascertain for himself that the author's observations on this point were observations of fact. He himself had demonstrated these contractions and relaxations to a whole class of students, and they could be made out as early as the end of the fourth month. This was only what he would have inferred from some researches which he had carried out on unstriped muscle fibres. Years ago when he found that they underwent alternate contraction and relaxation throughout life. It must under any circumstances be much more difficult to make out alterations in shape in fibroid myomata, and when this alteration did occur, it was very different from, and less than, similar contractions in the pregnant uterus. Owing to the contents of the uterus being fluid when it contracted, it tended to assume a spherical shape, whereas a fibroid tumour would not alter its shape nearly as much. Although he had examined a large number of fibroid tumours with this object in view, he had never been able to satisfy himself that any perceptible contraction took place. He asked the author whether he had noticed any periodicity in the contractions, and at what interval they occurred?

Dr. Hicks said the contraction was noticed two or three times during the *séance*.

Dr. Cullingworth observed that, though contractions did occasionally take place in soft uterine fibromata, this sign, considering the large number of these cases that came under their observation, was found in a very small proportion of them. This might of course be due to the fact that it had not been looked for, but though he had looked for it a number of times, he had never been able to satisfy himself that it actually took place, in spite of the fact that it is very easy to be deceived when looking out for any particular phenomenon. In reference to the author's observation that this sign would enable them to distinguish between an intra-uterine pregnancy and the sac of an extra-uterine pregnancy, he complained that no details had been given as to how this was done. He recalled a case of extra-uterine gestation in which abdominal section was performed eight months after the death of the fœtus. The uterus in that patient could be seen and felt undergoing rhythmical contractions, and it bulged forward, the abdominal wall rendering it distinctly salient above the pubes. The empty uterus lay in front of the gestation sac.

Dr. Fenton thought it would be conceded that this diagnostic sign was difficult to obtain in most cases of pregnancy. Their President, years ago, when he had the honour of being his house physician, used to impress upon them the importance of this sign, and they used to watch for it very carefully, except, however, in women with thin abdominal walls or in whom the movements of the fœtus were unusually brisk, no contractions could be made out which could by any stretch of imagination be called rhythmical, nor, indeed, any at all visible to the eye or hand, except on manipulation of the uterus. He was consequently somewhat sceptical as to the practical value of this particular sign.

The President pointed out that with an abdominal tumour which exhibited alternations of hardness and softening the chances are vastly in favour of its being uterine. He denied ever having taught that there were contractions that could not be *seen*, though they could be felt. The cases in which he had found this sign most useful were precisely those in which there was most difficulty in distinguishing between the pregnant uterus and a soft fibroma projecting into the uterus. It might be, as suggested by Dr. Fenton, that the contractions occurred in consequence of manipulations of the uterus, but if so, very little manipulation would suffice to elicit them. At the same time they could not fairly be described as rhythmical. Dr. Cullingworth had alluded to the difficulty of distinguishing these functions, but there was another sign which facilitated their so doing, viz., the alternate loudness and softness of the uterine souffle. This was loud when the contraction was coming on, becoming comparatively soft as relaxation took place.

Dr. Hayes suggested that the readiness with which the contractions could be felt depended not only on the thinness of the abdominal walls, but also upon the condition of the muscular system of the particular patient.

Dr. Braxton Hicks, in reply to Dr. Horrocks' question whether the author had observed the contractions in the fibroid in the case he mentioned, said that he had noticed them more than once in each examination. He also said, in answer to Dr. Cullingworth, that in the case of our detecting a living fœtus, he could not say whether it were intra- or extra-uterine, with regard to the doubt some may have as to the practical value of the knowledge of these uterine contractions, he had, in the many papers he had written, described cases illustrating the many advantages; but he might instance the case of suspected pregnancy where there was amenorrhœa. One could place the hand over the lower abdomen without raising the suggestion of pregnancy and finding a tumour above pubes corresponding to the date of amenorrhœa. Central, hard, and firm at the first, and then becoming soft, almost to be felt whilst handling it, and then, after a little time, hard again, one could satisfy oneself that it was pregnancy, sufficiently so to urge further examination. Where there is a uterine fibroid with pregnancy, it is not difficult to make out when the uterus contracts that the irregular and doubtful mass is one. Also in cases of twins, after the sixth month, the uterus is often of so irregular a shape that there seems to be two tumours, but when the uterus contracts the irregularity disappears, and it assumes the globular shape, and the apparent two are shown to be but one. The author further added in his first paper that he had no information whether it was possible for the distended bladder to simulate the pregnant uterus in regard to these contractions. He had no such information now, but he thought it important that observations should be made on this point when opportunities served.

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ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Obstetrics.

Meeting held Friday, April 13th.

The President, Dr. Richard D. Purefoy, in the Chair.

OVARY AND TUBE REMOVED FOR RECURRENT SALPINGITIS.

Dr. Alfred Smith showed a tube and ovary which he removed from a married woman, æt. 29, on March 21st, 1894, who suffered from a severe pain on the right side, of a burning, dragging character, referred to a point two fingers in width below and to the right of the umbilicus; this pain was constant and at times became very much worse, especially before and during the menstrual periods. There were extensive adhesions of the omentum to the abdominal wall, and evidence of general adhesive peritonitis. The ovary and tube were removed after considerable difficulty. Peritoneal bands, which were constricting the Fallopian tube on the left side, were broken down. The vermiform appendix, which was adherent, and fixed by peritoneal adhesions, was released. Recovery perfectly afebrile and uneventful. April 8th.—Changes came on; old pain disappeared. April 11th.—Changes completely over, and leaves hospital cured.

MYOMATOUS UTERI AND OVARIES, AND APPENDAGES, REMOVED FOR RECURRENT PERITONITIS.

Dr. W. J. Smyly showed—1. A large myomatous uterus, which he had removed by abdominal section. The operation was exceedingly difficult owing to two of the largest tumours having to be enucleated from the cellular tissue. One of these almost filled the true pelvis and caused so much distress by pressure as to necessitate the operation. The vagina was so compressed and distorted as to render its disinfection very difficult, and her death from peritonitis on the third day was probably due to this. 2. The second uterus, which was about as large as a cocoanut, and reached to within an inch of the umbilicus, was the first case in which he had removed a large myomatous uterus per vaginam by morcellement. He was, however, very favourably impressed, especially by the comparative absence of shock. 3. Ovaries and appendages removed for recurrent attacks of peritonitis. Upon opening the tubes after removal he was surprised to find them distended with blood.

Dr. M'Ardle thought that possibly Dr. Smyly's patient had died of thrombosis of the pelvic veins, causing emboli in the lungs. He had seen two similar cases, in which death occurred suddenly, and in which he discovered this to be the cause.

Dr. Smyly said that a *post-mortem* examination of the patient had been made, and that acute peritonitis had been found.

Dr. A. J. Smith said that double hæmatosalpinx was usually associated with double obstruction high up in the canal. Hæmatosalpinx is usually the outcome of tubal gestation.

ANENCEPHALIC MONSTER.

Dr. F. W. Kidd exhibited an anencephalic monster. There were some points of interest. The mother of this monster was only fifteen years and ten months old when it was born. She was only seven and a half months pregnant. She had had an *ante-partum* mammary abscess a month previously, which was opened and dressed at the Coombe Hospital. The monster presented by the face, the general rule in these cases being breech or transverse; it just breathed after birth. There was only one nostril, There was spina bifida of cervical and upper dorsal vertebræ and double talipes. At the same time as the patient had the mammary abscess she had collections of pus at the base of two finger nails. The same breast suppurated after delivery.

Dr. Smyly thought that there might be some connection between the pus under the patient's finger nails and the *ante-partem* mammary abscess.

Dr. Tweedy said that during the past year he had seen two similar cases. In one of the women a small sinus still existed when she was delivered, and perhaps she might have infected herself from it, for she had an attack of puerperal fever. He thought that parturient women should, if possible, have no open sores.

Dr. Thompson mentioned another case of *ante-partem* mammary abscess.

RUPTURED TUBAL PREGNANCY.

Dr. Alfred Smith read a paper on Ruptured Tubal Pregnancy, successfully treated by Abdominal Section. He could only find a record of two previous successful operations in Ireland—one by Dr. Smyly and the other by Professor Byers, Belfast. On March 22nd of this year he was asked to see a married woman whose changes had been regular up to February, when a menstrual period commenced which lasted up to March 23rd, without any unusual pain. She sought his advice because a dose of salts, taken in the early morning, had not acted, and that for the past hour or so before his arrival she complained of severe griping pains in the abdomen, and a feeling as if there was some lump in the back passage which caused a constant desire to stool, but without any result. A diagnosis of ruptured tubal pregnancy, with intra-peritoneal hæmorrhage, was made. As the great collapse pointed to no other conclusion, nothing very positive could be made out by the bi-manual method of examination. The abdomen was opened, and the left Fallopian tube, which was ruptured in its outer third, was removed. No trace of ovum could be found, although a careful search was made in the large quantity of blood clots which filled the pelvis. The specimen was shown. The peritoneum was douched with saline solution and a drainage tube inserted. The recovery, which was perfect, was interrupted by an attack of pneumonia on the second day after operation. An interesting query—Is this case an example of complete tubal abortion in ectopic gestation? The after treatment varied much from the routine method, as the patient received a generous dietary on the second day after operation without any inconvenience following. The case illustrates the value of—1st. Trendelenberg's table. 2nd. The use of saline solutions for peritoneal douche and enema in cases of severe hæmorrhages. And lastly. That our after-treatment in abdominal section can be guided by rational methods, and that it is not necessary to follow slavishly the old starvation process.

Dr. More Madden having congratulated Dr. Smith, said that it was a most interesting feature in the case that no fœtus could be found. The embryo usually escapes into the peritoneal cavity and perishes. Cases of tubal pregnancy are more frequent than is usually supposed.

Dr. Smyly said that success in these cases depends upon decision. The most difficult part of the operation is to decide to open the abdomen. When you are called to see a lady who, a few hours previously, was in perfect health, and who was seized with a fainting fit, you naturally hesitate to operate, hoping that, as sometimes happens, she may get all right, and then, perhaps, when she gets another fainting fit you imagine that the time for operation is past. He was astonished at the number of tubal pregnancies he had seen when in Berlin. An assistant in one of the hospitals told him that they got one on an average every fortnight. He thought Dr. Smith's case to be a typical one of "tubal abortion."

Dr. E. H. Tweedy said that he thought that flushing out the abdomen with hot water added to and never lessened the shock attending abdominal operations.

Dr. M'Ardle said that it was well before inverting the patient to remove as much blood clot as possible from the pelvis and abdomen.

Dr. Bate asked Dr. Smith did he think there was any connection between the tubercular disease of her lungs and the ruptured tube.

Dr. Smith, in reply to Dr. Bate, said he really could not tell. He said it was a curious fact, and perhaps it was only a coincidence, that all the patients suffering from tubal pregnancies of whom he had any record had been curetted some six or eight months previously. In this operation he had not used *hot* water, but saline solution of the temperature of the body. A marked improvement in the circulation followed its use.

The Section then adjourned.

THE HUNTERIAN SOCIETY.

Meeting held April 25th.

The President, Mr. C. J. Symonds, F.R.C.S., in the Chair.

DISCUSSION ON DIPHTHERIA.

Dr. Newton Pitt—In defining what we mean by diphtheria it is not sufficient to describe it as a disease characterised by manifestations in the throat, nor even as a throat affection associated with the formation of membranes, for such membranes may be due to traumatism or to the presence of staphylococci and streptococci, especially in presence of scarlet fever and measles. It may be, perhaps, defined to be an epidemic infective membranous form of sore throat often associated with nephritic changes and followed by the development of peripheral neuritis. Now the "sore throat" may take the form of mere injection of the mucous surfaces, or there may be tonsillitis or membranes to be seen. The question is, Are the milder forms of sore throat ever followed by the characteristic neuritis? The question as to whether the slighter forms of sore throat which often prevail during outbreaks of diphtheria only precede, or are themselves diphtheritic, must for the present remain open. The view that many of these slighter forms of sore throat are really due to the action of a specific bacillus is steadily gaining ground. Many membranous throats, however, only yield cultures of streptococci or staphylococci, while others, in the absence of any membranous formations, show the bacillus. This uncertainty as to what constitutes diphtheria explains how it is that so many outbreaks escape repression, and it also leads to confusion in the nomenclature. Thorne Thorne has pointed out the tendency of diphtheria to prevail in association with certain meteorological conditions although it is pretty generally conceded that unsanitary conditions *per se* are not sufficient to produce diphtheria any more than typhoid fever or cholera. Unsanitary conditions, however, are probably only a means of favouring the propagation of the disease.

Dr. Goodall.—Diphtheria may be defined as an inflammatory disease primarily of the tonsils or fauces attended by the formation of some sort of deposit, and frequently, though not necessarily, associated with the formation of a special membrane due to the development of a micro-organism associated with certain secondary effects due to the absorption of toxines. Membranes are thus not made an essential feature. As a matter of fact I believe it may be unaccompanied by any deposit whatever, for I have repeatedly met with cases in which the usual secondary effects were observed without any trace of exudation. There may thus be diphtheria with, and diphtheria without membranes. We have to ask ourselves whether there is a non-specific membranous laryngitis and a non-specific membranous inflammation of the fauces. I can only say that I have never come across a case in which the so-called diphtheritic paralysis followed in which the fauces were not previously affected. For practical purposes I am disposed to accept as diphtheria all cases of membranous sore throat in the absence of some other cause, such as scarlet fever. If there be any local spread, the disease is almost certainly diphtheria, and if it involves the larynx, then it is certainly diphtheria. Diphtheria sometimes seems to occur as a complication of other acute diseases. The two specific fevers with which I have seen it most associated have been scarlet fever and measles, though I have met it in association with whooping-cough, and once with typhoid fever. On only three occasions have I seen it in association with small pox. Of course, any one acute disease may complicate any other, but when this is the case the origin of the second disease can usually be traced to a definite source. No one of these diseases predisposes to any other, and the occurrence of one of them as a complication is quite accidental. Diphtheria differs, however, in two respects: viz., its occurrence in association with scarlet fever and measles is too frequent to be merely accidental; and it is often quite impossible to discover any history of possible communication. Scarlet fever is a disease for which diphtheria seems to have a special liking, and there is a certain similarity between the early symptoms of both of them. They are prevalent together, and are sometimes so intimately connected as to give rise to the belief that they are one and the same disease. The tendency of diphtheria to complicate convalescence from scarlet fever is well known. I have over and over again seen patients brought from the same house, some with scarlet fever and some with diphtheria. It is absolutely necessary to distinguish between diphtheria and a diphtheritic sore throat, for the use of the latter term tends to confuse the points at issue. We often see a tough thick membrane in scarlet fever, and it remains to be seen whether its occurrence is a mere coincidence. This is a very important point, because, if this membrane be diphtheritic, it is obviously dangerous to place children suffering from simple scarlet fever in the same ward as those who have the disease associated with this particular form of sore throat. Personally I am inclined to view this complication in scarlet fever as a consequence of a very severe angina. First, the larynx is very rarely involved in this form. Out of 68 cases of fever with diphtheritic fauces, in only 3 per cent. was the larynx affected, whereas in 1,071 cases of primary diphtheria, croup was observed in 204 cases. Only 3 of the 68 cases developed paralytic symptoms, whereas 125 of the other series did so. Again, the membrane which forms in the course of an attack of scarlet fever does not recur when once it has disappeared. Lastly, those cases of scarlet fever with a diphtheritic throat do not give rise to other cases of diphtheria in the ward. When undoubted diphtheria does occur in scarlet fever patients it is much more fatal than primary diphtheria. I have had ten cases of patients admitted suffering from diphtheria bearing evidence of a recent attack of scarlet fever. It would be interesting to know whether this is frequently observed in private practice. Though I have alluded to the fact that diphtheria occurs as a complication of measles I have never seen it supervene in association with rotheln or German measles. When diphtheria does occur in association with measles it is more fatal than when it complicates scarlet fever. Out of 15 cases of measles thus complicated 14 died. The membrane usually appears much earlier than in scarlet fever, very often while the rash is still out, and the larynx was affected in 14 out of 15 cases. Cases of uncomplicated measles may give rise to cases complicated with diphtheria. Of 1,064 patients with scarlet fever 27 got post-scarlatinal diphtheria—1·5 per cent. Sweeting on a series of 11,000 cases gives 3·3 per cent., whereas out of 128 cases of measles 15 were complicated with diphtheria, and 11·7 per cent. Among my own cases, 41 patients with primary measles, 6 were complicated with diphtheria. The frequency with which diphtheria occurs as a complication during convalescence from scarlet fever is said to be because this is a disease accompanied by throat inflammation predisposing thereto, but this plausible explanation is not borne out by facts. It is rare in diphtheria to get a history of a previous attack of sore throat. If the scarlet fever throat predisposed thereto diphtheria would be more frequent in this association than it is. Moreover, it is remarkable how little diphtheria tends to spread when these cases occur in scarlet fever wards. Again, of all the patients sent to our hospitals as suffering from diphtheria who only had tonsillitis, only two contracted diphtheria. It is evident, therefore, that other conditions must be present for a patient to contract diphtheritis besides an unhealthy state of the fauces.

Dr. **Sidney Martin**.—Very little is known about the membranous forms of sore throat other than diphtheria. Much confusion has been caused by the use of the term diphtheritic inflammation, which Virchow defined as "an inflammatory process characterised by an exudation of fibrin and by necrosis of the tissues." There are various causes of this form of inflammation, one of which is diphtheria. It would be best for us to discard this term and to speak of membranous or fibrinous inflammation, just as we speak of purulent or sero-purulent. The marked enlargement of the spleen which is observed in septic sore throats may, perhaps, enable us to distinguish between these cases and true diphtheria. At present we are compelled to rely for our diagnosis upon cultivations of the secretions. Diphtheria may, of course, occur in two forms, viz., mild and severe. We certainly meet with cases in which paralytic symptoms follow very slight attacks of sore throat which have never been suspected to be diphtheria. Then, too, the membranes may be extremely thin, so much so as only to be visible on making sections of the affected mucous surfaces. As I have shown elsewhere, the membrane is the fount and origin of the disease, a thesis which I think cannot at present be seriously gainsaid. Diphtheria may be defined as a disease of insidious onset (though it does sometimes begin suddenly) which may or may not be associated with membranous formations in the throat and accompanied by fever and bodily depression, with or without the presence of albumen in the urine. The tendency of the disease is to produce a cardiac affection showing itself by fatal syncope or tachycardia, or by palsy due to nerve degeneration, sometimes small in extent, sometimes widespread. It is characterised also by a tendency to invade the larynx by specific bacilli which cause a fibrinous exudation. This bacillus breeds in the false membranes and produces poisons, transforming the proteids of the spleen into products which give origin to the symptoms of the disease. In the case of a man who lived twenty-nine days and died after developing paralysis of the palate on the ninth day, with loss of knee-jerk between the twelfth and fourteenth day, and followed by general paralysis, sections of the spinal cord showed an increase of augmentation in the cells of the motor area of the cord and degeneration of the nerves leading to them. Rupture of the axis cylinder is a preliminary step to degeneration of the nerves towards the muscle. Ultimately only the primitive sheath remains, with masses of black here and there, which constitute the remains of the substance of Schwann. There is also an increase in the number of nuclei. In all cases of acute diphtheria which last more than ten days and die it is possible to make out this nerve degeneration. The lesions resemble the fatty degeneration which follows the experimental injection of the poisons from diphtheritic secretions.

Dr. **George Turner**.—Recent observations tend to confirm the view that diphtheria and drain defects are connected, if at all, only casually, but public opinion, like a pendulum, after swinging too far in one direction, is very apt to swing back again equally far in the other. Because sanitary defects do not appear to be directly responsible for outbreaks it would be unwise to assume that they are absolutely without importance. Bad smells, &c., certainly conduce to a prevalence of sore-throat, and I hold that throats thus affected are more susceptible to the poison. It is astonishing what a large proportion of patients suffering from diphtheria give a history of cold prior to the attack of diphtheria, and this I think is because one of the commonest manifestations of "cold" is a sore throat. In older accounts of diphtheria the membrane is said to have frequently spread round the margin of the teeth with the gums, and if this is no longer observed it may be by reason of the more general use of the tooth brush. I believe, too, that the symptoms are very much exaggerated if the patient happens to be living under bad sanitary circumstances. The disease certainly hangs about particular localities, and I can point out places in my district which are never free from diphtheria for twelve months together. Such places are usually very damp and very dirty. One often hears of families having scarlet fever and diphtheria either separately or in combination. I am not prepared to say that they cannot exist simultaneously, but I have no doubt that a mistaken diagnosis is responsible for 99 per cent. of the cases certified as scarlet fever and diphtheria. Persons whose families suffer from scarlet fever and who nurse them often suffer from sore throat, but these people do not spread diphtheria, while they do certainly spread scarlet fever. Patients who have had diphtheria without scarlet fever will generally be found to desquamate, and these diphtheria patients spread a disease which is scarlet fever.

Moreover, they do not as a rule suffer from diphtheria paralysis. In 1889 and 1890 scarlet fever was very prevalent in Bishops Stourton. There was only 1 per cent. of fatal cases, and it was imported thence into a small neighbouring village. In the following January between the 9th and the 23rd five cases of scarlet fever occurred and were removed to the hospital. Nothing more was heard of the disease until April, when a girl was sent in with diphtheria and died on the fifth day. Her mother, who had accompanied her to the hospital and had then returned home, was taken ill and was also said to be suffering from diphtheria. On the same day in another house a boy, æt. 9, was sent to the hospital, also certified to be suffering from diphtheria. In hospital, however, the diagnosis was changed into one of scarlet fever. I found three other children in three other houses suffering from scarlet fever. All the seven people I had discovered to be ill had obtained their milk from one particular farmhouse, and when I went to the farm I saw the farmer sitting by the fire with his throat wrapped up, the room looking straight into the dairy. Two of his children had been ill on March 19 and 29 and were then desquamating. The farmer was soon after sent in for diphtheria, but after awhile he was found to be suffering from scarlet fever. All the other 25 cases were unmistakable scarlet fever. The woman remained in the hospital for 24 days, and she had not been out of the hospital a week before she began to suffer from paralytic symptoms. That would doubtless be reported as a mixed epidemic, but all the cases had been consuming milk exposed to scarlet fever contamination. The woman had probably caught her diphtheria from the hospital, and not from her child. Bad surroundings intensify the ordinary scarlatinal sore throat, and when the throat symptoms predominate the true nature of the disease is not recognised. Most cases of diphtheria are mild, and there is hardly any form of sore throat which may not turn out to be diphtheria. Thus one sees in the hospital a marked case of diphtheria produce in another patient a slight sore throat, so trivial that it hardly attracts attention, and this mild case, taken to a distant village, sets up an outbreak of well-marked diphtheria, though you might not be able to recognise it. Those sore throats often commence the epidemic. If you make inquiry you will find that the first deaths are attributed to croup until a clear case of diphtheria is identified, and thenceforth all the cases are described as diphtheria. These patients with slight sore throat often do very little harm while they live at home, but if they are admitted to a school which has been reopened, the epidemic is started afresh. Children going to elementary schools are very apt to get wet feet or be otherwise exposed, and so get a condition of the throat which renders them very susceptible. It is to be hoped that we shall soon have some ready means of distinguishing one form of sore throat from another. Cultivation experiments are obviously out of the question in general practice. I suppose it is generally admitted at present that cows suffer from a disease which may communicate diphtheria. I have seen a form of sore throat among pigs which closely resembles the form of sore throat met with in human beings. Although I know that it is against the weight of skilled opinion that the disease can be spread from fowls to human beings, I know personally that fowls do suffer from a form of throat affection which is followed by paralysis, and that this disease in fowls often follows or precedes diphtheria among human beings. An old farmer woman of my acquaintance who was attending to her fowls thus affected, herself contracted diphtheria and spread it to her children, yet so far as I am aware there had been no case of diphtheria for many miles around.

Discussion adjourned.

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BRADFORD MEDICO-CHIRURGICAL SOCIETY.

Meeting held Tuesday, May 1st, 1894.

Mr. John Appleyard, F.R.C.S., President, in the Chair.

Case of Pseudohypertrophic Muscular Paralysis.—Mr. Hughes showed a child, æt. 7. During the past eighteen months his gait had altered, and the muscles became weak, the pupils were widely dilated, knee jerks gone, mental condition somewhat impaired, and loss of memory noted. The infraspinati were possibly somewhat thickened, and it was probably an atypical case of pseudo-hypertrophic muscular paralysis.

The Intralaryngeal Operation.—Dr. Sam Lodge showed specimens and preparations from growths removed by intralanyngeal operation. In two cases papillomata giving rise to dyspnœa after seventeen and twenty-five years respectively, and the other a mixed-celled sarcoma of rapid growth.

Case of Mastoid Disease.—Dr. Adolph Bronner showed three cases of mastoid disease and operation in adults, there was a history in each case of discharge from the ear, followed by intense pain in the mastoid region, in two cases there was no visible swelling over the mastoid process, in one case only slight swelling; in none was there any marked rise of temperature, and in all the periosteum and external layers of bone were apparently healthy. It was only after chiselling to the depth of six or ten millimetres that pus or granulation tissue was found. The cases were of great practical importance, and showed how extensive disease might be present in the mastoid process with no external swelling or sense of pain on pressure. Whenever pain was present we should not be content with Wilde's incision, but cut down on the mastoid antrum or cells, where in most cases extensive disease would be found.

Severe Case of Tetany.—Mr. Hebblethwaite read notes of a severe case of tetany beginning with pains, tingling and sensation of breaking in the muscles of the arms, then flexion of the thumbs across the hands and movements which persisted even during sleep in a stout woman, æt. 46, after a sharp attack of diarrhœa in the eighth month of her sixth pregnancy, and after nursing a child with typhoid fever. The attacks were worst some hours after an easy labour, violent general spasms of trunk and legs, and even of the muscles of deglutition and speech; very painful, and without any loss of consciousness. Chloral and bromide were used freely; the urine was normal. In the following pregnancy about the seventh month she had occasional attacks, which were kept under by sedatives. during labour these attacks gave rise to fear of dyspnœa.

Pitfalls in the Diagnosis of Pneumonia.—Dr. Major read a paper on pitfalls in the diagnosis of pneumonia; variations in the localisation of the early pain suggesting peritonitis, typhlitis, or even lumbar pain, with fever and small-pox. Violent early delirium, which, if fever cannot be made out, is indistinguishable from acute mania. The Skodaic percussion note may cause trouble; or "silent" pneumonia, unless we note that the heart apex is not displaced. Large consonating *râles* may occur during resolution, and in a thin or wasted patient might lead to the unfortunate diagnosis of advanced phthisis.

Mr. Barber showed a case for diagnosis, a young girl with a copious purpuric rash.

Dr. Adolph Bronner demonstrated a modified Javal's ophthalmometer for the direct estimation of corneal astigmatism.

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France.

[From our own Correspondent.]

Paris, May 5th.

Strangulated Hernia.

At the meeting of the Société Chirurgicale M. Ségond spoke on the choice to be made between an artificial anus and resection of the intestine with subsequent suture in the treatment of gangrene of the gut following strangulated hernia. For him, he having tried both operations, he preferred establishing at first the artificial outlet, and when the patient has sufficiently recovered from the shock and the prostration produced by the affection, he endeavoured to improve the position of the man by resection and suture, and so relieve him from a very disagreeable infirmity.

M. Terrie said that he entirely agreed with M. Ségond, as resection of the intestine was always a very grave and tedious operation. Yet he could not forget the results obtained by M. Murphy with his new method of entero-anastomosis, which succeeded in seven out of eight operations. Further, the operation is very simple as it only lasts about fifteen minutes. M. Terrier thought it would be well to try this method, for if it succeeded, as reported by Murphy, the treatment of strangulated hernia would be singularly modified.

Electrocution.

M. D'Arsonval related the case of a railway porter who was rendered senseless by an electric current of 5,000 volts. Although the man was apparently dead for forty-five minutes before help could be brought to him, he was recalled to life by artificial respiration and traction of the tongue as recommended by Laborde.

M. Laborde said that artificial respiration alone would not have sufficed in such a case, and cited the history of two men who were recently knocked down by an electric current of 2,000 volts near Geneva; one was treated exclusively by artificial respiration, the other by traction of the tongue. Only this latter recovered.

Treatment of Hydrocele.

The classical treatment of hydrocele, puncture and injection of tincture of iodine or some other irritating liquid, has been rendered much more simple by a *confrére* who has published the result of several cases cured rapidly by his method. He inserts the trocar into the most dependent part of the tumour and removes the liquid; he then injects a five per cent. solution of phenic acid which is removed almost immediately. The trocar is introduced a second time into the canula, and pushing it up towards the highest point a counter opening is made. The trocar is again withdrawn, and a drainage tube is passed through the canula and left in position, the canula being removed. The patient can immediately get up and walk about. The drain is withdrawn on the fourth day, and in a week the man is cured.

Favus Tonsurans.

The following treatment has been considered very efficacious in favus. The hair is cut close around the spots and the parts washed with ordinary soft soap, after which the compress hereunder is applied three times a day:—

Thymol, ʒss;
Chloroform, ʒv;
Olive oil, ℥iij.

As soon as the crusts covering the patches become detached the parts should be carefully epilated, and, finally, a solution of two parts of tincture of iodine and one of glycerine should be painted once a day over the denuded spots. The treatment lasts about a month or six weeks.

Ice to the Heart.

Dr. Jullien, of Saint-Lazare, has published an article on the advantages of applications of ice to the heart, increasing its tone and vigour. Called to a young girl who was suffering from typhoid fever, he treated her by the Brand method, but to little purpose, as the cold bathing did not have much effect on the temperature. The patient grew rapidly worse, the pulse beat was 160, and the temperature stood at 103°; death was imminent. At this point the idea came to him to apply a bag of ice to the heart. Fifteen minutes afterwards the number of pulsations diminished and their strength increased; if the ice were removed the alarming symptoms returned. Consequently, the ice was continued for several days, and the patient made a good recovery.

In another case the same treatment produced a like satisfactory result.

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Germany.

[From our own Correspondent.]

Berlin, May 4th.

Malakine.

Another antipyretic, to which the name of malakine has been given (μαλακός, soft) on account of its gentle action has been just introduced by the Chemical Industry Society of Basle. It is a salicyl derivation of paraphenetidine, and, therefore, nearly allied to phenacetine. It is met with in the form of small clear yellow acicular crystals, with a melting point of 92°C., is insoluble in water, scarcely soluble in cold alcohol, but readily in hot. Soluble in caustic soda forming a soda salt, weak mineral acids separate it into salicyl-aldehyde and p. phenetidine. After experiments had shown that it was harmless on animals, it was tried in cases of infective fevers, acute rheumatism, and neuralgias, and the result was ascertained to be that the drug is an agreeable and safe remedy in acute rheumatism, that it possesses the great advantage of being free of bye effects, and deserving of use in place of other salicyl preparations in delicate people. As an antipyretic, malakine acts slowly and gently without any disquieting symptoms; it acts well in weak people with debilitated circulations. It may be given for long periods without harm to the digestion in neuralgias, habitual headaches, &c. It is best given in wafer, and from two to four grammes may be given daily.

Dr. Oscar von Bauer, who had tried it in Prof. Drasche's wards, agrees on the whole with what has been already stated as to its mild and gentle action, and also as to its efficacy in acute rheumatism and as an antipyretic.

Quinine and Methylene Blue in Malaria.

Dr. H. Rosin has been making investigations into this subject in Prof. Senator's wards, and reports his results in the last number of the *Deustche Med. Wochensch.* The principal object of the research was to determine under the microscope the influence of these agents on the living malaria parasites, the plasmodia, and to compare the effects observed with clinical results. Calculating that quinine in the doses ordinarily given in ague reaches the blood in a dilution of about 1 in 5,000, a solution of this strength was applied to the living plasmodia. Contrary to expection, the movements continued as heretofore, and were observed even after the lapse of ten hours.

After this a solution of methylene blue was next tried in a strength of 1 in 20,000 of neutral saline fluid. Immediately this solution was applied, the movements of almost all the plasmodia ceased at once, and the nuclei became completely motionless, and *simultaneously* the parasites began to take on a blue colour, so that after a few minutes they were quite blue, whilst the nuclei of the leucocytes were completely free from change. After the lapse of half an hour, the nuclei of the white blood corpuscles were stained, the red blood corpuscles retained their colour, form, and shape. The movements that ceased from the methylene blue did not return. In the physiological saline solution, the red blood corpuscles were preserved several days, and also the leucocytes with their blue coloured nuclei. The author recommends the methylene blue saline solution as an excellent staining agent for the plasmodia, provided the solution is added to the fresh blood preparation in which the parasites are still living. He thinks the living parasites have a greater affinity for the colour than dead ones. He believes the relation between the reagent and the parasite is rather a vital than a chemical one.

The Twenty-Third Surgical Congress.

This Congress was commenced on April 20th, (for the first time holding its meeting in the Langenbech House) under the presidency of Prof. von Esmarch. The meeting, which usually takes place in Easter week, having been postponed on account of the International Congress at Rome. At the opening meeting the President alluded in fitting terms to the lamented death of Theodor Billroth, "in whom the German society had lost a founder, an honorary member, a leader, and a master." The scientific work was begun by an address by Prof. Bruns, of Tübingen, on "the Results of Tuberculous Joint Inflammations under Conservative Treatment." This paper is perhaps the most important submitted to the Congress. I hope to refer to it later. The next paper was by Dr. Hoffa, of Würzburg, on "the Pathologic Anatomical Condition after Operation for Congenital Dislocation of the Hip," showing by a preparation how new cartilage is really formed in the socket. He then proposed a new method of operating for resection at the hip-joint, pointing out that the bloodless treatment of coxitis was practicable where the ligamentum teres was absent, but impracticable when present.

Fœtal Circulation.

At the last meeting of the Gesellschaft Strassmann next read a paper on the closure of the ductus arteriosis, prefacing his remarks with the various theories advanced by different authors, such as thrombi, which he considered a rare occurrence; another critic placed it to the credit of the contracting vessels. The changes that have taken place in the ductus cannot clearly be proved by anatomy. Histological changes point to alteration fn the walls of the vessel, but is not conclusive proof of the closure. He considered that we must look for a mechanical agency in its closure or an alteration of pressure in the aorta. He is inclined to favour the mechanical by the easy opening into the aorta. Zunz after many sections on sheep concluded that the opening was closed by a sort of valvular or roof covering. Strassmann has also observed this plate covering in the ostium, but there are certain conditions that must be present to accomplish the closure. The breathing must commence when the blood pressure is immediately reduced on both sides of the heart as well as the aorta; on the subsequent rise of pressure the duct has been closed and if an equilibrium exist the separation is complete. By injections with coaguable fluids Strassmann has accomplished this theory by experiment. If the fœtus be not fully developed the lamella may not be in a condition to close the opening which is found experimentally by the same fluid. This theory would justify blood-letting by the cord, which would probably carry the child off by failure of the heart. Virchow divides these cases into primary and secondary, the latter those which have closed and again reopened. The former he considers due to atelectasis in breathing, abnormal pressure in the heart, stenosis, pulmonary artery, or undeveloped ductus arteria. Strassmann is of opinion the mechanical is brought out in the opening of the lumen in advanced years without disturbing the circulation. Rokitanski observed such a lamella in aneurysms and stenosis, which arose from the morbid changes. Again, the clinical proof is in favour of the mechanical closure from the momentary cessation of the flow in the duct. The sounds of the heart in the newborn are as clear as the fœtus. There is no blowing sound in the fœtus because both streams are moving in the same direction, but if the duct remain open after birth a systolic murmur is heard from the rushing of the blood from the right side into the left. Senator said the communication was interesting, but he could not clearly see how the inspiration reduced the pressure in the pulmonary artery, while it rose in the aorta. He also maintained that no murmur was present when the two currents were of equal pressure and moving in the same direction, but if unequal a murmur would be found. Strassmann said that the pressure was reduced in the aorta by the inspiration, and that both symptoms were reduced at first.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, May 4th.

Traumatic Epilepsy.

After Dr. Clùr had demonstrated his new sphere for illuminating cavities, Weiss showed a case of Prof. Benedikt's to the Gesellschaft with a strange history of epileptoid attacks. The patient, æt. 40, was a printer by trade, and was received into ward on the 7th March, complaining of pain over the occiput, with a feeling in the head of being "stuffed or padded" in addition to this feebleness of the legs. The examination of the part in movement of the neck was normal, except a slight increase of the tendon reflex, which might be observed on some occasions. His mental condition seemed to be normal, and otherwise he had nothing to complain of.

The history dates as far back as 1869-70, when he had several attacks of lead colic but recovering from this, remained perfectly healthy up till 1874, when he got his right leg broken, which healed up within three months, yet in 1875 we find him still moving on crutches, being unable to walk, and the foot greatly turned in.

Again he received an accident on the injured leg, was confined to bed, but it healed up within eight days. In 1881, he received an injury to the chest while manœuvring which produced hæmoptysis, and caused him to remain in bed sixteen days. About this time, he had a fit, the first recorded in his history. In 1882 he had another attack, which left him paralysed on one side for eight days after the attack, and disappeared with baths. In 1893, his father died, and again the fits supervened, continuing more or less since that date on the slightest emotion or severe effort.

The first fit is described with spasm, difficulty of breathing, stiffness of the right arm, and sudden cessation of right leg, with cramp on effort, accompanied with paralysis agitans. Sometimes this contractile movement was jactitatory, and could be transposed to the left side by holding the right leg. In severe attacks, "trismus" was present, with a pendulum movement of the head; the mind throughout was never clouded. After each attack, there was an excited sexual desire, accompanied with the emission of great quantities of urine, which was often cloudy. A few drops of amyl-nitrite were tried in the fits, but without the slightest result; pushing this on a subsequent occasion transposed the jactitations to the left side, but did not modify the attack; trismus was still present, *i.e.*, a tetanic cramp in the region of the nervous trigeminus. Galvanising sympathetic of the neck rapidly induced these phenomena on the right side easier than the left.

The patient always knew where the cramp would end. No matter whether it commenced in the right arm or other part of the body, it must proceed to the right leg before leaving him, on the lower third of the tibia, where the bone appears to have been broken; a scar still exists, where pressure will induce the attack. This would appear to be an increased growth of nervous substance on the surface of the bone, for after its removal by the knife and chisel, the fits having entirely disappeared.

There is strong evidence to show that there was traumatic epileptoid neurosis in this case, combined with hysteria of a common character that could be induced through this scar.

Recuperative Power of Nature in the Eye.

Prof. Mauthner next gave the Society a lecture on the power of Nature in many hopeless cases where interference would be reprehensible, and illustrated his remarks by recording a few cases which have come under his personal notice. The first was a young man, æt. 16, who came to him complaining of headache. On examining the fundus he found both eyes light blue, the retinal veins widely dilated, power of vision of left eye normal, right eye one-eighth. In answer to questions about injury to the head, mother said that when he was a child of three years he fell from the table on to the floor, and since that time has complained off and on, of pain in the head, vomiting and appearing white. A traumatic chronic inflammation at the base seem to be the cause of the ocular disturbance. In spite of all treatment the lad became worse, epileptic attacks, ensued, the ocular nerve was so much reduced that perfect blindness was almost reached. The limitation was concentric, the power of vision in right eye 6·60, left 6·36; after this time rapid blindness ensued; nothing but exudative shrinking of the nerve could be expected, the patient was attacked with variola; vision gradually improved till the following year when it reached 6·4, but the epileptic attacks did not cease. Again in the left eye a large segment of the upper and internal side became light blue, while the other part had a rose colour. At the line of demarcation the blue colour stood far in advance of the white, which in all cases is a strong indication of nerve destruction in the eye. It may be presumed that the variola poison was the active agent in removing the exudation from the base of the cranium.

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The Operating Theatres.

ST. THOMAS'S HOSPITAL.

Radical Cure for Double Inguinal Hernia—Extra Peritoneal Gut in the Left Side.—The patient operated on by Mr. Anderson was a man, æt. about 30, who had been suffering from a large scrotal hernia on the right side for some years; a small hernia on the left side was of more recent origin. The right side was first operated upon; the sac was isolated, ligatured close to the internal ring, and cut off close to the ligature, no sutures were used for the pillars. The wound was then closed. The operation on the left side was next commenced. On cutting down over the external ring, a piece of intestine was found, nearly the whole circumference of which was uncovered by peritoneum; it was thick, presented a strong longitudinal muscular coat uniformly distributed as far as could be seen, and there was no trace of sacculation. Above this was a peritoneal sac; this, on being opened, was found to invest the upper third or fourth of the exposed intestine, and could not be detached from it. The opening in the sac was sutured. On the outer side amongst the elements of cord was found a small serous tube, not communicating with the peritoneal tube before mentioned, nor with the peritoneal cavity; but, from its relation with the cord, appearing to be a relic of the funicular process; this was isolated and removed. The wound was then closed. Mr. Anderson remarked, with reference to the condition found on the left side, that the case appeared to be very remarkable, if not unique. The hernia, he pointed out, was sacless and direct; here was a portion of gut almost entirely uncovered by peritoneum passing through the external abdominal ring; it was hard, he thought, to say what portion of intestine this represented; from its great thickness, it could only have been large intestine, and structurally it bore a close resemblance to rectum, but it was possible that it might have been a misplaced sigmoid flexure, or even cæcum. Of course, nothing could be done to effect a permanent cure, and nothing was left but to close the opening in the peritoneum. The tube found on the outer side almost certainly represented the processus vaginalis, which on the right side in all probability formed the sac. With reference to the operation on the right side, Mr. Anderson mentioned that he had for the last ten years performed all operations for radical cure by simple ligature of the sac at the level of the internal abdominal ring. This he had done on anatomical grounds, as in the absence of a tube the structural arrangement of the abdominal wall naturally resisted the protrusion of a hernia in the inguinal region, and in any case a passage must be left for the cord, and even if the cord be transplanted, as has been recently practised, the surgeon was merely replacing one aperture by another. An operation for strengthening the abdominal wall by sutures could have only a temporary effect, whilst some operations would even tend to weaken the resistance. Suture of the external ring alone would be obviously of little use even if it could produce a permanent effect, because an intestinal protrusion might still enter the canal, and it would possess all the dangers of a hernia which had escaped through the external ring. It is, in fact, he thought, attempting to bolt the front door against thieves while leaving the back door open. Statistics, as far as they go, have not shown any decided advantage from the complicated methods which are still multiplying. It is, he said, of course, difficult to trace hospital patients, but in all of his own cases which he had been enabled to follow for one year or more the cure had been substantial, and no patient had returned with a recurrence.

GREAT NORTHERN HOSPITAL.

Two Operations for Intestinal Obstruction, Inguinal Colotomy and Subsequent Enteroplasty. Mr. Herbert Allingham operated on the case of a woman who had suffered from repeated attacks of obstruction for some years. About ten days previous to the first operation she was admitted to the hospital under the care of Dr. Beevor, for a sudden attack of obstruction which had already lasted about a fortnight. Dr. Beevor at once asked Mr. Allingham to see the case. On examination she presented the following points: aspect abdominal, constantly vomiting, abdomen distended, tympanitic, colicky pains with well-marked intestinal movements. Per rectum and per vaginam examination negative. It was inferred from the history of the case that the obstruction was somewhere in the large intestine, therefore it was thought advisable to perform inguinal colotomy; the abdomen being opened the sigmoid flexure was found to be much distended. Before opening it, however, Mr. Allingham passed his hand into the abdominal cavity hoping to find the nature of the obstruction. No growth or band being found in the pelvis, the descending colon and as much as possible the transverse was handled with negative results. As the large intestine was found to be so distended, Mr. Allingham inferred it was a case of over distension, giving rise to paresis of the gut and thus causing the symptoms of intestinal obstruction. The sigmoid flexure was therefore brought into the wound, fixed there, opened, and a Paul's tube inserted. Next day, the obstruction not being relieved, Mr. Allingham decided to open the abdomen on the right side over the cæcum. This was done by an incision four inches long on the right linea semilunaris. The cæcum was found to be distended, the hand was introduced into the abdomen and the ascending and transverse colon was thoroughly explored. No stricture being felt, it was determined to carefully hunt through the small intestines. Commencing at the ileo-cæcal valve the small intestines were carefully pressed through the hand and as examined returned into the abdomen. At a point about the junction of the jejunum and ileum it was found that two coils of intestine were bound together to the extent of about two inches by firm adhesions. With great difficulty the coils were separated and in one of them was discovered a firm fibrous stricture. The gut above this was greatly dilated. The stricture being of an innocent nature it was determined to perform enteroplasty rather than resection of the stricture. The strictured gut having been pulled well out of the abdomen and that cavity protected by sponges, a longitudinal incision was made through the gut and the stricture at a point opposite the mesenteric attachment; the incision was about three inches long and opened the intestine; the longitudinal incision was then converted into a transverse one by catching hold of each side of the centre of the longitudinal incision with clip forceps and drawing those two sides apart. The mucous membrane of the *upper side* of the now transverse incision was united to the mucous membrane of the *lower part* of the now transverse incision by many interrupted silk sutures. Mr. Allingham was unable to put in Lembert's sutures to bring the serous surfaces together because the peritoneum had been stripped off the gut in separating it from the other coil of intestine. There was much oozing of blood from the lower peritoneal surface—this was arrested by swabbing it over with perchloride of iron. The gut was then washed and returned into the abdomen and allowed to rest just under the incision in the abdominal wall which was united in the usual way with the exception that one stitch was left loose and the wound allowed to gape at this point; this was done in the hope that if there were any leaking from the sutured gut it would find its way out of the abdominal cavity. Mr. Allingham said that the interest of the case lay in the fact that although the stricture was in the small intestine the large intestine was enormously distended. He remarked that although this plastic operation had been performed in cases of stricture of the pylorus, he believed that, as far as he knew, it was the first time it had been performed for stricture of the intestine. He drew attention to the advantage of this operation in that it was less risky and less severe than resection of an innocent stricture, and by converting the longitudinal incision into a transverse one a large piece of healthy gut was let into the free part of the bowel, the stricture being divided and falling behind. It is satisfactory to state that a week after the patient was doing perfectly well.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 9, 1894.

THE PUBLIC APPRECIATION OF MEDICAL MEN.

The meeting held on Thursday last at the Prince's Hall may be said to have marked an era in the history of the profession. The occasion was one in which many notable men, under the presidency of His Royal Highness the Duke of Cambridge, foregathered for the purpose of formulating some scheme to perpetuate the memory of our distinguished *confrère*, the late Sir Andrew Clark. Undeniably an added interest was lent to the proceedings by the presence on the platform of the ex-Premier, Mr. Gladstone, whom all the world knows had been guided by Sir Andrew Clark through many a shoal of sickness and ill-health. But the appearance of Mr. Gladstone for the purpose of supporting a memorial scheme on behalf of his late "trusted physician" had a pathetic side to it which could scarcely have passed unnoticed by the majority of those who were present. The aged ex-Premier, himself suffering from the inevitable infirmities of a long and arduous life, and inferentially carrying the conviction with him to his audience, that within a short period he would have to seek the aid of surgery in order to regain his lost vision, still made the effort to be present in order to speak a word in favour of his friend, "not only," as he expressed it, "on the grounds of duty and respect, but of gratitude and personal affection." A greater tribute than this to Sir Andrew Clark's worth, in the opinion of Mr. Gladstone, could scarcely have been paid. It seemed to throw some light upon the personal relationship which had existed between the distinguished physician and his still more illustrious patient; it tended to show that, diverse as were their paths in life, a mutual bond of union had sprung up between them which nothing could ever have severed saving death. Probably only those who are intimately acquainted with Mr. Gladstone have any knowledge of the depth of feeling which the loss of his physician has caused to the ex-Premier. Indeed, it is not difficult to gather from the remarks in his speech at the meeting something of what the effects of this loss has been to Mr. Gladstone. He touched upon many points bearing upon his relationship with Sir Andrew, and more than once appeared to hint at the void in his life which the death of Sir Andrew had created. Perhaps the full pathos of the panegyric upon his lost friend was reached when Mr. Gladstone said, "He followed me from month to month, and week to week, and never more than in the last year of his existence, with something that resembled a paternal affection." But in bearing testimony to the value of

Sir Andrew Clark and his "noble life," Mr. Gladstone took the opportunity to pay a tribute to the medical profession which, in breadth of appreciation, has, we may safely say, never before been equalled on any public occasion by any public man. "The profession itself," he remarked, "is one with regard to which it is impossible, I think, not to be conscious that its position in our generation, and in some generations previous, has been a position continually advancing and continually rising. . . My own life is long enough to have enabled me to witness, and in some degree to measure, the change which has taken place. I have had the good fortune of knowing many distinguished men in the profession during the past three score years; I have seen also a great change in capacity, in attainments, in competency to deal with the difficult and almost insoluble problems which are continually presenting themselves to the mind of the medical man." These are undoubtedly words the full power of which the medical profession will be able to appreciate, and the fact that they were uttered by, perhaps, the most representative man of his time, endows them with a value which few would be prepared to dispute. The death of Sir Andrew Clark has been a loss greatly felt by the profession, as well as by the public. But the proceedings last week, at the Prince's Hall, may be said in some measure to have detracted from the loss which the profession has sustained, for in honouring the memory of the late Sir Andrew Clark in the manner which the meeting in question did, the profession has been highly honoured, inasmuch as not only were men present whom to the world are famous, but so representative was the gathering of those belonging to all sides of public opinion in this country that it may truly be said that in many respects the occasion was one which was unparalleled in the history of the profession.

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CHEMISTS AS PRESCRIBERS.

In the current issue of *The Asclepiad* Sir B. W. Richardson discusses the subject of medical quackery under the above heading, and after describing the several classes of quacks as terrorists, homicides, nostrummongers and specialists, he devotes a certain space to counter-prescribing, concerning the regulation of which he makes several suggestions which call for some amount of criticism. Commenting on the difficulties which must at times beset even the most conscientious chemist who declines to usurp the office of the physician as a prescriber, Sir Benjamin Richardson professes to see no remedy for the dilemma which thus occurs from time to time other than that of legalising the practice of prescribing "in the hands of a specially elevated and examined class of practical pharmacists." It is inferentially assumed in the article that an examination similar to that now obtaining at the Pharmaceutical Society, and supplemented by a further test in the subjects of examination, less midwifery, at present required for a medical licence would be sufficient guarantee of fitness on the part of successful candidates, for the exercise of the wider powers thus to be conferred. But it is fair to inquire whether this would certainly be the case; for it undoubtedly would mean that such qualified chemists would assume, as of right, the full prerogatives of medical men to the extent that these were capable of being exercised with the barrier of their counter between themselves and their patients. Nor does the proviso that out-door visiting should be prohibited to such physician-pharmacists necessarily mean that their attentions would not be given to the diagnosis and treatment of even serious ailments. If, therefore, they can be qualified to deal satisfactorily and safely with the subjects of disease, to the extent of determining the nature of their suffering and the remedies appropriate to their relief, together with the details of their administration; and this after the modified education in medicine, surgery, and pathology which is implied in the fact that such practitioners will be still unqualified to seek admission to the Medical Register; then it naturally arises to inquire how the privileges and powers thus gained differ save in technical details from those pertaining to fully equipped physicians and surgeons? The duty of prescribing is wholly apart and widely removed from that of preparing a prescription; and while the person entrusted with the latter duty needs to be deeply acquainted with the qualities, the actions, and the uses of the remedies prescribed, in order to the most efficient performance of his special functions as a dispenser, he will still fall short of knowing *what* to prescribe in different circumstances of disease, which can come only from practical acquaintance with the natural history of disease as it is studied in the wards and in the post-mortem room under the skilled direction of competent teachers. But such a method of gaining the requisite information is impossible to pharmaceutical students for many and obvious reasons; and so long as the conditions now obtaining rule the preparation of candidates for the two professions, it will certainly remain so. The question of counter-prescribing, nevertheless, remains a subject of anxious consideration; not alone because of the injury it possibly causes to the profession of medicine by withdrawing legitimate practice to the chemists' shops, but also on account of the possible mischief to the public arising from the application of untrained and unskilled knowledge to their ailments. It is so rarely that we are in a position to do other than admire and approve the suggestions that Sir Benjamin Richardson makes in his serial, *The Asclepiad*, that it is with a feeling almost of diffidence that we venture to question the wisdom of his advice in the matter in question; but the remedy for the existing evil is to be sought, we cannot but think, the process in of "levelling up," as he himself insists, though not on exactly the lines indicated. Rather will it be by creating a stronger fellowship between the two branches, and by arousing in pharmacists a desire to do their share of the work in the most perfect way attainable without the assumption of claims that belong of right to the prescribing class alone.

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BUDDING ANTI-VACCINATIONISM.

The sentimental sympathies of the South Dublin Guardians with the poor oppressed anti-vaccination martyr, to which we called attention last week, have had a cruel wrench from the Local Government Board and from public opinion, and the result has been that the Guardians have hastened to repair their error and to immolate the martyr. No doubt we shall have the usual show performance at the police-court, when the apostle of liberty to spread small-pox will take the *rôle* of Ajax and will defy the lightning, and will insist on his furniture being seized at a time of day when there will be plenty of people about to look on and sympathise. At any rate, it is well that the toast-and-water sentiment of the South Dublin Guardians should be laid aside for the present. We learn from the speeches of the anti-vaccinationis's that one of the 161 unions in Ireland, the Enniscorthy Union, has declared for them. *Cadet questio !!* Why discuss vaccination any further when the Enniscorthy Guardians have pronounced its doom ?

One of the disciples of anti-vaccinationism in Dublin (there appear to be only two) writes : "When such men eminent in the world of medicine and science as A, B, C, D, E, and F [we do not like to mention names lest our criticism might offend], who have minutely studied the question, declare vaccination to be delusive, dangerous, and deadly," what more is to be said ? Shall we be forgiven if we say that, with an intimate general knowledge of the medical profession and scientists extending over nearly forty years, we have never heard of some of these "men eminent in the world of medicine and science" and, with one exception, what we know of the others does not inspire us with unflinching trust in their knowledge or judgment ? A is not to be found in the "Medical Register" or Medical Directories, and we never heard of his "eminence." B was a chemist and physicist of the highest rank until he fell within the same influence as that which overwhelmed Stead's individuality. Since then he has subsided into a believer in "spooks" and all the rest of it, and he may be omitted from consideration in the vaccination controversy. C (if we are right in our identification of him) was once entitled to respect as a scientist, and when it is shown to us that he has declared "vaccination to be delusive, dangerous, and deadly," we shall be ready to offer due homage. D we cannot identify, there being 41 practitioners of that name in the "Medical Register," none of whom we ever heard named as an anti-vaccinationist. E we know. He has always posed as a general popular sceptic in everything medical, and his papers are models of heterodoxy, for the sake of heterodoxy. We shall not do violence to his reputation by declining to recognise him as "eminent" in anything. Last comes F, a gentleman who is the special apostle and organiser, paid or unpaid, of anti-vaccinationism and, so far as we know, has not, and never had, any other scientific speciality whatever. Thus it appears that, out of the whole number of medical practitioners in the kingdom (31,644 in number), and the infinite multitude of medical practitioners and scientists throughout the world, the anti-vaccinationists can only muster six persons with the scientific record which we have presented. Stay ! We make them a present of one other in the person of a gentleman who was not long since struck off the "Medical Register" for "infamous conduct in a professional respect," but is, nevertheless, an untiring public exponent of anti-vaccinationism.

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Notes on Current Topics.

An Historical Instance of Synostosis.

A WRITER in the *Century* magazine for last month makes some interesting remarks upon the anthropological features of the skull of Sir Walter Scott, the famous novelist and poet. As, of course, is well known, Sir Walter was lame, and the author says the peculiar shape of the skull is closely associated with his lameness ; "both were due to a congenital error in bone-making. When about eighteen months old he had a slight illness, caused by dentition. On recovery he was found to have lost—as was thought at the time—'the power of his leg'; the real fact being that the child refused to move a suffering limb. From some cause, probably congenital, and brought into action by dentition, the process of bone-making was arrested, inducing swelling and shrinking of the limb and lameness, from which he never recovered, though it did not prevent great activity upon his feet. The defect or fault in the bones of the leg extended also to the skull, in other words, error in bone-making then showed itself. Post-mortem examination revealed that there had been a premature union of the two parietal bones along the sagittal suture, due to an arrest of bone-making along the edges of the suture, which closed like a vice upon the expanding brain. This closure affected only the sagittal suture ; the coronal suture was left free, and the brain pushed the vault of the skull up and back, creating the oblong shape so noticeable in the mask and so similar to that of the microcephalous idiot." The author reasons from this that had synostosis not occurred Sir Walter might have been an infinitely greater man than he was. The statement, however, that the lameness was due to faulty bone-making is open to doubt. A much more probable explanation is that the symptoms were due to an attack of infantile paralysis. Another curious feature to which attention is drawn is, that some of Sir Walter's senses were very far from being acute. He had hardly any ear for music, and his olfactory sense, according to Lockhart, was somewhat primitive. When, for example, venison happened to come to the table in a condition of such "highness" as to make the guests uncomfortable, Scott remained quite unconscious and indifferent to the pervading effluvium. Some evidence, moreover, appears to exist that his sight was faulty The author makes the most of the interesting study of speculating upon the effects of the synostosis upon the life-work of the distinguished novelist, and what the result would probably have been had no premature union of the bones of his skull taken place.

The Dalrymple Home for Inebriates.

THE Committee of the Dalrymple Home for Inebriates at Rickmansworth has just issued its tenth annual report. During the past year forty patients were admitted, of whom twenty-three were "under the Act" and seventeen private patients. Of the forty cases admitted twenty-one entered for three months, fourteen for six months, and only five for the period at present allowed by the Inebriates' Act. It is worthy of note that the health of the patients generally was uniformly good; one case, however, necessitated being discharged owing to progressive phthisis, and another for a condition bordering on lunacy. It is evident that the Committee experiences some difficulty in carrying on its good work, in consequence of the incompleteness and inefficiency of the present Act. The recommendations which have already been laid before the Home Secretary for amending the legislation mainly refer to compulsory curative restraint in respect to habitual drunkards, but nothing has been done so far officially towards taking the recommendations in question into consideration, although they have been generally approved. We regret to see that the Committee has had to commence its year's work with a deficit of upwards of one hundred and fifty pounds, but in view of the financial depression of the past six months, this is by no means so bad a record as might have been the case.

Medical Men in the Law Courts.

The cases in which medical men, either as plaintiffs or defendants, have figured in the Law Courts of late have been something phenomenal. Libel actions between one another, prosecutions for alleged grievances in the sale of practices, prosecutions for the payment of damages on the grounds of alleged negligent treatment, may be cited as instances of the regrettable manner in which recently the profession has been *en evidence*. Then, nothing could be more unfortunate than the serious *contretemps* which has arisen in connection with the Council and the Members of the Medical Defence Union. However, it is sad to have to note that differences between medical men are not confined to this country, for a short time ago a libel action between two members of a hospital staff in Castlemaine, Victoria, N.S.W., was fought out to the bitter end. The basis of the action was that each accused the other of incompetence in the treatment of a case of retention of urine. After lasting seven days, the jury returned a verdict for the defendant, with costs. In the counter claim the judge divided the charges into eleven paragraphs, on the fourth and seventh of which the jury found for the plaintiff with a farthing damages—a verdict which carried costs with it. The judge took the opportunity to say that never in his long experience had he seen such a trivial case so elaborated, and added that the actions should never have been brought. Thus, after seven days' litigation, both of these medical men were saddled with enormous costs, without having gained the objects for which the actions were brought. Moreover, it was quite evident from the remarks of the judge that no public sympathy was shown for either of them.

The Scottish Colleges and a University Degree.

The Colleges in Scotland, in whose hands the granting of the triple qualification lies, appear to be dangerously supine with regard to a matter which would appear almost to threaten their very existence. One of the ordinances of the Scottish Universities Commission, which is now lying on the table of the House of Commons, if passed will, as at present drawn up, preclude the licentiates of the College from obtaining a University degree. Of course, up till now this privilege has not been very much sought after; but if, with a London University founded, capable of stamping the hall-mark of a University Education on college-taught students, not to speak of the competition of the four Universities in Scotland on their new and more popular basis, the Scottish Colleges do not bestir themselves before it is too late, their extramural schools of medicine will dwindle, and their licentiates, from whom a large portion of their revenue accrues, will become as rare as snow in summer. In the past the competition between the extramural schools, with their independent teachers, and the Universities has been of great service to both. With the prospect of a University degree at the end of their college course students might still be induced to stay outside the University walls. Without it, in all probability, London would engulf them in her insatiable maw, while the Universities, left alone, would become mere money-making machines, even more so than they are at present. The degree proposed to be given is that of St. Andrew's University, and the authorities of that ancient seat of learning are quite willing to confer it if proper powers be obtained. It is time that the Colleges, in their own interests, should attempt to attain their ends, and, by concerted action, if possible, strive to rest their medical schools on a surer foundation.

The Harness Belt Libel Action.

Another action arising out of the fraud alleged by the *Pall Mall Gazette* to have been practised by Harness, of the Electrical Battery Company, has just been settled by Mr. Justice Wright and a jury in the Queen's Bench Division. The plaintiff in this instance was Mr. Fleet, a solicitor, who sued the proprietor of the *Pall Mall Gazette* to recover damages for libel The passage which was regarded as libellous ran thus: — "Besides the *Electrical Review*, *Science Siftings* was involved in the circular issued to the newsvendors. *Science Siftings* had been even more outspoken in its criticisms of the *système* Harness than the *Electrical Review*, and Harness thought himself safe in using a writ to stop the articles. But *Science Siftings* took an exceedingly smart step, and counter-claimed for large damages against Harness and against one Augustus Fleet, his solicitor, who had been ill-advised enough to sign the circular. But Harness tamely crawled down to the office in Fleet Street, with his solicitor, determined to square the case. Meanwhile his hapless solicitor, who was plainly uncomfortable, and who had begged, cost what it might, to have his own name kept out of the action, interposed vainly to prevent his client's making a fool of himself. Before Harness left he paid up damages to the extent of £1,000 and £300 costs, embracing both the claim and the counter-claim in which scandalous allegations were made." In summing up his lordship said he agreed with counsel for the defence that newspapers performed important public functions, which it was almost impossible to perform effectually if every word they wrote and every reference they made was to be made the subject of an action. The jury found for the defendant, and judgment was given accordingly.

The Increase of Diphtheria.

It is satisfactory to note that the Metropolitan Asylums Board is providing additional accommodation for patients suffering from diphtheria. The rapid increase of that disease, not only in London, but throughout the country generally, has been strikingly shown in the annual report of the Asylums Board. The total number of cases in the metropolis during 1891 was 5,907, a sufficiently large return. In the following year, however, the numbers rose to 7,786, while in 1893 they reached the very serious figure of 13,026 cases. These facts may well cause anxiety to those interested in the state of the public health. They point, moreover, to imperfect preventive measures, whether aimed at the originating causes of the malady, or at its subsequent spread among the community. The etiology of diphtheria is still obscure in many of its phases, and might with advantage receive more attention at the hands of the Local Government Board. The study of this disease, its origin, its methods of propagation and of dissemination, would, from an economic point of view, repay the expenditure of large sums upon a thoroughly scientific investigation.

Woman Medical Enterprise.

A Miss Lilias Hamilton, a medical woman, has just embarked upon an enterprise which may or may not result advantageously to herself. She has left India for the purpose of undertaking the medical care of the women of Ameer Abdurrahman's household. Kabul has never had much of a reputation for its favourable reception of English persons, and an Englishwoman, unprotected, albeit nominally under the protection of the Ameer, is scarcely likely to alter the record in this respect. It is not surprising, therefore, to find that the Indian Government has informed this enterprising, though we cannot but think foolhardy lady, that she has joined the Ameer's household at her own risk, disclaiming at the same time all responsibility for whatever may happen to her. Miss Hamilton is promised, on her arrival, a personal guard of six soldiers, three of whom will always accompany her whenever she goes out. Probably everything will go smoothly so long as the guard is maintained, and thus an outward show of respect and consideration for their ruler's latest importation might induce in her a sense of security, ending, perhaps, in the relinquishing of the official presence of the soldiers as unnecessary. Then the time of the crafty Afghan would come, and the hated presence of one of English blood would be in peril of summary removal at the hands of a fanatic crowd. Nominally, the engagement of Miss Hamilton's services is for a period of six months, and quite possibly, of course, an agreement has been drawn up between the Ameer and herself to this effect!!! But the conviction in our mind is very strong that the case cannot be more aptly described than by the familiar words, "Will you walk into my parlour?" said the spider to the fly!

The Cutaneous Absorption of Guaiacol.

Recent investigations go to show that guaiacol is readily absorbed by the skin. MM. Linossier and Lannois have found that the process is a very rapid one; a quarter of an hour after the drug had been applied to the skin it was detected in the urine, and the elimination was not complete at the end of twenty-four hours. Analysis showed that in the urine passed during the whole of one day, no less than 55 per cent. of the guaiacol applied was present. Investigation showed, morever, that in order to obtain the maximum degree of absorption it was necessary to cover the part of the skin over which the drug had been spread with an impermeable dressing and some layers of cotton-wool, in order to raise the temperature of the part. This method of administration seems to possess some advantages, and is especially indicated as far as guaiacol and creosote are concerned, the use of which beyond a certain extent is limited, owing to the gastric disturbance excited when the drugs are given by the mouth.

The Case of Dr. Herz.

The French Government have abandoned the extradition proceedings against Dr. Herz, so that there will be no more occasion for the great grandsons of Nelson's powder boys, or boatswains, or post captains at Trafalgar, to write agony letters to the *Times* for the purpose of drawing public attention to the hapless position of the interesting exile and obtain a gratuitous advertisement for themselves. Dr. Herz is still at Bournemouth, and we believe is in much the same state of health as that in which he reached our shores. There is some comfort in the reflection that the possibility of a public scandal was avoided by the decision arrived at to make no attempt to bring him to Bow Street for the purpose of carrying out the extradition proceedings. Dr. Herz was pronounced to be suffering from a serious organic affection, and it would have been contrary to all the dictates of humanity to have exposed him, while in an alien country, to conditions imperilling his life.

A Sanitary Committeeman's Insanitary Property.

A member of the Sanitary Committee of the Board of Works, St. Saviour's, Southwark, has lately been fined by a London magistrate. By a curious irony of fate he was convicted of owning property unfit for human habitation. His premises were proved to be in a dilapidated condition, the roof being defective, in fact, the sky could be seen through the roof, the walls were without plaster, and the closet defective and without water. The defendant, who did not trouble to appear in court, was fined in the substantial sum of £20, and at the same time a closing order was issued. As a contemporary very justly remarks —"If the notions of the defendant as to wholesome houses may be gauged by the condition in which he keeps his own property in question, the value of his services as a sanitarian to the parish of St. Saviour may well be questioned." It is just possible he may be one of a class of landlords who regard the holding of office on public boards as a kind of insurance against inconvenient inquiries.

The Restraint of Small-Pox Patients.

The fever hospital authorities at Bristol appear to have a specially troublesome set of patients. It was only a short while since we reported the case of an inmate who was fined by the magistrates for leaving the hospital and walking about the neighbourhood. In commenting upon that occurrence we pointed out that the discipline must be lax, and that there should be some further inquiry into the case. Another case has now been reported from the same institution. It appears that a young man and his wife were under treatment for small-pox. For some reason or other the husband was annoyed with the other patients, so he and the partner of his troubles got over the difficulty by simply going out of the place and walking through the streets to their own home. Surely the hospital authorities have a right to interfere in a case of this kind, and prevent patients leaving the hospital under such circumstances. If they do not possess that power the sooner the admission to fever hospitals is made conditional, or the power of retention be conferred legally, the better for everyone concerned. The Bristol magistrates, we are pleased to observe, inflicted a fine of three guineas upon this impulsive young man.

The Meteorology of Cholera.

With undoubted presence of an epidemic of cholera at Lisbon, albeit mild in form as it appears to be, it behoves all the sanitary authorities in this country to be well on the alert, and prepared for a possible invasion of the foe. It is not, however, without interest at the present moment, when the disease is beginning to assert itself again, to refer to the meteorological conditions which seem to favour its progress. According to Surgeon-Captain Herbert, who contributes a paper on "The Meteorology of Cholera in Madras Presidency" to the current number of the *Indian Medical Gazette*, the most important indices of the weather generally are the registers of the barometer and rain gauge. Investigation shows that they bear a very definite relationship to cholera activity in India. The conclusions arrived at are that the severest cholera years are marked by drought, especially in the summer monsoon; with cholera severe only in the cold weather there is an average south-west and an excessive north-east monsoon; cholera and non-cholera years have more rain than usual in the summer, and commonly, though not always, a li ool-weather rainfall. In brief, drought in the earlier monsoon is favourable, and excess unfavourable, to cholera prevalence. The relationship of the rainfall to cholera is not so easy to explain. In the months of October and November, for example, when the heaviest rain of the year falls, excess is favourable to the disease, provided the earlier rain has been light. Nevertheless, the cold weather cholera does not usually attain any intensity till the heavy rain has ceased. Moreover, when the cholera reaches its height in December (as was the case in the years 1875 and 1891) the late rains have been less than normal. It is worthy of note that cholera does not make a fresh start after complete absence for some time until some rain falls. The deduction, therefore, is that the causes which favour its occurrence are at work chiefly in periods of light summer rainfall, but the full result is not seen until the ground is drying after the heavy north-east rains.

The Prospects of a Smallpox-Pox Epidemic in Mile End.

Owing to the phenomenal neglect of vaccination in Mile End, this "hamlet" of the metropolis is ripe for an epidemic of small-pox. We believe that there are at least 7,000 persons against whom, for failing to submit to vaccination, the Mile End Board of Guardians could issue a summons if the Board, so neglectful of its duty, was willing to put the law in force. The serious condition of affairs in this respect is further exposed in the recently-issued report of the Medical Officer of Health for the district. Dr. Taylor points out that in the early part of last year it was only through the vigorous and prompt intervention of the authorities that a severe epidemic of small-pox was prevented from developing. As it was, no less than 116 persons were attacked, and of these eight died. In thirty-five cases of children, the medical officers found that twenty had not been vaccinated, ten had been vaccinated, and of the rest, the evidence was not conclusive enough upon either of these points. Of the eight deaths which occurred, five were of unvaccinated persons. Possibly, when it is too late, the Board of Guardians of Mile End will awake to their sense of duty. Nevertheless, it is a sad commentary upon their common-sense and intelligence to have to record that their experience of small-pox in the district last year has had, so far, no effect upon them in enforcing the compulsory clauses of the Vaccination Act.

The Queen's College, Cork.

A "Visitation" of this College is fixed to take place on the 16th of May. This means that Justices O'Brien and Holmes, the Moderator of the General Assembly, and the Presidents of the Irish Colleges of Physicians and Surgeons, will assemble in Cork to hear some complaints against the administration of the College. On this occasion the President, Dr. Slattery, is cited by certain of the professors, and certain of the College Council, to justify himself about matters of which they complain, but no one, but themselves, knows, at present, what these matters are. An interesting point about these visitations, which occur not infrequently in one or other of the Queen's Colleges, is that no provision seems to be made for the payment of the expenses of the visitors who attend. There may be, perhaps, a great deal of honour to be got out of sitting for some days to adjudicate upon the intestine squabbles of such an institution, but it may be doubted whether the honour compensates for the loss sustained by prolonged absence from business. If the Queen's College, or any other public institution, desires to retain the services of arbitrators whose time, brains, and reputation are valuable to it we do not see why the institution should not pay, like any private individual.

Charges of Indecent Assault against Men.

Mr. Lawson Tait recently read an interesting paper before the Birmingham and Midland Counties Branch of the British Medical Association, in which he drew attention to the arrangements which exist in Birmingham for dealing with charges against men, made under the Criminal Law Amendment Act. It appears that all cases in which charges made against males for sexual offences against females are submitted to him by the police authorities for an independent investigation and report. So far, nearly a hundred cases of the kind have come under his notice, and of these, as showing the necessity of full inquiry, he found it necessary to advise prosecution in only six, in all of which convictions were obtained. In about sixty-six he advised that no effort at prosecution should be entertained, and his advice was accepted by the police. The cases convicted included three of injury by the fingers in libidinous assault, two cases of the communication of primary syphilis to young children by genital infection, and one case of precocious pregnancy. Another case was one of rape upon a young child, when the perineum was completely torn through and the septum divided nearly up to the uterus. In this instance the man committed suicide before the police were able to arrest him. The great point, however, which Mr. Tait insists upon is that the Criminal Law Amendment Act should be amended in order to protect boys against being induced by adult women to have sexual intercourse with them. According to Mr. Tait this is by no means a rare offence; "relatively," he says, "I am not sure if it is not as common as its converse." There is no doubt that while every protection is afforded to the female sex by the Act in question, the male sex are placed at a great disadvantage, not only in the manner pointed out by Mr. Tait, but also in the power which women possess of bringing false charges against men. The arrangement, therefore, which the police have adopted at Birmingham for dealing with these cases appears to be one which might with advantage be copied by other municipal authorities.

Dr. H. Down, of Tiverton, who died on Saturday evening, at the age of 72, was for several years Deputy Inspector-General of the Army Medical Department, and went to live at Tiverton, in 1869, where he succeeded Dr. Scott in practice, but retired into private life in 1877.

Death under Chloroform during Enucleation of an Eye.

Chloroform fatalities seem somehow to be more frequent now than they used to be. Another death was recorded last week of a patient who had just submitted to enucleation of the left eye. He was a man of seventy years of age, and was considered by his medical adviser to be quite healthy, and a suitable subject for the operation. In support, moreover, of this view nothing was found at the post-mortem examination to which the fatal effects of the chloroform could be attributed. The medical evidence at the inquest pointed to the fact that the respiratory movements were the first to fail; in other words, the heart continued to beat for some time after the breathing had ceased, but all efforts to restore the respiratory acts, such as artificial respiration, galvanism, &c., were quite without avail. In this case it would have been of interest to examine microscopically the condition of the medulla oblongata with a view to ascertaining whether any degenerative changes had taken place in the neighbourhood of the respiratory centre. This, we believe, is the first instance in which death from chloroform has occurred during the enucleating of an eye.

Unique Condition of Hernia.

In this week's "Operating Theatres" will be found a most interesting case showing the stumbling blocks which may occur in cutting down on a hernia for radical cure. For a surgeon having the experience of Mr. Anderson (who was the operator on this occasion) to say the condition found was remarkable would at once draw attention to it, but when he adds that as far as he knows it is absolutely *unique*, the case merits the serious consideration of all surgeons. Undoubtedly many peculiarities are met with in the numerous operations for the radical cure of hernia, yet they are mostly of a kind for which the surgeon is more or less prepared. But the one which will be found in the "Operating Theatres" is calculated to puzzle any surgeon, and more especially to put his anatomical knowledge and surgical resource to the test, not only on account of the hernia being sacless and direct, but also and principally from the impossibility of knowing what the piece of bowel really was beyond the fact of its being large intestine. If it really were *cœcum* in a *left* inguinal hernia, it would be a parallel to Mr. A. Cooper's case, reported in "Operating Theatres" many months ago, in which that surgeon had to perform inguinal colotomy on the right side through finding no colon on the left.

The Education and Registration of Midwives.

A Special General Meeting of the North of England Obstetrical and Gynæcological Society was held in Manchester, on Friday the 4th inst., to consider this subject, the President, Dr. Burton, in the chair. After some preliminary conversation a resolution to the effect that the Society considered it would be of advantage "if midwives were better educated and also controlled in their practice" was put and carried unanimously.

THE Local Government Board have decided to refuse the application of the Acton, Chiswick, and Hanwell Local Boards for a provisional order to acquire compulsorily certain land in the picturesque village of Perivale on which to erect an infectious disease hospital.

MR. F. BRAINE ROCKSTRO, L.R.C.P.Lond., M.R.C.S., was committed for trial on Friday last at the Alfreton Police-court on the charge of indecently assaulting a patient, æt. 18, in the course of his professional duties. The defendant was at the time acting as assistant to Dr. Stamford, of Tibshelf, and denies the allegations. As the case is *sub judice* we refrain from comment.

AN inquest on the body of Surgeon J. H. Drake, son of the late Admiral Drake, who had committed suicide, was held at Brixton, on Thursday last. Deceased was in a state of despondency and in pecuniary difficulties. A verdict of "Suicide whilst of unsound mind" was returned.

ABOUT twelve months ago the Islington Guardians, at the request of the local Anti-Vaccination League, suspended prosecutions for non-compliance with the Act. Small-pox, in the meanwhile, has increased, and the Guardians have issued handbills urging upon the people the necessity of vaccination.

AT a meeting of the Governors of the Exeter General Dispensary, held last week, Mr. Russell Coombe, F.R.C.S., was elected to the vacancy on the staff created by the death of Dr. M. L. Brown.

THE Earl of Chesterfield has presented a medal, to be called "The Chesterfield Medal," for annual competition by the students of St. John's Hospital for Diseases of the Skin.

THE annual dinner of the Volunteer Medical Staff Corps will take place on Wednesday, May 30th, at the Café Royal, Regent Street, W.

MR. JAMES MASON, of Oxford, has given £500 to the Building Fund of the Radcliffe Infirmary, Oxford.

DR. WILLIAM OGLE has been placed on the Commission of the Peace for the Borough of Derby.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

POORHOUSE FEES.—In August last, the Medical Officer of the East Dundee Poorhouse being out of town, and his substitute not to be found, the Governor wishing for medical advice for an old woman, who had suddenly become unwell, sent to Dr. Robert Miller, who resided in the neighbourhood. Dr. Miller has now come to loggerheads with the Parochial Board with regard to his fee, assessed by him at a guinea, by the Board at five shillings. The case came before the local Small Debt Court last week, and the Sheriff found for the Board on the ground that there was no contract between them and Dr. Miller, and that the call to do work was a call to do charitable work. It seems to us that Dr. Miller was very ill-advised in the first place in proceeding for his guinea at all, and that an arrangement with the Medical Officer of the Board, whom he really represented on an emergency, would have been preferable. Secondly, the charge of a fee of a guinea for visiting a pauper case in a poorhouse, and, as the evidence brought out, only requiring some stimulant, seems to be high, though it may be legal. In the course of the case Dr. Miller is reported to have made the statement that all insurance companies pay a fee of one guinea, and some two, for each examination. How everyone who does insurance work must wish that this were the case! for most of the offices now only pay half-a-guinea if the sum assured be under £250, or even in some cases under £500. But, on the other hand, the Sheriff's ruling seems peculiar, for surely summoning a practitioner to see a patient is practically a contract, unless, which does not appear in the evidence, Dr. Miller was only distinctly asked to fill the place of the medical officer for this one case. As the medical officer, we suppose, is paid a salary per annum, and not a fee for each case he sees, it seems proper that the onus of such a case should lie on his shoulders, for it is his duty to see that each case is attended to.

UNIVERSITY OF EDINBURGH.—The Summer Session in the Medical Faculty began on May 1st. On that day also the examination in Clinical Medicine for the Final Professional was commenced, the Clinical Surgery examination having been started on April 26th. The writtens will be held on June 18th and 19th, to be directly followed by the orals.

THE members of the Edinburgh and Glasgow Medical Club dined together in Glasgow on Friday night last week.

EDINBURGH MATERNITY HOSPITAL.—Drs. Underhill and Milne Murray have succeeded Drs. Berry Hart and Barbour for the summer months at this hospital; and the new house surgeons are G. A. Macdonald, M.B., C.M., and George C. Sandford, M.B., C.M.

THE LATE MEDICAL CONGRESS AT ROME.—Professor W. T. Gairdner, in opening his summer course at the Glasgow University on the 1st inst., referred to the International Medical Congress at Rome, and his visit thereto. In the course of his remarks he said it was difficult to understand how the great work of Morgagni could have sunk into such a state of medical decadence as that of Italy in the fifties. The magnificently-enthusiastic reception accorded to Rudolf Virchow in 1894 by the whole Italian nation, and the graceful and appreciative *éloge* pronounced by the great German pathologist on John Baptist Morgagni as the first and greatest of his predecessors in well-ordered pathological research, might be taken as marking in a very striking and almost dramatic way the rejuvenescence of Italy in medical science. That Virchow was the legitimate successor of Morgagni in the present day no one can doubt. It might even be doubted whether in any country of the world there is any intervening name which could be placed in the same rank as these two. Yet the marvellous fact was that, in and about 1850, Italy seemed to have lost touch altogether with the lines of progress initiated by their own greatest pathologist, and the art of healing had sunk into a corresponding position of obscurantism. These things were a lesson for us also, if we should ever be tempted to suppose that by casting away or neglecting the foundations of the medical art we could ever hope to improve it in its more practical as contradistinguished from its scientific aspects.

Treatment of Infectious Diseases in Islay.—At a meeting of the Argyll County Council, the attention of the Council was drawn to a serious case concerning the treatment of infectious disease which happened on a farm in Islay a short time ago. The house, occupied by poor people, was burnt to the ground with everything belonging to them, and without the slightest pretence at any compensation being made, beyond the fact that the matter was to be reported to the chief constable.

The late Dr. Samuel Moore's Will.—The will of the late Dr. Samuel Johnstone Moore, 15 Blythswood Square, Glasgow, has now been lodged for registration, and, as already mentioned, the bulk of his estate has been left in trust for the foundation and support of an institution to be called "The Dr. Samuel Johnstone Moore Convalescent Home for Nurses." It is provided, however, that no steps be taken towards the foundation of the trust unless the residue of the estate amounts to £45,000, and if it should not amount to this sum at the date of his death, the income is to be accumulated till this sum has been reached, and then the project is to be carried out.

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MEDICAL SOCIETY OF LONDON.

The meeting on Monday evening last (May 7th) the last of the session, opened with an interesting paper by Dr. Walter Carr, giving the result of some 120 autopsies of children suffering from tubercular disease. He concluded therefrom that tubercular disease usually commences in the glands, the liability being greatest in early infancy and decreasing with advancing age. He showed that the disease commenced in the glands in 58 per cent. of the cases. Secondly, he pointed out that tubercular lesions in the cervical glands, as in the joints, may arise by infection through the blood stream, but caseation of the bronchial and mesenteric glands, when primary, is usually, if not always, the result of direct infection from the organ with which they are associated, such affection occurring, it may be, without any local lesion marking the entrance of the poison. He pointed out also that tubercular disease is much more frequent in the thorax than in the abdomen in the proportion of 79 to 29. Caseation of internal glands, from the frequency with which it is met with after death, must often exist alone and quite unsuspected, being in many cases quite impossible of diagnosis. Lastly, he pointed out that prophylaxis was the most important factor in treatment.

Dr. Sidney Martin did not think the author had correctly stated the proportion of cases of abdominal infection, but he admitted that it was often a matter of great difficulty, if not of impossibility, to determine post-mortem where was the point of entry. He observed that in spite of all that had been spoken and written about the infectivity of food, we, as a matter of fact, knew very little about it. He pointed out that with a sufficiently large dose of the poison the animal contracted tuberculosis, a local primary lesion marking the site of infection. With smaller doses the glands became infected without any local lesion to show how and where it had entered. The point of origin of some cases of so-called primary tubercular meningitis or disease of joints might be discovered in small calcified glands in the mesentery.

Dr. Routh opined that the inflammation of the glands which marked certain varieties of infection was an effort of nature to prevent contamination of the organism as a whole.

Mr. Percy Dean read the notes of a case of perforation of a chronic ulcer of the duodenum in a woman, causing acute peritonitis, in which he excised the ulcer and sutured the intestine with complete success. Unfortunately, some time later, just as the patient was on the point of leaving the hospital for a convalescent home, symptoms of intestinal obstruction supervened, due, as it turned out, to a band of fibrous tissue pressing on the intestine. This was operated on by Mr. Eve, but the patient sank and died. Several other perforations and necrotic patches were found post-mortem in the neighbourhood of the band.

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MR. GLADSTONE'S OPINION OF THE MEDICAL PROFESSION.

In the course of his speech at the Prince's Hall, London, on the occasion of the meeting held to promote a memorial to the late Sir Andrew Clark, Mr. Gladstone made the following remarks :—

I have the honour to address an audience which is composed, I have no doubt, in no inconsiderable degree, of Sir Andrew Clark's brethren in the noble profession which he adorned. In truth, although Sir Andrew Clark was a person whose name constitutes in itself an ample warrant and apology for a large gathering such as that I see before me, yet I feel also that this gathering is an occasion which associates itself with the profession at large. Undoubtedly it was to me a matter of most lively satisfaction when I observed, as the whole world must have observed, on the death of Sir Andrew Clark the thrill of affection and interest which ran through the whole world. A sense of the heavy loss they had sustained, and a desire to render some worthy and adequate testimony to the memory of Sir Andrew Clark.

The profession itself is one with regard to which it is impossible, I think, not to be conscious that its position in our generation, and in some generations previous, has been a position continually advancing and continually rising. In truth, your Royal Highness, if we could go back for some distance, the other learned professions, as they are sometimes called, undoubtedly had a start of the medical profession. I think as much as four or five hundred years ago, in the very first beginnings of the commerce of the country, the lawyers in scores and hundreds sprang up almost like mushrooms from the ground, and disposed of disputes which necessarily arose wherever property was brought into existence. At that time medical men were hardly heard of. But the position of the profession at the present day has become one of vital and commanding interest to the whole of society, and I anticipate that that interest must continue. While wealth increases, while inventions and discoveries increase, wants will increase and enjoyments will increase, and, in connection with wants and enjoyments, there will, I fear, be a corresponding development of infirmity and disease. And the medical profession braces itself to grapple with the situation which has been created, and continually advances in knowledge, credit, and importance. My own life is long enough to have enabled me to witness, and in some degree to measure, the change which has taken place. I have had the good fortune of knowing many distinguished men in the profession during the past three score years ; I have seen also a great change in capacity, in attainments, in competency to deal with the difficult and almost insoluble problems which are continually presenting themselves to the mind of the medical man.

It appears to me that it was eminently desirable that in a time like this a man such as Sir Andrew Clark should rise to the head of his profession. For after all we require something more than knowledge, something more than skill. We require great devotion to the purposes of the profession ; and that devotion never, I think, was exemplified in a more remarkable manner than in the career of Sir Andrew Clark. I remember a small incident when Sir Andrew Clark had been spending his well-earned vacation at a residence which he temporarily occupied in Scotland, and when the few weeks he allowed himself for retirement were nearly exhausted a friend came to him and supposed he paid him an excellent compliment when he said, "I condole with you, Sir Andrew Clark, on the approaching close of your vacation." Sir Andrew

Clark, looking at him, said, "Sir, I love my profession." He did love his profession with his whole heart and soul. While engaged in that profession he loved it not only with a sincere and cordial but with a chivalrous devotion. (Cheers.) We need not say that the age of chivalry is altogether passed as long as we have, as I trust we may still have, among us men of the type of Sir Andrew Clark. There was no part of him, no faculty, no portion of his time which he did not devote with his whole soul, with the whole strength of purpose he could command, to the great work that was before him, not merely to the attainment of knowledge, but the application of that knowledge to the dimunition of human suffering.

I think the profession, if I may presume to say so, has done well in the determination that Sir Andrew Clark might, in the present age, be taken up by common consent as a typical man, the representative of all that is best and noblest in the profession and in its purposes. In every profession there is something more, I would almost say something more important, required than knowledge and capacity, and that is character. The position of medical men is one which brings them more and more within the intimacies of the family circle, which brings them more and more into the confidence of those for whose benefit they are consulted. In order that they may be worthy of that confidence and may turn it to account it is not requisite merely that they should have studied with fidelity, or even with ardour, the difficult subjects to which they devote their minds. But it is requisite that all these qualities should be exhibited by them in conjunctiun with their professional skill. I cannot help hoping that our proceedings on a day like this will be read extensively throughout the country, and especially I am quite certain that they will be everywhere read by members of the medical profession. Although some of them are advanced in life, many are very young, and I rejoice to think what an honour, benefit, and privilege it is to the young members of the profession to be called upon to contemplate a career and character like those of Sir Andrew Clark.

Dr. Church has shown how in the case of Sir Andrew Clark the boy was father to the man. He says that in his very early days, when he was the merest youth in the town of Dundee, and in the very initial stages of his profession—how at that time he acquired, first, the deep love of his profession, and secondly, that profound sense of religion which attended him through his whole life—which supplied him with his guiding principle and purpose, and which produced in him this singular result, that when his mind had been absorbed in the arduous questions continually brought before him in the course of his practice, it was his delight—and all those who knew him will sustain me in what I say—it was his delight and practice to find a recreation, not in trifles and in frivolity, but in betaking himself, naturally, to the consideration of Divine things. I may say that I have come here to fulfil an office and to pay a tribute, not only of duty and of repect, but of gratitude and personal affection.

Of course I am not a competent judge of the skill of Sir Andrew Clark. What I have seen is his patience, his thoroughness, and his absorption in the case of his patient, as if that one case was the single subject with which he had to occupy his mind. I must add, in my own instance, that I have also had to note a warmth of friendship and assiduous prosecution of the task he had set to himself of watching my health, which I know not how adequately to describe. But I may add this, that though he was a much younger man than myself, he followed me from month to month and week to week, and never more than in the last year of his existence, with something that resembled a paternal affection. It is good to look back upon a life of this kind, and in my own case the recollections, which I shall always cherish during the residue of my life, reach over a period of nearly thirty years. Sure I am that whatever happens, whatever may have been the past advances of the medical professfon—and they are great—whatever may be the future advances of that profession—and in all likelihood they will be greater still—there never will come a time when that profession will not be justly satisfied and glad to have recorded upon its annals a name such as the name of Sir Andrew Clark.

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CHINESE ETHICS AND PHILOSOPHY.

In the course of a paper read by Surgeon-General Gordon at the Victoria Institute, on Monday last, some few remarks occurred which will doubtless be of interest to our readers. Thus, according to what may be called the Code of Domestic Hygiene of the Celestials, too great an anxiety acout the health of the children is an excess into which many parents fall. Has a young child the least indisposition, he is immediately surfeited with medicines and cordials, his constitution thereby ruined, his health impaired, his days shortened. He observed that in ancient times, granaries and other provisions against famine were kept up under the orders of government, soup kitchens, and various charitable organisations maintained; that in towns and cities hospices for the aged, orphanages, and hospitals for the blind still exist.

In quoting from a "Collection of Maxims, Reflections, and Examples of Morality," the characteristics of a charitable physician, according to the Chinese ideal, were given to this effect, namely,

"Yen Yang had, by his application, rendered himself a very skilful physician, but it was with a view to exercise his profession in charities. He not only never refused his medicines to any who asked them for their diseases, but if the patient was poor, he also gave him some charity that he might procure the necessary aids in his sickness." A second instance was that of Kin Ko:—"A physician of great skill, to which he added equal disinterestedness and an uncommon charity. Whoever called him, he immediately ran to assist them, and this at all times. He saved the lives of a vast many poor children, and he had a singular talent for this. If any poor patient stood in need of *jin serig* (a), or any more costly remedy, he furnished it at his own expense; he thereby saved the lives of a great number of people." From which the fact appears that in China, as elsewhere, charity and philanthropy were personified in the worthy professor of art and healing.

Respect for labour is a cardinal principle in Chinese ethics. With that people labour is held to be the natural inheritance of man, as it is, also, of all created beings. It is a condition of nature, and the essence of man. "It is a necessity, but when its end is not understood, it becomes a punishment." Labour, whether manual or mental, is held to be the duty, as it is the privilege of man. From times the most ancient, this has been so; agitators and others who oppres the workers have been excecrated, while the national characteristics alluded to continue even to our own day. "To stop the hand is the way to stop the mouth." Such is the teaching of a Chinese familiar proverb. In a country, also, where the youngest cannot afford to be idle, there is observable among the young an air of staid gravity quite beyond their years, the reason being that they are early under obligation to take their parts in the serious business of life. Man, according to Chinese philosophy, is from the nature of his being, a creator and a worker. The sure way of ennobling labour is to show its intimate agreement with natural laws, but the operation of these laws must not be set at nought by other laws, civil or political.

According to a Chinese song, "When the sun begins his course I set myself to labour; when he descends below the horizon I sink into the arms of sleep. I quench my thirst from my own well; I feed on the fruits of my own fields. What can I gain or lose by the power of the Emperor?"

The influence of doctrines such as these by hereditary descent through many generations has been to stereotype in Chinese character a fitness for steady industry and perseverance, which, when accompanied, as it for the most part, is by extreme frugality of habits, renders the individual thus trebly endowed the dangerous, and often successful, competitor in industries which the Chinaman has proved himself to be. In his own country, and more especially in some of its largest cities, it is no uncommon thing to see one portion of a family of artisans pursuing their special occupation throughout the entire hours at daylight, and other members take up the same work at nightfall, and so continue it till morning, and so on continuously, for they know not the Sunday's rest.

(a) *Panax quinqiufolia*, an esteemed and costly drug.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

A NEW MEDICAL GRADE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You wrong me. The suggestion you criticise in your last week's impression is word for word the same as was spoken by me years ago in the speech to which you refer. The suggestion was then, as now, all, and altogether towards the elevation and advantage of every practitioner of medicine. It proposes a mode of meeting a national necessity and public want (which, *nolens volens*, must be satisfied) by enforcing elevation and soundness from the lower to the upper, instead of declination from the higher to the lower; nay—as we see now in sixpenny shops kept by fully qualified men—to the lowest grade.

I pray you think on the matter without prejudice, and I am sure you will credit me still with being, what I hope I have ever been, and ever shall be, the faithful servant of the profession in which my life has been cast, and the best interests of which are my first consideration.

I am, Sir, yours, &c.,
B. W. Richardson.
25 Manchester Square, London, W.,
May 5th, 1894.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have pointed out that those who advocate the so-called "registration of midwives" are in reality aiming at the establishing of an inferior order of midwifery practitioners. It has, however, remained for Sir B. W. Richardson to propose in the May number of the *Asclepiad*, p. 371, the formation of an inferior order of *medical* practitioners. He there says:—"And I prove, hold that the time has come when the difficulty of counter-prescribing should be met, not by levelling down, but by levelling up; that is to say, by making such prescribing a legal practice in the hands of a specially elevated and examined class of practical pharmaceutists. . . . The qualification thus granted extended solely and legitimately to counter-practice, never to outdoor visiting, would at once smooth away the present difficulties and persistent annoyances." Is it not a great pity that Sir B. W. Richardson should make so down-grade a proposal? I quote it to show the tendency of some consultants to rob the general practitioner of his work, and to show that he evidently wishes to benefit and encourage "prescribing" chemists by filching a share of the medical practitioner's work. Might I remind Sir B. W. Richardson that the time of the *partially* educated and *singly* qualified practitioner has ceased. Even in France, by their Medical Act 1892, the grade of the partially educated *officier de santé* has been put a stop to; while as regards the employment of midwives Her Majesty's representative in France has reported as follows;—"At the present time medical men attend many more deliveries than formerly, and are gradually taking the place of midwives." Why, therefore, should England be asked to take a backward step in medical and midwifery education and practice? The office of the *singly* qualified and *partially* educated practitioner has been put a stop to by the Medical Act 1886. Why should any practitioner propose to repeal that Act?

I am, Sir, yours, &c.,
Robert R. Rentoul.
Liverpool.

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WHAT CONSTITUTES UNSOUNDNESS OF MIND?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You naving favoured me, a general practitioner, with inserting two letters on a subject about which I am so little cognisant, and having thus far confined myself to showing the treachery of phraseology, if loosely employed, as I demonstrated in "Climacteric Mania," I crave a little space to pursue the subject still further.

There can, I think, be no doubt that the question of insanity in its broadest acceptation casts one adrift upon a sea of speculative thought; indeed, almost enough to shake our confidence and uproot so-called civilisation itself. Quite recently I read a law case of disputed sanity, the medical witness being asked to define it, *i.e.*, Insanity, candidly admitted his inability. Surely no more serious compromise of medical evidence could exist, and on these grounds I ask to submit a few more suggestions on the definition thereof. Let us suppose, therefore, as in the above case, that the witness had attempted to define insanity as follows: "I mean by an insane person, one whose general conduct and ideas so far deviate from that section of the community amongst whom by nature he has been associated, as to render it necessary to deprive such person to a greater or less degree of freedom of action common to the other members of the same community." I fail to see how the bar, if you will pardon a slang expression, could have returned much change. I have said to "a greater or less degree" advisedly, because it might be necessary to deprive an insane person of his liberty to a very limited degree only. Thus: I once knew a shrewd lawyer, well-bred and excellent company, who moved in Society much like others, and unfortunately possessed a delusion in being the victim of some poisonous intent on the part of relatives and others. Society in its present state would resent, and, indeed, I could not myself, if asked, be any party to a certificate for his removal to an asylum. But supposing the delusion influenced his testamentary disposition, depriving his near-of-kin of natural and legitimate expectations, he must be deprived of his liberty to that lesser extent as to invalidate him as a testator.

With regard to the legal definitions of insanity, they appear to me vague and incoherent. In a text-book on Forensic Medicine (Husband) the law, if accurately interpreted, runs thus: "To excuse a man from punishment on the ground of insanity, it *must be distinctly proved*—the italics my own—that he was not capable of distinguishing right from wrong, and that he did not know at the time of committing the crime that the offence was against the laws of God and Nature." Now, Sir, I venture to state at a guess that the majority of insane who commit crime are aware that it is a breach of the laws of man; on the other hand no inconsiderable number who would be regarded by the best experts thoroughly sane have the slightest belief or feeling of moral responsibility. If, therefore, all sense or belief in moral responsibility be absent, as it frequently is amongst the sane, how can the law reasonably insist, upon proof of its absence as a *sine qua non* in insanity. Moreover, if we test moral responsibility in a purely logical or theoretical sense I feel bound to submit we are brought face to face with a most abstruse problem. Allow me an example. Suppose two persons resolve say to skate, but warned of the danger of the ice one, intrepid and fearless, ventures and drowns, the other, cautious and timid, refrains and escapes. Intuition tells us both are morally responsible, and, indeed, acting upon that supposition *to a degree* constitutes our sanity; but supposing further it be advanced that the intrepidity of the one and the timidity of the other depended upon their respective nervous organisations, over which they had no hand in organising, and hence that their *apparent* responsibility was not their real. For these reasons I contend a proper definition of insanity should not touch the question of moral responsibility, or, in other words, "The laws of God." In conclusion I thank you most heartily for your indulgence.

I am, Sir, yours, &c.,
Clement H. Sers.
Queen's Road, Peckham, S.E.,
May 4th, 1894.

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The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta —, Bombay 34, Madras 30, Paris 23, Brussels —, Amsterdam 19, Rotterdam 27, The Hague 19, Copenhagen 19, Stockholm 17, Christiania 16, St. Petersburg 27, Moscow 34, Berlin 18, Hamburg 19, Dresden 23, Breslau 27, Munich 25, Vienna 25, Prague 34, Buda-Pesth 30, Trieste 33, Rome 21, Turin —, Venice 20, Cairo 49, Alexandria 40, New York 22, Brooklyn 20, Philadelphia 20, New Orleans 26.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Dr. M. G.—You would not be justified in making an examination of the girl without her formal consent, and this, if your suspicions are well founded, she is certain to refuse. Nor is this a case in which silence gives consent. It is safer to rely on the results of such an examination of the breasts, &c., as can be obtained, and in case of doubt to advise her being sent home for a while "under observation."

Sir Wm. Broadbent is thanked for his note.

Dr. J. H. B.—We will make the necessary inquiries and write you the result.

Meetings of Societies, Lectures, &c.

WEDNESDAY, MAY 9TH.

Hunterian Society.—At 8 p.m., Adjourned Discussion on Diphtheria. Dr. Washbourn: Early Diagnosis of Diphtheria and Bacterial Cultivation.—Dr. George Turner: Relation to Diseases of Lower Animals.—Mr. Shadwell: Mode of Spread. Dr. Thorne Thorne, Dr. Edward Seaton, and other speakers. Dr. Hingston Fox: Mortality during Thirty-five years past illustrated by Diagrams. Drs. Pitt and Goodall to reply.

Laryngological Society of London (20 Hanover Square).—At 5 p.m., Dr. Dundas Grant: Lupus of the Nose and Larynx.—Mr. R. Lake: A case in which one Lobe of the Thyroid has been Removed for Graves' Disease.—Dr. Felix Semon: (1) Two cases of Malignant Disease of Larynx treated by Thyrotomy and Radical Removal of the New Growths; (2) A case of Lupus of Pharynx and Larynx; (3) Sequel to a case of Obscure Pharyngeal Ulceration shown at the February Meeting.—Dr. Scanes Spicer: A case of Fixation of Left Vocal Cord.—Mr. W. R. H. Stewart: A case of Unilateral Laryngitis for Diagnosis.—Dr. Watson Williams: An Intra-laryngeal Syringe for Submucous Injections.

London Post-Graduate Course.—Hospital for Consumption, Brompton.—At 4 p.m., Dr. Sidney Martin: Modes of Infection in Tuberculosis. Royal London Ophthalmic Hospital, Moorfields.—At 8 p.m., Mr. A. Q. Silcock: Choroidal Affections, with illustrative cases. Hospital for Skin Diseases, Blackfriars.—At 1 p.m., Dr. Payne: Psoriasis.

Metropolitan Hospital (Kingsland Road, N.E.).—At 5 p.m., Dr. Drysdale: Phthisis Pulmonalis, a Contagious and Hereditary Disease. (Post-graduate Lecture.)

THURSDAY, MAY 10TH.

British Gynæcological Society.—Adjourned Discussion on Dr. Routh's paper on the Conservative Treatment of Diseases of the Uterine Appendages.

London Post-Graduate Course.—Hospital for Sick Children, Great Ormond Street.—At 3 30 p.m., Dr. O. Sturges: Clinical Lecture. National Hospital for Paralysed, Bloomsbury.—At 2 p.m., Dr. Ormerod: Paraplegia. Central London Sick Asylum, Cleveland Street, W.—At 5.30 p.m., Mr. John Hopkins: Cases in the Wards.

North London Medical and Chirurgical Society (New Board Room, Great Northern Central Hospital, Holloway Road, N.).—At 9 p.m., Dr. Harry Campbell: The Treatment of Chronic Heart Disease.—Dr. Morison: The Practical Bearing of the Aspirative Forces in the Circulation.

Royal Institution.—At 3 p.m., Prof. Dewar: The Solid and Liquid States of Matter.

Royal Meteorological Society and the Sanitary Institute (Parkes Museum, Margaret Street, W.).—At 8.30 p.m., Mr. F. Gaster: Fog, Clouds, and Sunshine.

FRIDAY, MAY 11TH.

Clinical Society of London.—At 8 30 p.m., Mr. J. R. Lunn and Dr. C. E. Beevor: A case of Syringomyelia.—Dr. Churton: A case of Pancreatic Cyst with Diabetes; Incision of Cyst; Death a year afterwards; Atrophy of Pancreas.—Dr. Vivian Poore: A case of Enteric Fever occurring in a Diabetic subject.—Dr. Lee Dickinson: Hæmoglobinuria from Muscular Exertion.—Mr. Martin Randell (introduced by Dr. Rose Bradford): A case of Peliosis Rheumatica.

London Post-Graduate Course.—Hospital for Consumption, Brompton.—At 4 p.m., Dr. Sidney Martin: Cases of Phthisis.

Royal Institution.—At 9 p.m., Rev. S. Baring-Gould: English Folk Song.

SATURDAY, MAY 12TH.

London Post-Graduate Course.—Bethlem Hospital.—At 11 a.m., Dr. Hyslop: Acute Mania.

Vacancies.

British Institute of Medicine.—Assistant in the Bacteriological Department. Immediate applications to the Hon. Sec. (See advert.)

Cardiff Union.—Assistant Medical Officer. Salary £100 per annum, with rations, apartments, attendance, washing. Applications and testimonials to the Clerk by May 10th.

Chesterfield Hospital and Dispensary.—Junior House Surgeon and Dispenser. Salary £50 per annum, with board, apartments, &c. Applications and testimonials to the Secretary by May 17th.

Church Stretton Union.—Medical Officer and Public Vaccinator. Salary £10. Applications and testimonials to the Clerk not later than May 10th.

Derby County Asylum, Mickleover.—Locum Tenens. Salary £2 2s. weekly, with board, &c. Applications and testimonials to the Medical Superintendent.

Durham County Hospital.—House Surgeon. Salary £100 per annum, with board and lodging. Applications and testimonials to the Hon. Sec. by June 1st.

Fisherton Asylum.—Assistant Medical Officer. Salary £100 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.

Kent County Asylum, Chartham, near Canterbury.—Junior Assistant Medical Officer (unmarried). Salary £125 per annum, with furnished apartments, board, and attendance. Applications and testimonials to the Clerk to the Committee of Visitors on or before May 14th.

Manchester Hospital for Consumption and Diseases of the Throat and Chest.—Resident Medical Officer. Salary £60 per annum, with board, apartments, and washing. Applications and testimonials to the Secretary by May 15th.

Nottingham Borough Asylum.—Assistant Medical Officer (unmarried). Salary £100 per annum, with board, apartments, and washing. Applications and testimonials to the Medical Superintendent by 21st May.

Stoke-upon-Trent.—(1) Visiting Medical Officer of the Workhouse; (2) Resident Medical Officer of the Workhouse. Salary of the former at the rate of fifty guineas, and of the latter £120 per annum, with board, washing, and furnished apartments. Applications before May 11th.

York Dispensary.—Resident Medical Officer (unmarried). Salary £150 per annum, with furnished apartments, &c. Applications and testimonials to W. Draper, Esq., De Grey House, York, on or before May 15th.

Appointments

Cohen, G. A., Resident Medical Officer to the National Hospital for Diseases of the Heart, Soho, London, W.

Langlands, F. H., M.B., Ch.B.Melb., F.R.C.S.Eng., Demonstrator of Anatomy at the University, Melbourne, Victoria.

Lyle, H. W., M.R.C.S., L.R.C.P.Eng., House Surgeon to King's College Hospital.

Mackay, F. W., M.B., C.M.Edin., Resident Physician to the City Hospital, Edinburgh.

Master, G., L.R.C.P.Lond., M.R.C.S., House Surgeon to the Suffolk General Hospital.

Mitchell, A. B., M.B., B.Ch., B.A.O.Irel., Honorary Surgeon to the Ulster Hospital for Children and Women.

Mortimer, J. D., M.B., F.R.C.S., Medical Officer to the Earlswood Hospital for Infectious Diseases.

Morison, A., M.D., F.R.C.P.Ed., M.R.C.P., Physician to the St. Marylebone General Dispensary, London, W.

Nicholls, S. R., L.R.C.P.Lond., M.R.C.S., Medical Officer for the No. 1 Stratford Sanitary District of the West Ham Union.

Robinson, F., M.B.Vict., Ch.B., Resident Medical Officer of the City Hospital, Parkhill, Liverpool.

Seaton, D., M.B.Vict., House Surgeon to the Leeds General Infirmary.

Smith, F. M. G., L.R.C.P., L.M.Edin., M.R.C.S., Medical Officer for the No. 4 Sanitary District of the St. Albans Union.

Steward, E. S., M.R.C.S., L.R.C.P., House Physician to the Leeds General Infirmary.

Thomas, J. G., M.B., M.S.Edin., Medical Officer for the Penderyn Sanitary District of the Merthyr Tydfil Union.

Tindal, A. S., M.D., C.M.Glasg., Physician to the Tradeston Dispensary of Victoria Infirmary, Glasgow.

Todd, L. R., M.R.C.S., L.R.C.P., House Surgeon to the Leeds General Infirmary.

Turner, W., M.R.C.S., L.R.C.P.Eng., House Surgeon to King's College Hospital.

Wace, C., M.R.C.S., L.R.C.P., Assistant House Physician to King's College Hospital.

Walker, H. R., L.S.A., House Surgeon to King's College Hospital.

Walker, F., M.R.C.S., L.R.C.P., Resident Medical Officer to the Ida Hospital, Leeds.

Webb, J. C., B.A.Cantab., M.R.C.S., L.R.C.P.Eng., Assistant House Acoucheur to King's College Hospital.

Births.

Goddard.—May 1st, at Pentonville Road, N., the wife of Bertram Goddard, L.R.C.P.Lond., M.R.C.S., of a son.

Sturge.—May 4th, at Belmont Lodge, New Eltham, the wife of H. Havelock Sturge, M.R.C.S., of a son.

Marriages.

Watkins—Doleman.—April 30th, at St. Matthew's Church, Nottingham, Ernest R. Powell-Watkins, M.R.C.S., L.R.C.P.Ed., of Nottingham, to Margaret Agnes, second surviving daughter of Mr. John Doleman, of Musselburgh and Nottingham.

Deaths.

Baber.—May 4th, at 32 Cranley Gardens, South Kensington, John Baber, M.D., of Meopham and Brighton.

Laseron.—April 28th, at his residence, The Green, Tottenham, Michael M. A. H. Laseron, M.D., aged 74.

Lunan.—April 25th, at Blairgowrie, Perthshire, Robert Lunan, L.R.C.S.Edin., aged 81.

Park.—April 30th, at Milverton Lodge South, Leamington, Surgeon-Major Thomas Park, late Royal Artillery.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY MAY 16, 1894. No. 20

Clinical Demonstrations.

By JONATHAN HUTCHINSON, F.R.S., LL.D.,

Ex-President of the Royal College of Surgeons, England,
Consulting Surgeon to the London Hospital.

MR. JONATHAN HUTCHINSON was "at home" on the afternoon of the 27th ult. for his usual demonstration of clinical cases at his Clinical Museum in Great Portland Street. These "afternoons," judging from the attendance of practitioners, are fast becoming very popular, a fact which is by no means surprising, considering the halo of attraction which environs all Mr. Hutchinson's work as a teacher. His facile manner in demonstrating a case, and of endowing it with interest, by drawing upon his illimitable stores of clinical knowledge are striking features of his wonderful capacity in this respect. Presumably it is not known yet to the profession in London that these demonstrations are perfectly free, that Mr. Hutchinson welcomes all practitioners who may wish to come, and that the meetings take place on Tuesdays until further notice, otherwise it could not fail to be the case that the rooms would soon be overcrowded.

Among the cases which came under notice on the 27th ult. was one of

PRURIGO.

The patient was an elderly man of 63. His whole skin was in a pruriginous condition, with scars in many places, and the case was described by Mr. Hutchinson as a typical one of prurigo. The man was evidently a "good scratcher." On inquiry the patient stated that the disease first troubled him when he was thirty years of age, and since then he had never been free from it. The irritation was always worse when he was warm in bed at nights, and was infrequently kept awake for three or four hours at a time scratching himself. The question of the duration of the disease was one of some importance. Mr. Hutchinson did not agree with Hebra's views on the matter, namely, that prurigo always began soon after birth and continued to the end of life. He (Mr Hutchinson) had never met with a case of the kind, neither in private nor hospital practice. He had sought for cases diligently but without result, and even in the hospitals in Vienna he could not find a patient whose history supported Hebra's description in this respect. The probability was, however, that the disease never began quite without some exciting cause. Among such causes might be enumerated, attacks of scabies, jaundice, or the presence of lice in persons whose skins were naturally irritable. As the result of one or other of these abnormal conditions scratching would follow, and then from this beginning the disease would continue and increase. There was one symptom, however, described by Hebra which was very constant in prurigo, and that was enlargement of the glands in the lower part of Scarpa's triangle. The characteristic features of these enlarged glands were that the latter were quite indolent, showed no tendency to increase, and no inclination to soften and break down. But experience proved, according to Mr. Hutchinson, that when enlargement of the glands was present an unfavourable prognosis of the case could only be given. [In the patient under notice this symptom was marked.] It was a fact that many things increased the itching in these cases, and notably bile in the blood, and where diabetes was present. With respect to treatment local remedies were only of use. Arsenic was powerless to effect any good. Strong solutions of tar, that is to say, the liquor carbonis detergens without any dilution, will be found to be of most value. Strict instructions, also, should be given as to diet. All fish should be forbidden, and anything which was found to cause irritation of the skin avoided. On the other hand, among other things, plenty of green vegetable could be allowed. The patient, in this case, whose occupation was that of a wood sawyer, denied ever having been troubled with pediculi, but admitted having had several attacks of gout, a fact which would tend, Mr. Hutchinson said, to increase the irritation.

The next case was one of

VARICES OF THE LEGS.

This patient was an old man of 75, both of whose legs showed a good deal of staining, with chronic œdema, and a number of small varices. The integument also was at one or two spots just beginning to ulcerate. In answer to the question whether he was accustomed to stand for many hours in the day the man replied in the negative, his occupation being that of a clerk, during which he sat at a desk. This patient also admitted a gouty history, and Mr. Hutchinson remarked that it was the part of all gouty inflammations to be attended with vascular enlargement. The most marked features of gouty inflammation of the skin were duskiness of hue, œdema, and venous turgescence. There were, however, many worse things than gout. Gout often was found associated with longevity. The teeth of gouty people were generally, also, very good, while the nails were sound and strong.

The next case was an interesting one of

PERFORATION OF THE NASAL SEPTUM.

The patient was a young man of about 27, with a clear ruddy complexion, in whom there was a perforation of the nasal septum, together with some necrosis of the alveolus above the canine tooth on the left side. It used formerly to be supposed that a perforated septum was always an indication of syphilis, but such a view was entirely erroneous, and in proof the patient under notice was a very interesting example. Some years ago both Sir James Paget and Mr. Hutchinson pointed out in papers contributed to the medical journals that perforation of the septum occurred in tuberculous patients whose history was absolutely negative in respect to any syphilitic infection. The perforation in the present case was such that Mr. Hutchinson was able to pass a bent probe through one nostril and cause it to project through the other. The patient denied having had syphilis, and there were undoubted signs of his having suffered from tuberculous lesions. In the first place there was a pucked scar on the cheek, just below the inferior and outer margin of the orbit, the result, in all probability, of a tuberculous periostitis with caries of the bone, followed by adhesion of the skin. Again the little finger of the right hand was merely represented by a stump, owing to exfoliation of the whole of the first phalanx. There was, moreover, thickening of the corresponding bone in the little finger of the left hand, and the patient stated that this finger recovered without any abscess forming, some years ago when his hands were affected. Over the middle of the metacarpal bone of the left thumb there was a deep cicatrised hole. All these lesions developed when the patient was about fifteen years of age. At that time he had been apprenticed to a saddler, and in the course of his trade he was required to hold between his knees a large contrivance, commonly seen in saddlers shops, for keeping the piece of work in position while the latter was being sewn. The result of the pressure applied by his knees was the development of a large abscess on the inner side of his right thigh, which, at the time, was opened, while on the left side in the corresponding situation a hard lump, freely movable, could now be felt, which was undoubtedly the calcified remains of an abscess. On inquiry a strong family history of tuberculosis on his mother side was elicited, a number of his maternal relations had died of phthisis. No lesion of the skin had developed in this case.

The last case was one of

MERCURIAL TEETH.

The patient, a young man of 23, came to show himself, whose teeth were typical of those which had suffered from the effects of the administration of mercury in early life. The enamel was defective, the teeth were thin and discoloured, and the first molars, as was usually the case, wholly carious, while the bicuspids were fairly good. On inquiry it was elicited that he had had convulsions in infancy, for which so-called soothing powders were given containing mercury. Associated with convulsions it was common to find lamellar cataracts, and examination showed that in this patient this lesion was present, though not to a degree which interfered much with vision. There was no reason for supposing that the administration of the mercury had anything to do with the development of the opacities in the lenses.

ON CASTRATION IN FEMALES: (a)

ITS FREQUENT INEXPEDIENCY AND THE SIGNAL ADVANTAGES OF CONSERVATIVE SURGERY IN THESE CASES.

By C. H. F. ROUTH, M.D., M.R.C.P.Lond.

(Concluded.)

MODES OF OPERATION ON THE ADNEXES.

II. CASES IN WHICH THE TREATMENT IS CARRIED ON THROUGH THE VAGINA OR RECTUM.

1. It is well to note first what is now admitted on all sides, but which is of immense importance, that disease of the annexes is merely an extension of disease by contiguity of surface from the vagina and uterus.

2. That in many cases of diseased tubes there is complete communication between the uterus and the tube. In Dr. Lewer's 100 post-mortem cases in 8 cases out of the 17 cases of disease of the adnexa, the dilated tubes freely communicated with the uterus, in 2 cases (where the fimbriæ of the tubes were occluded on both sides, there was communication with the uterus on one side but not on the other (Pathol. Card of Fall. tubes, "Obstet. Trans.," 1887, p. 220). Dentu describes two cases in which there was spontaneous evacuation of the tubal contents per uterus (Nouveaux, *Archives de Gynœcologie*, vol. 7, 1892, p. 127-8). Two more cases he mentioned in the Congress of Surgery n 1891.

3. It is also stated, by Dentuthat in most if not all cases of *hydrosalpinx* the opening with the uterus is patent. Indeed, the very symptoms of the disease, recurring from time to time, especially when the patient has caught cold, or as a sequence of endometritis, and when as generally believed the dropping of some of the secretion into the peritoneum, gives rise to slight peritonitis, is proof of this patency on the uterine side from whence came the recurring inflammation. Clearly, therefore, as in its earlier stages and even sometimes later, you cannot, unless you perform abdominal section, know whether it is a case of hydrosalpinx or pyosalpinx, the indication is to treat the case *per vias uterinas*, as if it were the former.

4. It is beyond doubt that in many cases where the abdomen has been opened and adhesions or portions of the annexes removed, nature has subsequently gone far to cause all, or very nearly all, morbid appearances to disappear. This has been proved not only by post-mortems of patients on whom laparotomy has been performed for disease of annexes, or adhesions have been separated; but also by those cases in which the abdomen has been opened a second time for some other disease, and in which on examination restoration to integrity in an adnex previously operated on, has been observed.

Lastly, it must also be borne in mind that an ovarian abscess, quite the size of a hen's egg, may become dormant. The more liquid parts are absorbed, and a substance not unlike that found in wens fills up the organ, and is otherwise harmless. Twice I have seen this. Once in a young lady who had abscess of the ovary. The pain and local symptoms entirely subsided. Later on in life she died of poisoned blood. The ovary was found at the post-mortem in this condition. In another case in which I performed ovariotomy, for a cyst on the right side, the ovary on the left side, about the size of a pigeon's egg, contained a similar cheesy substance. Several years before I had treated her for left salpingitis, and for years back it had given no trouble.

The treatment of many of these cases beginning through the uterus itself, has been practised by Doleris, Dentu, Mangin, Dr. Bell, of Glasgow, and more lately by Dr. Robert A. Murray. The last named gentleman's cases are fully detailed in the *Gynæcological Journal* for November 1893.

The plan of treatment adopted by all these gentlemen with some slight modifications may be generally described as follows: First, perfect rest is enjoined. Secondly, the inflamed adnex is treated by ordinary antiphlogistic measures, so often neglected by those affected with the "furor secandi." Blisters locally. Hot antiseptic injections, purging and allaying any feverish excitement. When this has been done, and the more active symptoms are overcome, then dilatation of the uterine cavity by sea tangles or sponge tents carefully asepticised can be safely carried out. The uterus by the second or third day is dilated sufficiently. It is then curetted thoroughly and plugged with iodoform gauze. Under this system experience has demonstrated that the inflammation of the adnexa disappears, and the patient enters into convalescence. It should be remarked that in these cases it is impossible, as the abdomen is not opened, to say whether these are cases of pyosalpinx, or salpingitis, but probably many of them are of the former class, 19 cases are so recorded by Dr. Doleris, and 25 by Mangin, in all but 2 of which recovery takes place. In several of the cases detailed, discharges of a purulent character passed *per vaginam*, and drainage had to be had recourse to. At any rate they prove that in ordinary cases of salpingitis chronic or acute, castration is not necessarily required.

The cases of Dr. Murray, which are given under the cases for gonorrhœal inflammation of the tubes, however are more striking still, and were all cases of pyosalpinx, and got well by precisely the same mode of treatment as the cases of Doleris and Mangin.

In a few of the cases of Doleris and Mangin, electricity was employed as an adjunct, but more with a view of diagnosing the extent of the inflammatory lesion, and whether acute or chronic.

(a) Paper read before the British Gynæcological Soc., April 19, 1894.

THE ELECTRICAL TREATMENT.

Of inflammation of annexes as a result of gonorrhœa. Some years back when in Paris, and through the kindness of Dr. Apostoli whilst following his klinik, I was surprised at the readiness with which this variety of disease was cured by electricity. The principle was to place one of his pads on the belly and a stiletto well guarded by non-conductors inferiorly, but the upper inch of which terminated by an envelope of charcoal, was placed within the cavity of the uterus. The electrode on the belly was positive, that in the uterus negative, and then for about ten minutes a continuous current of so many milliampères as did not give rise to much pain, was passed through the pelvis. Now these cases had all a genuine history of gonorrhœa. In these we had the characteristic urethritis, and the ovaries and tubes were painful and swollen. These cases all got well. I thought at first that the charcoal *in utero* might act as a counter-irritant. But I find that two other causes may be assigned. One that dilatation of the tube is induced by the electric current, and so allows the fluid to escape more readily *in utero*. This has been denied, and indeed, pronounced as a dangerous operation. Dr. Kehrer quoted by Mr. Alban Doran, in his paper read before the Medical Society on the Treatment of Chronic Disease of the Uterine Appendages ("Med. Soc. Trans., vol. iv, 239) has stated that it may if applied to the uterine cavity, cause rupture of a suppurating Fallopian sac. It is a pity that in such cases, the variety of current and its power, and which pole was placed *in utero* are not definitely stated, also whether it is a strong interrupted current or continuous one, either it is evident might produce this result, especially if the positive, but I am satisfied that the continuous negative current does produce dilatation of the uterine cavity. Even if scarcely admitting a quill it will soon allow two fingers to be introduced. The positive has the opposite effect as I have often verified. How also does it act in cases of stricture of the urethra in the male? This shows how necessary it is to be more precise in these objections. Dr. Prochownich has stated that even 40 milliampère currents cannot be borne in the female urethra, but then he does not say whether he refers to the positive or negative pole.

But a second reason has been given by Dr. Prochownich. Electricity is fatal to gonococci as he has often proved, even killing the germs, and the uterus can bear safely a current up to 120 milliampères. Mr. Doran, in reference to this statement, quoted in his paper, says "this statement sounds wild, yet it at least claims a definite action." This is a philosophical observation, and verifies the old proverb "Truth is stranger than fiction." This electrical action, however, receives confirmation, from the Webster process of purification of sewers by electricity. A strong electric current was passed through the sewage by means of iron electrodes. It is claimed that by this process, the organic constituents of sewage are not only split up by electric action and precipitated, but oxidised by the nascent oxygen and chloride oxides evolved. Tried at Salford it gave fairly satisfactory results. But this process has been much simplified by M. Hermite, of Havre, and examined on behalf of the British Institute of Preventive Medicine by Dr. Ruffer. Hermite's plan is to pass a current of electricity through sea water. This leads to ozone, free chlorine and various unknown oxygenated products of chlorine being set free; which possess a marked oxidising and bactericidal action. It not only kills these organisms, but destroys all odours, even the black sides of sewers became polished and clean when this sea water is passed into the sewers. It is clearly evident from this, that Apostoli's treatment of gonorrhœal salpingitis and ovaritis is based upon scientific foundation. It is manifest, therefore, in such cases, that even the electrophobists in our profession, should pause before they practise castration.

This conclusion in no way militates against the mode of treatment of gonorrhœal cases adopted by Dr. Robt. A. Murray, and recorded in our last quarter's journal, indeed, is rather confirmatory as effecting a cure without castration. He cures his cases by the measures before detailed, rest, antiphlogistics, dilatation, curettage, &c., but this plan appears simpler.

CASES TREATED ENTIRELY THROUGH THE UTERUS AND BY PUNCTURE OF THE PYOSALPINX THROUGH THE VAGINA OR RECTUM.

In the Association Journal (2, 1888, p. 828) a curious case of salpingitis and ovaritis is described by Schlesinger, of St. Petersburg. She was a multipara, æt. 42, ill after an abortion with a tumour in the right iliac fossa, operated by abdominal section by Dr. Seydel, on February 21, 1784. Particulars are fully given. Finding he could not remove it, he aspirated the tumour, drawing by suction with his mouth the purulent contents in the tube four times daily. A little fever followed for a week but in a fortnight the opening began to close and the patient recovered. Two years after this woman continued in perfect health.

Now here was a case which with our appliances could have been treated far better, a proper aspiration syringe in the present day applied, and without need of abdominal section at all.

I may say that starting with the certainty that in nearly all cases of salpingitis the disease originates with the uterus, if we attack that organ as we should any inflamed organ elsewhere, we can arrest the process of the disease, and this is the plan that I advocate. Perfect rest being insisted on.

1. Local blood letting either by scarifying the cervix, or cutting the os on both sides to promote some escape of blood, or in other cases 5 or 6 leeches applied to the cervix. In the case of virgins, if the hymen be very small, and not easily dilated, I apply leeches around the anus after the French mode, occasionally over the region of the adnexa.

But 2, I prefer instead of applying leeches over the locality of the adnexa, to apply a blister there, and as the hairs are apt to interfere with its close application, and I do not care to increase pain even in these parts temporarily, I use the liquid blister, two coatings, and then cover it over with medicated cotton. The blister will rise in about eight hours fully, and so soon as I have cut open the bullæ, the cotton is applied again, and in about three hours more bullæ have risen, which are again cut and the cotton applied a third time. the blistered portion may be dressed in the usual manner. One blister has thus done the work of three.

3. Using antiseptic measures freely, if I find that the tubes are relieved, the application of strong iodine or carbolic acid to the uterine cavity will often determine a cure.

4. If not, dilatation by sea tangles, carefully asepticised, is effected and then strong iodine applied. I do not usually find it necessary to use the iodoform gauze but have repeated the sea tangle tent covered with cotton dipped in carbolic acid.

5. Supposing, however, that the ovary or tube continued to enlarge, I should use hot douches in the vagina, hot poultices on the abdomen, keep the bowels well open by gentle purgatives and enemata, and treat any feverish symptoms as in ordinary cases of inflammation.

6. When I can detect fluctuation, I linger no longer but aspirate. If the matter is not offensive, I inject the cavity with iodine, and put no drainage tube in. If it is offensive, then I leave a drainage tube in, and

wash out the cavity daily with iodine until the discharge is very inconsiderable in quantity; when left to itself it generally heals.

A question here presents itself, where should the perforation be made, per vaginam, rectum, or abdomen? I have performed, and successfully, the operation of puncture in all these three situations. Wherever the swelling can be most readily felt, and where its coverings are thinnest. With antiseptic precautions all are safe, but as a rule, where it can be avoided, I think it is safer not to puncture through the abdomen.

Then, as to the choice of the vagina or rectum. The vagina is the cleanest medium, but it is also an open cavity, and we must not forget that each time a woman *ex*pires, the external air has a tendency to rush in, and so air may enter into the abscess opened, and become offensive, and require through the drainage tube a much longer use of the iodine lotion. The rectum is closed, and not so influenced by respiration, and for this reason, if the abscess be low down, it is advisable to puncture through that cavity, and this is especially the case with virgins. Care should be taken to use a drainage tube with a catch, so that once placed in position, it will remain *in statu quo*, and not come out.

Cases.

Feb. 14, 1880. Mrs. A., about 22. Right ovary inflamed, tender, afterwards left subsequently, at periods dysmenorrhœa. Treated by blistering and purging, afterwards tonics. Became pregnant. Confined October, 1883. Subsequently, about six weeks after change of residence, ovarian trouble returned. Punctured, a small quantity of pure healthy pus came away, recovery subsequently rapid.

Mrs. F. W. A., about 30. Mother of three children. Had suffered from menorrhagia in June, 1880. After trial of various remedies, uterus dilated, curetted, bringing away two mucous polypi, size of large beans. Touched cavity freely with iodine paint. Recovery complete. About three weeks subsequently, in July, laid down while very thinly clad on a very hot day close under an open window. Left ovarian inflammation followed, fever, &c. Finally, in about two weeks, punctured, washed out with iodine, giving exit to much fœtid pus in August. Some tenderness higher up followed, and some matter escaped. Recovery complete.

Mrs. McC., about 35. Married, several years without children, very neurotic, anæmic. Had had several attacks of endometritis. In 1880, had a good deal of dysmenorrhœa, and several attacks of ovarian pain, cystitis and indigestion. Finally, fever set in, and an abscess formed in the left ovary. This was opened with the aspirator, and about ¼ pint of very fœtid pus withdrawn, the cavity being well washed with iodine. Amelioration followed. but a relapse took place, and the abscess was again opened, fœtid pus again withdrawn, and the cavity washed out with iodine, but a drainage tube was kept in, and the cavity washed out daily. Perfect recovery followed. But she is still very neurotic, and liable to attacks of sickness and ovarian pain.

Mrs. M. Married some years, childless, not living with her husband, stating he had given her syphilis. Was residing in an hotel during the winter. Was seized with diarrhœa, a cold night, went down badly clothed to a water-closet, two stories below, caught a chill. A large abscess was in process of formation, left ovarian region. As soon as she could be conveniently removed to a private hospital after several days of complete rest, I punctured through the abdomen, where it was pointing with the aspirator; a quantity of air first made its exit, then about half a pint of very fœtid pus, iodine was injected, and a drainage tube kept in. Recovery followed. I heard of this patient about six months afterwards; she expressed herself as delicate, but much better. This illness occupied about two months. A quantity of solid effusion existing in Douglas space remained in process of absorption when last I saw her.

Mrs. R., seven years ill, perityphlitis, one child. Procidentia followed, then metritis, intense dysmenorrhœa producing almost insanity. Uterus inflamed, os almost closed. Came under my care February, 1890. Great tenderness of uterus, liver, and annexes, specially left side. Perfect rest, anodynes, purgatives, counter-irritation. In August, a buckle pessary introduced. Great relief to all symptoms. The buckle pessary was kept in till March, 1891, when it was removed. She missed it greatly, and was rampant to have it replaced. On examination in June, 1891, found metritis present, left ovary again enlarged and tender, and liver large. Rest, blisters, and counter-irritation reduced this state, and she left comparatively well. All enlargement of ovary had disappeared, but there was dysmenorrhœa present, which, however, was completely relieved by a Cross mixture. This case was very trying, the patient being very much spoilt and neurotic, and the fever extreme, and intestines from the first more or less matted together.

Miss McC., unmarried, a short very thin, delicate woman, consulted me for symptoms of dysmenorrhœa. Pain in both ovarian regions, the left originally the most painful, but now the right. There was the usual symptoms co-existing of endometritis, leucorrhœa, &c. On examination, the left ovary was distinctly enlarged about the size of a large pigeon's egg, but scarcely tender, No fluctuation in it. The right ovary felt as large as a turkey's egg, and was very tender, quite fixed to surrounding parts, but with a distinct indication of fluctuation. The question was, should I aspirate or perform abdominal section? In consultation with a distinguished abdominal surgeon, he was strongly in favour of opening the abdomen. I did so with the usual precautions. I found the left ovary about the size of a pigeon's egg, hard, but without any signs of inflammation. It had contained pus, I thought, but the watery particles having been absorbed, it was almost solid. Not so the right ovary. This was very much of the shape of one of Barnes' largest bags, matted and adherent to the surrounding tissues, and the covering in several places as thin as paper. I declared my inability to remove this entirely and wished to perforate and wash out the sac. My surgeon friend thought he could do it, and with my permission attempted to do so, but failed, bursting the sac, and letting out a very putrid pus. We removed the remains of the sac, sponged the matted intestines as well as we could, but the case died in three or four days from septicæmia, spite all we could do for our poor patient. Now, I have very little doubt that had I aspirated this case, I should have given my patient a better chance of life. The putrid contents of the ovarian sac were not more putrid, nor was the sac larger than other cases, where I have aspirated and saved my patient's life.

March, 1891. B. R., æt. 40, married fifteen years. Nullipara, catamenia, four to five weeks interval, scanty. Has had a stationary fibroid of uterus for ten years, reaching umbilicus.

Present illness.—Was chilled by up-draught in w.c. during period, followed next day by rigor, pelvic and general pains. Temperature for first few days between 100° and 102°. On 7th day, temperature rose to 105°, and for next two weeks varied between 104° and 104·6°. Pelvic examination showed lower zone of uterus fixed by hard phlegmon in sub-peritoneal cellular tissue, being especially marked on both sides of vagina, reaching lowest on right.

Aspirated deeply behind and to right of cervix, and ℥vj most offensive brown pus drawn off. Cavity washed out with iodised water. Temperature remained high for some days after an initial drop, and then slowly subsided to normal in fifth week. The same night that the aspirator was used, an adjacent abscess containing inodorous pus opened into bladder, but after twenty-four hours no pus passed per urethra. Patient convalesced slowly but satisfactorily. Pelvis now normal.

S. M. July 15, 1892. Æt. 38. Married, one child eighteen years ago. Had a rigor after last "period," with right abdominal pain. Temperature 101° to 103°. Examination. Cystocele, uterus prolapsed, fixed and pushed forward by tense bulging, elastic mass in Douglas pouch, and behind right broad ligament.

July 16. Aspirated *per vaginam.* ℥iij fœtid pus drawn off. Cavity washed out with iodised water. Exudation gradually cleared up, and temperature fell gradually, being 99° to 101° in first week, 98° to 100° during second, and normal during third. Discharged convalescent, and uterus mobile.

I could add other cases, but these, I trust, will suffice to prove the advantage of aspiration as a method of cure.

Conclusions.

1. The ovary, besides being concerned in ovulation, secretes especially, but in conjunction with other glands, a peculiar principle, spermin, which being reabsorbed into the blood, is most useful in the nutritive oxygenating and recuperative power to maintain the well-being of a female, and the want of which leads to bodily and mental debility. (Part No. 1.)
2. The complete castration of females leads to forced sterility, and in many cases to the induction of an earlier menopause and premature old age, and frequently to decay and perversion of mind. Partial castration produces similar effects, but to a minor degree. (Part No. 2.)
3. The mortality of cases of diseased adnexa when left to themselves varies from nil to 4 per cent.
4. But the mortality of cases operated on by abdominal section varies from 2·5 per cent. to 12·1 per cent. (Part No. 2.)
5. Complete castration has been practised too frequently and often unnecessarily.
6. Preceded by abdominal section, the modes of operating more conservatively by *partial* castration, *i.e.*, by resection of tubes, or tubes and ovaries combined, and by ignipuncture of cysts in the latter, gave much more satisfactory results and with less mortality even in cases of pyosalpinx and with no impairment of motherhood and power of child-bearing. (Part No. 4.)
7. The mode of treating diseased appendages *per vaginam* or rectum without abdominal section on the uterus itself, by electricity in cases of gonorrhœal pyosalpinx, and by puncture with the aspirator offers the greatest advantages, the mortality being almost nil, the recoveries durable, and the motherhood left intact.

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PAY-PATIENTS AND OUT-PATIENTS IN HOSPITALS. (a)

By H. C. TWEEDY, M.D. Dubl., F.R.C.P.I., Diplomate in State Medicine, Trin. Coll. Dubl.,

Physician to Madam Steevens' Hospital.

Dublin is justly proud of her hospitals. From the year of grace 1720, when the first general hospital was founded in the city by Madam Steevens, of happy memory, down to the present time, the work done in them has been of incalculable service to our less fortunate fellow-countrymen, and at no period of their existence have they reached a higher level of efficiency than is the case to-day. It is therefore with regret that we observe signs, slight signs, it is true, but not the less requiring our vigilance, that our hospitals are in danger of being utilised by the general public in a manner never contemplated by their pious founders. This is manifest if we consider—1st, the class of patients seeking admission to the pay-wards; 2nd, the class of patients frequenting the hospital dispensaries.

Let us take first the question of pay-wards. These were originally established to meet the needs of such persons as clerks upon small salaries, ladies in reduced circumstances and others unable to pay for proper nursing, not to speak of doctors' fees, but gradually a privilege intended for such as these, is being usurped by those much better off as regards worldly goods.

Whether private patients should be admitted at all into a general hospital is a matter open to discussion, but when persons in good circumstances come into a hospital as private patients, at a nominal charge, the responsibility becomes a very grave one for those who permit such a flagrant abuse of a charity.

And what does the hospital gain by such cases? Little or nothing. The cost of an ordinary patient *per diem* is 3s. 9d., if we include maintenance, establishment, and management. Few patients give more than one guinea per week, so that in the majority of instances the hospital loses at least 5s. 3d. per week.

But what of the doctors? The position of physician or surgeon to a hospital is, in most cases, an honorary one. The staff receive their share of the students' fees, and nothing more, save the privilege of using the ordinary patients as teaching material. Pay-patients, however, are not available for such a purpose; this would be highly resented by them or their friends; nor can the doctor receive any remuneration from them. It is a matter of honour with him not to take fees from hospital patients, but were he detected doing so, his hospital would, in accordance with a rule of the Hospital Sunday Fund, receive no grant from that body. If the pay-patients are to be taken into our hospitals at all, their circumstances should be rigidly inquired into, and none received save those absolutely unable to pay for, in their own homes, the advice and the nursing that they need. But after all, why should a charitable institution be burdened with this class of patient? Let us hope that we may see here before long special institutions that would meet their requirements. There is a growing need for private hospitals established say by limited liability companies, such hospitals should in their construction and management meet all the requirements of modern science, and should contain first, second, and third class accommodation, according to the rate of payment, all patients having an equal right to the services of a President medical officer, and should they require further advice, being at liberty to call in any doctors they pleased *at their own expense.*

To turn now to the question of extern patients. It will first be necessary to review briefly the provisions existing at present for the outdoor medical relief of the poor. If we take the large district comprised within North and South Dublin and its suburbs, from which the out-patients to the Dublin hospitals chiefly come, we find, according to the census of 1891, a population of 356,240 persons. For this population the Poor Law provides 27 dispensaries, 30 medical officers, and 11 apothecaries, who, according to the last report of the Local Government Board, attended 100,216 persons in one year.

Then we have 10 general hospitals and 14 special hospitals, all with out-patient departments attached to them.

Now the out-patients of a hospital may be classified under three headings: 1. Accidents treated as out-patients. 2. Midwifery cases treated as out-patients. 3. Cases attending the dispensaries of the hospitals.

Of cases included under the first two headings accurate registers are kept, so that their numbers can be relied upon. The returns of the Dublin hospitals for the past year are: Accidents (extern), 30,695; midwifery cases, 4,574—total, 35,269.

(a) Read before the State Medicine Section of the Royal Academy of Medicine, April 20th, 1894.

The dispensary cases amounted to the enormous total of 218,475. These figures cannot, of course, mean individuals, but must include the entire *number of attendances* of each patient; but assuming that each patient attends the dispensary six times—if we divide 218,475 by 6 we get 36,412. This number added to the accidents and midwifery cases before mentioned, gives a total of 71,591, which is probably very near the mark, and this last number added to the total number of patients (100,216) attending the Poor-law dispensaries, gives a total of 171,807 persons, or 482 to the 1,000 of the entire population of the district, rich and poor receiving gratuitous medical relief exclusive of those who are admitted intern patients to the various hospitals.

It is difficult to estimate the number of those who might fairly be considered entitled to such relief; but if we look in the returns of the Registrar-General for the Census of 1891 we find a classification which may help us. House accommodation is divided into four classes. The fourth class comprises the very poor living in crowded tenement houses. This class contains in round numbers about 100,000 persons in Dublin and its suburbs, undoubted objects of charity, and closely corresponding to the Poor-law returns just mentioned.

Those occupying third-class accommodation in the better sort of tenement houses consist chiefly of artisans, most of whom are in sick clubs or benefit societies, and cannot be regarded as paupers. At the same time, they might fairly be permitted to avail themselves of the advantages offered in our hospital dispensaries, were they prepared to pay a small sum, sufficient to prevent the charity being at a loss by them. And this, as a matter of fact, is the class that avails itself most largely of the extern departments of the Dublin hospitals.

The evils of this indiscriminate charity are obvious:—1st. Direct pecuniary loss to the hospitals. It has been estimated that the cost of each out-patient at a hospital is 1s. 6d., and when this sum has to be multiplied by thousands, it becomes a serious item in the annual expenditure. Let us illustrate this, assuming the approximate number of 100,000 persons occupying fourth-class house accommodation to be a fair estimate of the absolutely poor. If we subtract this number from the total of those receiving external medical aid from the Poor-law and the Dublin hospitals combined, viz., 171,804, we have remaining over 71,807. If we take again from this number the 11,807, assuming that these persons pay something at the few hospital dispensaries that do make a small charge, we have still in round numbers 60,000 free patients remaining, who, at the rate of 1s. 6d. per head, cost the Dublin hospitals £4,500 per annum.

The second evil of this indiscriminate charity is the injustice that is done to doctors and students. Our hospitals are essentially educational institutions; but teaching becomes impossible if the limited time at the doctor's disposal be taken up with a crowd of trivial cases, which form the bulk of those attending our dispensaries, and the work has to be rushed through in a perfunctory and unsatisfactory manner.

Again, an injustice is done to the benevolent public, who are paying twice over for the medical relief of the poor, first through the rates, by which the Poor-law dispensaries are supported, and again in subscriptions to hospitals for doing unnecessary and unprofitable work for which ample provision has been made elsewhere.

This wretched system must also have a demoralising effect upon the recipients of such charitable relief, nor can it be remedied till an accurate register be kept of the name, address, and occupation of each out-patient in every general hospital, to be followed up when necessary by a rigid investigation into the circumstances of all doubtful cases, and further, all save the very poor should pay a small sum to defray the cost of medicine, &c. It should not be possible for a lady to attend as an out-patient for several months the dispensary of a hospital, only to be accidentally detected by a student, who recognised in the hospital patient his hostess at a tennis party the previous week. It would be easy to multiply instances of this kind, but it is needless to do so. The facts are notorious, they exist in every large city throughout the United Kingdom, and this being so, surely all right-minded people will join in reprobating the monstrous wrong that is done, by the abuses I have mentioned, to the members of an overworked and, as a rule, underpaid profession, in occupying their time and talents upon objects undeserving of their charity, and also the injustice of diverting the contributions of the charitable and benevolent from their legitimate channels to the encouragement of a shameless and fraudulent abuse of hospital charities on the part of the well-to-do, and to the countenancing of a chronic and unnecessary haunting of hospital dispensaries by the idle or hypochondriacal poor.

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Selected Prescriptions and Therapeutic Notes.

132.—Useful in Fissure of the Anus:—

℞ Ext. conii, ʒij;
Ol. ricini, ʒiij;
Ung. lanolini, q.s. ad ℥ij.

M. Smear a small quantity over the parts five minutes before a motion is expected, and again after it has taken place. By this means spasm of the sphincter is relieved.—CRIPPS.

133.—For Hæmorrhoids:—

℞ Chrysarobin, gr. xiv;
Iodoformi, gr. v;
Ext. belladonnæ, gr. x;
Vaselini, ʒss.

M. This is to be applied as an antiseptic and a soothing ointment.—KOSOBUDSKI.

134.—Liniment for Neuralgia:—

℞ Chloroformi, ʒvj;
Ætheris sulph., ℥j;
Sp. camphoræ, ℥iij;
Tinct. opii, ʒiss.

M. Soak a small piece of flannel in the liniment, and apply over the painful part.

135.—Useful as a Prophylactic against Tonsillitis:—

℞ Ol. menthæ pip., ♏viij;
Acid. carbolici, ℥j;
Sp. vini rectificati, ʒij.

M. Ten drops to be added to a cup of warm water and this solution used as a gargle night and morning. —ROBERTSON.

136.—Useful in Hæmoptysis:—

℞ Quiniæ sulph., gr. lx;
Ext. secalis cornut., gr. xxx;
Acidi tartar., q.s.

M. Make forty pills. Two to be taken twice or thrice a day.—EKLUND.

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APPLICATIONS are invited from candidates for the Holt Chair of Pathology, and for the Derby Chair of Anatomy in the Victoria University, Liverpool. The endowment in each case is £375 per annum, together with a share of students' fees.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, May 11th.

The President, Mr. **Hulke**, in the Chair.

A CASE OF SYRINGO-MYELIA.

Dr. Beevor and Mr. J. R. **Lunn** gave the subsequent history of a case which they had shown in 1883 as a peculiar deformity of the hands and shoulders (Vols. xvi. and xvii. Transactions), and a special committee appointed to inquire into the case came to the conclusion that the various lesions were due to a central nervous affection akin to Charcot's disease. The patient remained under Mr. Lunn's care until March, 1893, when he died. In June, 1885, it was noticed that all the muscles of the arms and forearms reacted to Faradic and galvanic stimuli, though there was apparent wasting of the muscles on the flexor surfaces of the forearms traceable to the disease. The muscles of the right thumb did not respond to the Faradic current; those of the left did, however, as did all the internal muscles. The reactions of the muscles of the lower extremities were normal. There was no disturbance of sensation, but occasional fibrillar twitchings were observed. In 1888 the muscles of the legs and right foot were not at all wasted, but the third phalanx of each of the four toes of the right foot appeared to be dislocated on the heads of the metatarsal bones, producing a claw-shaped position as in the hands. The nails were much wasted, and disclosed atrophic conditions similar to those of the nails of the right hand. The left foot appeared normal except in respect of the toe-nails, which were beginning to waste. No nerve symptoms were apparent, and the patient's general health was good. In November, 1889, he began to suffer from girding pains and attacks of nausea. In January, 1891, he had several attacks of pemphigus on the dorsal and palmar surfaces of the hands, generally preceded by slight rises of temperature. In October, 1891, it was noticed that the wasting of the right finger-nails had increased, accompanied apparently by wasting and shortening of the terminal phalanges. No fresh changes took place except that the patellar reflexes increased, with ankle clonus, on the right side. While tactile sensibility was quite normal, sensibility to heat, cold, and pain was much impaired, and was almost absent over a considerable area of the arms, head, and chest. In the lower extremities slight spastic paralysis was remarked. Sensation of the lower limbs was unaffected, though there was a certain degree of ataxic gait and of unsteadiness on standing with the eyes closed and the feet together. On March 5, 1893, the patient had a fainting fit of short duration, and the next morning he had a difficulty in speaking. His tongue protruded towards the right side, and the lower half of his face seemed paralysed. The right arm and leg were slightly weak, and the head was turned a little to the left side. Although he appeared to understand what was said to him, and to want to reply, he was unable to do so, his power of articulation being confined to simple words such as "yes," "no," "one," "two," &c. The knee jerks were much increased on both sides, and the plantar reflexes slightly so. There was no ankle clonus. On March 7 the patient had considerable difficulty in swallowing, his pupils remained dilated, but acted to light. The legs seemed to be in a state of extensor spasm, and could be flexed only with difficulty. On March 10 he lost the power of the right arm and leg, and ultimately became comatose, and died on March 12.

Post-mortem: Old dislocations of both wrists, left shoulder, right thumb, and outer end of right clavicle were found. There were bullæ on several fingers; some finger-nails were wasted, others absent. There was hypostatic pneumonia. The right lobe of the cerebellum was smaller than the left. The lateral ventricles of the cerebrum were dilated. The left middle cerebral artery was thrombosed, and the cortex to which it went was softened. The central canal of the spinal cord was dilated in the cervical and upper regions. The dislocated joints were typical examples of osteoarthritis, and were so described by Mr. Targett, who had examined them.

Dr. **Beevor**, who had examined the spinal cord, reported that the case presented two groups of phenomena; wasting of muscles in arms and shoulders, especially affecting the intrinsic muscles of the hands, and sensory symptoms, with impaired sensibility, together with trophic changes, chiefly in the joints, nails, and skin. Dilatation of the central canal of the cord destroyed the ganglion cells in the anterior cornu, thus producing trophic changes, and consequent deformities, especially in the arms.

Dr. **Ormerod** said that, as regards this particular case, little remained to be said, save to compliment Mr. Lunn and Dr. Beevor on their complete and accurate report of a case which they had watched through so many years. He himself had only come across syringo-myelia post-mortem in two cases; the one a lunatic who presented no clinical symptoms, the other, a boy who presented the general symptoms of cerebral tumour complicated by an acute paraplegia. There was found post-mortem dilatation of the cerebral ventricles and of the central canal of the cord, but the Sylvian aqueduct was not dilated. Clinical examples of the disease were now accumulating; he had recently had two cases under his own observation. All cases of chronic muscular atrophy affecting the hands (particularly if associated with a spastic or ataxic condition of the legs) should be examined to see whether they presented the peculiar sensory symptoms characteristic of syringo-myelia.

Dr. F. **Taylor** also made some remarks.

Dr. S. **Coupland** referred to a case brought before the society in 1872 by the late Dr. Greenhow. The case was regarded as one of progressive muscular atrophy, but the cord showed a remarkable dilatation of the central canal. In the light of subsequent knowledge, this case might perhaps be considered one of syringo-myelia, to which the amyatrophy was secondary.

TYPHOID FEVER IN A DIABETIC PATIENT.

Dr. **Poore** related the case of a man, æt. 35, who was admitted to University College Hospital on October 5th, suffering from diabetes of moderate intensity. He remained under observation for 114 days. On November 16th, while under observation, he developed enteric fever, which lasted six weeks. The attack of fever was without diarrhœa or other serious complication, and might almost be regarded as a case of simple continued fever. An opportunity was thus afforded for observing the effect of the febrile condition on the urinary excreta. During the first week of his stay in the hospital, during which the patient was on the ordinary full diet, but was taking opium by the mouth, the urine for the week amounted to 1,218 fluid ounces, and contained 7,900 grains of urea, and 22,218 grains of sugar. During the next five weeks the patient remained in his normal diabetic condition, and was put on a rigid diabetic diet. For these five weeks, weekly average of urine was 673 fluid ounces, containing 6,118 grains of urea, and 3,781 grains of sugar. Then followed the period of fever, which lasted six weeks, and during this period (the average temperature for the whole period being 2·2° F. above the normal), the weekly average of urine was 491 ounces, containing 4,263 grains of urea and 1,214 grains of sugar. The febrile period was followed by a fortnight during which the temperature was subnormal, and it was found that the weekly average of urine was 644 ounces, containing 3,577 grains of urea, and 989 grains of sugar. During the last fortnight of his stay in hospital, during which the temperature was normal, the weekly average of urine was 537 ounces, containing 6,105 grains of urea, and 7,511 grains of sugar. These figures show that, although the urinary excreta were diminished during the fever, the period of their greatest diminution was that of subnormal temperature which followed the fever. Complete disappearance of sugar from the urine occurred on the fifth, sixth, and seventh days after complete cessation of the fever, when the patient's temperature averaged 97° F. On these three days the urine amounted to 294 ounces, and contained 1,088 grains of urea, *and no sugar.* The numbers seem to show that the greatest freedom from glycosuria occurred at a time when the needs of the body were great, and the patient was rapidly increasing in weight to replace the 24 pounds which he had lost during his six weeks of fever. He called attention to the existence of a certain parallelism in this case between the output of sugar and pulse-respiration ratio. As the value of R/R declined, so did the output of sugar. One might from this assume that as the output of carbon by the lungs increased, the output of carbon by the urine diminished. It occurred to him that the condition of the parotid gland in diabetes had, perhaps, not received sufficient attention either at the bedside or in the post-mortem room.

Mr. **Eastes** remarked that the work of subnormal temperature and absence of glycosuria in January last was that in which the external temperature was abnormally low. He inquired if Dr. Poore thought this might in any degree have accounted for the temporary improved condition of the patient.

Dr. **Coupland** believed that when a diabetic had typhoid fever the temperature generally had a low range.

Dr. S. **Phillips** narrated, in reference to one remark by the author, particulars of a case of acute glycosuria in St. Mary's Hospital, in which the patient a week before death had acute parotitis first on one side and then on the other.

Dr. **Poore**, in reply, hardly thought the external temperature could have had anything to do with the patient's condition in January last, as the temperature of the ward was kept up by artificial means, and the patient was in bed all the while. The temperatures given on the tables appended to the case were the averages of each week, and he observed that the average temperature of the fourth week of the illness which was 100·8 F. was undoubtedly high when it was remembered that it was the average for the week.

HÆMOGLOBINURIA FROM MUSCULAR EXERTION.

Dr. **Lee Dickinson** brought forward three instances of transient hæmoglobinuria from muscular exertion without serious symptoms. The subjects were healthy young men. In two of the cases the cause was a foot race of three miles and one mile undertaken in an untrained condition. In the third the attack supervened after a game of lawn tennis. He pointed out that instances were on record in which hæmoglobinuria had occurred repeatedly in the same subject from the strain of military or ordinary walking. Such cases he suggested were probably allied to "functional albuminuria" and associated with a condition of abnormal delicacy of the red corpuscles. In these cases, however, the blood was healthy, but the corpuscles were destroyed by some product of the unusual muscular exercise, probably carbonic acid. The symptoms seemed to indicate that the muscular power was out of proportion to the bodily condition.

A CASE OF PELIOSIS RHEUMATICA.

Mr. **Martin Randell** read notes of the case of a married woman, æt. 41, who for some years had suffered from dyspepsia and diarrhœa. She had been much addicted to alcohol. There was no history of rheumatism, acute or chronic. On September 2nd, 1893 she was taken ill with pain and swelling of the joints accompanied by a rash consisting of papules, some pale, most of them hæmorrhagic, varying in size from a split pea to a five-shilling piece. The temperature was about 100° F. Severe diarrhœa and vomiting set in a week later, the motions containing much altered blood, but the vomit was free from blood throughout. The rash continued till death, the old patches fading away and others taking their place. There was œdema, especially of the hands at times, confined, however, to the region of the affected joints. About a fortnight after the commencement, some of the papules sloughed, leaving foul ulcers. She died on September 21st after three weeks' illness. The urine contained a microscopic amount of blood. Post-mortem petechiæ were found on the serous membranes. The lungs were healthy and there was no sign of endocarditis. The intestines showed many ulcers, commencing in the duodenum and extending to the end of the ileum, but not to the large intestine. The liver, which was markedly fatty, weighed 103 ounces. The kidneys were normal.

Dr. **Rose Bradford** said the case was not one of erythema nodosum, the papules being found only in the neighbourhood of the joints. Neither was it one of ordinary acute rheumatism, there was no former history of rheumatism; very little swelling and not much pain of the joints. Neither was it one of syphilis; no history of syphilis could be elicited. There were, however, all the symptoms of peliosis rheumatica, except submucous hæmorrhage; but, possibly the gastric and intestinal ulcerations were due to submucous hæmorrhage and subsequent sloughing of the undermined mucous membrane.

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THE OPHTHALMOLOGICAL SOCIETY OF GREAT BRITAIN.

Meeting held Thursday, May 3rd.

Dr. **Argyll Robertson**, President, in the chair.

CYST OF IRIS.

Mr. **Mackinlay** showed a child, æt. 6, with a cyst of the iris, as to the nature of which he asked for suggestions. There was no history of injury. It is just possible it was a cysticercus. He proposed to do excision with an iridectomy. It had grown 2 mm. during the last six weeks.

Mr. **Hulke** pointed out that though these cysts were often the sequel of injury their relationship was open to question. In the majority of instances in which they followed injury they could not possibly have that origin. They did not look like growths inwards of squamous epithelium, for they were lined by a single layer of delicate tesselated epithelium.

Mr. **Henry Power** could only recollect having seen two cases of cysticercus of the eye in all his experience.

Mr. **Lawford** asked if there was any history of iritis, calling attention to the fact that it was shown some time ago by microscopical examination that these cysts were generally due to blocking and distension of the crypts of the iris. The surface aperture of these crypts was very narrow, and a very small amount of thickening would be sufficient to close them. This is a reasonable explanation of cysts which formed independently of any penetrating wound.

Mr. **Juler** said he had shown a similar case some months ago in a baby in whom an injury was out of the question. He excised it with a small iridectomy and the case did well.

Mr. **Hill Griffith** had seen a baby, six weeks of age, operated on for such a cyst the other day. In withdrawing the cyst it was accidentally ruptured, but a good recovery followed.

The **President** said all the cases of the kind he had seen had been traumatic, but the procedure in any case must be the same. Removal of the cyst had always effected a cure.

Mr. **Mackinlay**, in reply, said the only history of illness was an attack of influenza, but the eye after that attack was red and inflamed, and this supported Mr. Lawford's hypothesis.

CASE OF DOUBLE OPTIC NEURITIS FROM CARIES OF SPHENOIDAL CELLS AND INTRA-CRANIAL ABSCESS.

Dr. **Sandford** (Cork).—A man was admitted to the Cork District Asylum on April 19th, and died January 8th, 1894, æt. 78. Towards the end of 1891 his sight suddenly became impaired, and was subsequently totally lost. His case was one of double optic neuritis, and post-neuritic atrophy. He never complained of pain. He never had any symptoms of paralysis whatever, and had perfect control both over bladder and rectum. Two months before his death some proptosis of the left eye was noticed, and this increased for some days. Subsequently, a swelling about the size of a pigeon's egg was observed just above the arch of the zygoma. No operation was undertaken on account of the patient's age and feeble condition. After a time both proptosis and tumour ceased to increase. His temperature was subnormal throughout. On removing the skullcap the dura was found unusually adherent, the pia was slightly thickened and opaque. The convolutions were wasted, and the sac deep and gaping. On raising the frontal lobe they found a large tumour, apparently subdural, extending from the middle line to the left in various directions.

THREE CASES OF TUBERCLE OF THE IRIS.

Dr. **Sandford**.—Living in a district where tubercular affections are extremely common, he said it had always been a matter of surprise to him how small a proportion of eye affections one met with in which a directly tubercular origin could be proved, either in connection with tuberculosis of other organs or primarily in the eyeball, although he had long been convinced that many cases of iritis, keratocyclitis, and episcleritis were of an essentially tubercular character. He read notes of three illustrative cases:—

Case 1.—J. K., æt. 16, the only son of a mother who died of phthisis, came to him with iritis of the left eye of a few days standing. He had been suffering from a cold for a fortnight. A few days later he noticed several minute yellowish nodules on the iris, and at the same time there was evidence of fresh tubercular mischief in the apex of the right lung. After a few months of careful treatment, constitutional and local, the eye and lung symptoms subsided synchronously, the iritic granules disappearing by absorption. The pain and photophobia were insignificant.

Case 2.—A young woman, æt. 19 (mother's family phthisical, no history of syphilis), consulted him for eye trouble of a month's standing. The left eyeball appeared to be swollen and tension was increased. Several elevated yellowish nodules appeared in the ciliary region, invading the corneal substance. The iris was thickened, discoloured, and showed two small yellow nodules. The patient had had a considerable cavity for some years at the apex of the right lung, and there was an obvious recrudescence of tuberculous activity. After six months treatment the eye and lung troubles subsided simultaneously, and at present the only evidence of the eye affection were several cloudy spots in the cornea, marking the sites of the recent deposits.

Case 3.—M. C., æt. 5, was admitted on Jan. 28, 1886, suffering from iritis of a fortnight's standing. The child had an exceedingly tubercular appearance, and the mother's family was phthisical. The iris was thickened, dusky, and discoloured. A large yellow nodule projected from the iris into the anterior chamber, on the nasal side, and apparently involved its whole thickness, extending from the circumference half way to the pupillary margin. There was, however, little pain. V= fingers at two feet. As, after a fortnight, the tumour was increasing with alarming rapidity, the eyeball was excised, and, under anti-tubercular treatment, the child steadily improved in health. He handed round a tranverse section of the globe, showing the tumour involving the iris and projecting into the anterior chamber, blocking the iritis angle. Microscopical examination showed tubercular infiltration of the iris, ciliary region, suspensory ligament, and, possibly, the lens. At the time of the operation the child appeared free from tubercular deposits elsewhere. She had now been under observation for eight years, and though fragile-looking, had remained in fairly good health. He called attention to the absolutely simultaneous accession and subsidence of the eye and lung troubles in the first two cases. In one of them, at any rate, there appeared to have been a prætubercular catarrhal condition similar to that met with in analogous conditions of the larynx. Case 3 was one of primary tuberculosis of the iris, and possibly the prompt excision of the eyeball prevented further extension. He had found great benefit from painting the whole of the surface of the upper lid and brow with a varnish composed of equal quantities of iodine, mastich, and rectified spirit, especially in cases in which the pain and photophobia were severe.

Mr. Johnson Taylor said that it was necessary to distinguish between primary and secondary tuberculosis of the iris. In the former he recommended excision, but the secondary cases should be left severely alone.

Mr. Hill Griffiths asked how the last speaker proposed to distinguish between primary and secondary cases. According to Leber all such cases of tuberculosis of the iris were secondary. He would never dream of excising in any case unless the process was acute and progressive. He referred to the case of a girl who had been under observation for four years. Both eyes were affected, one of them for some time before she came to him. Recovery had taken place in the right eye, and she could read small print. Although in the other eye sight was lost, things had nevertheless quieted down.

EYESIGHT IN SCHOOLS.

Dr. Priestley Smith (Birmingham) said he had been asked to advise as to the tests on eyesight to be asked of school authorities in common with other anthropometric observations, and he read the schedule which he had decided to recommend :—

(A) *Acuteness of Vision.*—1. Hang on a wall in a good light a set of Snellen's test letters; these are in general use, and afford records which can be universally compared. No others should be substituted for them. 2. Draw a line on the floor at a distance of exactly six metres from the letters and let each pupil in turn toe this line and try to read the letters, line after line. beginning at the top, in all cases without spectacles or eye glasses. Each eye is to be tested separately, the other eye being covered, but not pressed on, by a large card held in the pupil's hand. 3. Record the vision of each eye separately in the form of a fraction, for instance, R V= 6/6 : L V= 6/18. The numerator is in all cases 6, this being the distance of the letters in metres; the denominator is the number which stands over the lowest line of letters which can be read. When the vision is less than 6/60 it should be recorded by the appropriate sign—$V < 6/60$. 4. Take care that the pupils have no opportunity of learning the letters by rote. N.B. When the vision of either eye is found to be represented by a fraction having a denominator of more than 18 it will generally be desirable to report the fact to the parent or guardian in order that proper advice may be obtained, such report being omitted if this has already been done.

(B) *Colour Vision.*—1. Use Holmgren's series of coloured wools. 2. Place them in a heap on a white cloth in a good light. 3. Lay, apart from the heap, the test-skein, a pale pure green. 4. Explain to the pupil that he is to select from the heap and place beside the test-skein all those which appear to him of the same kind of colour. Do not require him to name them or match them exactly, but to select those which are most nearly like the test-skein in colour. 5. Mix the wools again for each pupil, but always use the pale pure green as the test. A certain number of the pupils, boys, and rarely girls, will match the test-skein falsely with buffs, pinks, and other colours which have no green tint, or will hesitate much before rejecting each. These pupils are more or less colour-blind, and are thereby permanently unfitted for vocations on sea or land which require good colour-vision. Record the defect. N.B.—Ascertain by this same test that the person who conducts the colour-testing is not himself colour-blind.

The acuteness of vision of each pupil should be tested once a year, since certain defects of eyesight commonly begin during school life. The test for colour-vision need not be repeated, since colour-blindness, except that which occurs with disease of the eye, is congenital, not acquired.

The President admitted that these observations would doubtless help to throw light upon the changes which refraction underwent during school-life, but he pointed out that the value of the information would be materially enhanced if the punctum proximum were also recorded, for this would reveal any marked degree of hypermetropia.

Mr. Holmes Spicer observed that to throw the responsibility of remedying the defect upon the parents would mean in many cases that the defect would not be remedied. He had undertaken the examination of the eyes in a school in the East End of London numbering some 500 children. He found that in between 40 and 50 per cent. of the children vision did not come up to 6/12. He pointed out that an examination of this kind was a serious undertaking. It had taken him two afternoons a week for the last three months, and another two months would probably be required to complete it.

Mr. Doyne said he was greatly surprised to hear that so large a proportion as 40 per cent. of the children could not read 6/12, and asked whether this was due to coma or what? He pointed out that the punctum proximum was very difficult to obtain in children.

Mr. Spicer explained that the cause of the low vision was usually some error of refraction. In another school where a similar examination had been carried out the figures had come out about the same as his own.

Mr. Simeon Snell said there was no doubt that these examinations required much time and labour. Fortunately, the teachers themselves now showed a greater interest in the matter, and he often had children referred to him by teachers for defects of vision.

Dr. Priestley Smith, in reply, said he was quite aware that there were many difficulties surrounding the subject, and he had tried to make the process as simple and as untechnical as possible. The work ought to be done as far as possible by ophthalmologists. He said he would prefer to miss a few hypermetropics rather than entrust to a teacher a box of lens.

Mr. John Griffith read a short paper on

A RARE FORM OF INTRA-OCULAR MELANOMA.

He began by giving a brief description of the clinical aspects of the case which gave evidence of the malignancy of the growth—recurrence in less than seven months and death before the close of the year from the date of excision of the globe. He described somewhat in detail the microscopic appearance of the tumour, and pointed out the epithelial nature of the cells, a few of which not being pigmented, showed by their size, their shape, and general arrangement that they were not sarcomatous. Bleached sections confirmed this view. The small-celled stroma, owing to its marked vascularity, probably accounted for the rapid recurrence and speedy termination. Mr. Griffith paid greatest attention to the fact that the ciliary body was not, in substance, involved by the growth, conclusive evidence that the tumour had not originated in the tubular ciliary glands of Treacher Collins. He thought, however, that it had started in the tapetum ingrum of the retina, and being malignant in nature and epithelial in character, conformed rather to the type of carcinoma, yet it possessed many features dissimilar to that class of neoplasm, that it was hardly justifiable to introduce it either as an epithelioma or an alveolar carcinoma.

A jelly preparation of the tumour was shown, together with drawings of the microscopic appearance.

The President announced that in consequence of an unfortunate concatenation of circumstances there would be no Bowman Lecture in 1894.

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ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of State Medicine.

Meeting held Friday, April 20th.

Dr. Edgar Flinn, President, in the Chair.

SOME POINTS IN CONNECTION WITH THE ADMINISTRATION OF HOSPITAL RELIEF.

Dr. H. C. Tweedy read a paper on this subject which will be found in another column. In the discussion which followed,

Dr. Grimshaw said that although everybody admitted the facts Dr. Tweedy had stated, it was very difficult to see how they were to be remedied. As to the in-patient abuse, people should not be taken into the hospital as pay-patients unless all their circumstances having been inquired into it was found that they were in reduced straits. If patients fairly well-to-do came from the country they should take lodgings and have a medical attendant. An institution such as exists in London, Berlin, and Vienna, and which resembles a medical hotel, in which each patient could have his own medical attendant, was very much needed in Dublin. It was much more difficult to deal with the out-patient department on account of its being so hard to decide whether a person was deserving or not of advice.

Dr. Cox thought that one of the best ways to remedy this state of affairs was to give as much publicity as possible to Dr. Tweedy's paper. No doubt a great abuse existed. Frequently artisans earning £2 a week were admitted as patients into the hospital. Usually 30s. out of the £2 went in drink, and during the time of their stay in hospital the wife and children had to be supported by charity or outdoor relief, which, in the event of the patient's death, became a permanent burden on the public. He also thought there should be more co-operation between the dispensary and the hospital staffs. Very often dispensary doctors found it necessary to have patients sent to hospital on account of being unable to got proper treatment for them in their own miserable homes. Members of the hospital staff did not always keep this in mind.

Dr. Smyly said he thought that the in-patient abuse of hospitals by well-to-do people bore very heavy on specialists. Many of the so-called private hospitals at present existing were nothing better than clean lodging houses. No proper room for an operation existed in them. The time would come when the profession would have to co-operate together against this hospital abuse.

Dr. Tweedy briefly replied.

DEMONSTRATION OF THE TYPHOID BACILLUS IN DRINKING WATER.

Dr. M'Weeney read a paper on a specimen of pump-water from a village near Waterford, in which a severe outbreak of enteric fever had occurred. Dr. W. R. Morris, who had had many of the cases in his practice, suspected the water, and sent it up to Dr. M'Weeney. The pump was surrounded by manure heaps, and "slush" had been emptied into it with a view to make it work. Plate cultivations on gelatine at 22° C. were speedily destroyed by the numerous liquefying colonies present, so recourse was had to Parietti's method, by which positive results were at once obtained. The Parietti-tube, on being plated-out, proved to be pure cultivations of Eberth's bacillus, and the result was checked by microscopic examination, and culture in potatoe and in broth, to which glucose and lactose had been added, according to the plan proposed by Theobald Smith. Dr. Morris's suspicion had thus been fully justified. The journals did not seem to contain, so far as he had had time to consult them, a similar case occurring in the British Islands. Circumstantial evidence, more or less conclusive, had been adduced in many cases, but not raised to the level of certainty, by the positive result of bacteriological examination.

Dr. Thompson asked was it necessary that the putrefactive changes should be taking place in the media in which the typhoid bacilli were for the latter to have the power of causing typhoid fever in a person.

Dr. E. J. Flinn alluded to the injurious habit prevalent in many villages of throwing soiled and impure water down pumps to start their suction power. He had lately investigated an epidemic of typhoid fever in which he believed this to have been the cause.

Dr. M'Weeney, in reply to Dr. Thompson, said that this opened up a wide and difficult question. Some members of the French school held that the bacterium coli commune when growing for some time in sewers and such like media was the organism which caused typhoid fever.

The Section then adjourned.

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EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, May 2nd, 1894.

The President, Dr. T. S. Clouston, in the Chair.

Dr. Caird showed two patients who had recovered from tracheotomy for diphtheria, and two pathological specimens, one a larynx and trachea of a subject who had had a previous tracheotomy performed, and in which there was no appreciable scar; the other a cancerous growth in the larynx, in which a palliative tracheotomy gave great relief for a time.

Dr. Graham exhibited a patient who had experienced a fracture of his left superior maxilla.

Dr. Norman Walker read a paper entitled

THE COMMONER FORMS OF LUPUS VULGARIS AND THEIR TREATMENT.

Instead of dividing and subdividing cases of lupus into the numerous classes affected by many dermatologists, he thought that it was sufficient and useful to recognise only three types, all of which had one thing in common, they were tubercular. These three types he would call the catarrhal or ulcerative, the vulgaris and the fibroid. In the first form the tubercular lesions were generally masked by the growth of other organisms. The second form was really a miliary tuberculosis of the skin, especially of the superficial layers, the rete being generally unaffected. The tubercular nodules which spread the disease were most active at the margins, and varied greatly in depth. Caseation was slight. The last or fibrous form was not uncommon, but his description of it differed from that ordinarily given. The patches varied in size from that of a sixpence to six inches, and generally occurred on the limbs, almost never on the face. The affected part was of a diffuse red, the individual nodules masked by the general thickening, and there was no ulceration. The thickening and increase in the consistence of this form of lupus was not due to any true invasion of the rete, but rather to an increase of fibrous tissue between the nodules. In this last form excision of the part did fairly well, while cod-liver-oil helped, but did not cure. For treatment he laid down some general rules. The main object of course was to destroy the tubercular bacilli. Scraping was not always sufficient and should be assisted by the subsequent application of salicylic acid. In the third form scraping was of little use until the fibroid nature of the growth had been removed by repeated blistering. In destroying single nodules he had derived great benefit from the use of the cautery, either Paquelin's with a very fine point, or the galvano-cautery, for preference the latter.

Dr. Walker then showed two cases of the ulcerative form of lupus who had been treated by scraping and subsequent cauterisation with good results.

Mr. A. G. Miller divided treatment of lupus into three forms: 1. Bies's congestion treatment; 2. Scraping; 3. Excision. Bies's congestion method had a great power in checking the spread of the disease, and combined with thorough scraping was a good one. Scraping to be of any use had to be thorough. Of the three areas in any cases of lupus, namely, the cicatrised, the cicatrising, and the spreading, only the last required scraping although the second was not the worse for it. In treating lupus in this way Volkman's sharp spoon was of little use as it was too large. A small sharp spoon of a size to readily scrape out each individual nodule was much better. Another adjunct to the treatment was to touch the parts after scraping with pure carbolic acid and then again to remove with the spoon the white pellicle formed. Excision again must be very free as outside the macroscopic nodules there were often others of microscopic size which required removal also.

Mr. Miller then showed a patient who had been scraped and otherwise treated under chloroform for lupus no less than forty-eight times with a very fair result.

Dr. Allan Jamieson thought that Dr. Walker's third class was hardly required as it was simply Class 2 with a slight increase of fibrous tissue. He had found pure carbolic acid of some good, while he thought that the induction of an attack of erysipelas resulted in little permanent benefit, although the immediate effect was palliative. He had found exposure to cold in all lupus cases very meretricious.

Mr. Joseph Bell advised free excision if the lupus was not on the face, or otherwise thorough scraping combined with the use of chromic acid.

Mr. Alexis Thomson had found skin grafting by Thiersch's method of great value after excision.

Dr. Alexander Bruce read a paper on

TWO CASES OF NODOSE PERIARTERITIS OF SYPHILITIC ORIGIN.

There were two forms of periarteritis, the first affecting the small vessels of the body generally and not specific in origin, the other confined to the smaller vessels of the brain and always syphilitic. The two cases, notes of which he placed before the society, belonged to the latter category. In both these cases the patients were nurses, one male the other female, who had contracted syphilis in the pursuit of their duties. In both the secondary symptoms were severe and the tertiary symptoms appeared early, in one within two years, in the other after only nine months. A fatal termination with paralytic symptoms soon followed. The arteries of the brain showed a great thickening of their outer coat, with an almost normal condition of the intima and muscular layer. The thickening consisted largely of round cell infiltration breaking down in parts into caseating areas. He thought that periarteritis was a commoner disease than was generally supposed.

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Dr. Leon Labbe, formerly of the Hôtel Dieu Hospital, died in Paris last week. He was the son of a general practitioner in a country commune, that of St. Christophe (Indre-et-Loire), where he was born in 1827. He took his degree in Paris, and, at the age of 45, was appointed Surgeon to the Hospital for Incurables, in 1874 to the Dubois private hospital, where he practised until 1889, and in that year to the Hôtel Dieu, which hospital he left on attaining his 62nd year.

France.

[From our own Correspondent.]

Paris, May 12th.

Anæsthetics.

At the last meeting of the Societé de Chirurgie M. Segond spoke on the different methods of applying anæsthetics and their composition. He said that for the last year all his operations were done under bromide of ethyle alone or inhalations of ethyle followed by that of chloroform. When the operation was of short duration the former anæsthetic sufficed alone, but it was not so when the operation was lengthy, grave, and tedious, such as hysterectomies, laparotomies, &c. No accident had ever been witnessed out of the 443 cases. He always administered the anæsthetic to the patient in the dorsal decubitus, and where the bromide of ethyle alone was used he poured at first a few drops on a compress and presented it to the patient in order to accustom him as it were to the odour of the liquid, after which a large dose was thrown on the fold, which was pressed firmly over the mouth so as to prevent all communication with the free air. In twenty seconds resolution was complete and the period of excitement was frequently wanting. Where the effect of an anæsthetic had to be kept up for some considerable time a few drops of chloroform were applied from time to time.

M. Bazy said that he had tried bromide of ethyle in a certain number of cases and found it satisfactory.

M. Monod gave similar testimony to the merits of bromide of ethyle, but said that at the first moments of the inhalation the patient was seized with such a terrible sensation of anguish and suffocation that the speaker preferred without hesitation using chloroform.

M. Berger and several other members expressed themselves in the same sense.

Acute Tonsillitis.

Guaiacol is certainly having, as our American cousins say, a "boom" with practitioners. It was introduced to the profession a few years ago as a specific for pulmonary diseases (chronic), acting more rapidly than the old time-honoured creosote. Later on it was considered a powerful antithermic when rubbed into the folds of the skin, and several articles were written on its advantages. Later still guaiacol was recommended as the best application for relieving the pain of orchitis, as already reported in this journal, and to-day a practitioner of no mean repute exults over the success he has had with the drug in the treatment of acute tonsillitis or common sore throat. It seems that guaiacol, when painted over the inflamed tonsil, promptly eases the pain and the fever falls, while the tumefaction of the glands rapidly diminishes. Every one knows what an extremely painful affection tonsillitis is, and if guaiacol really produces the effects claimed for it many a patient will be grateful to his medical attendant.

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Germany.

[From our own Correspondent.]

Berlin, May 11th.

THE SURGICAL CONGRESS.

I this week continue my *résumé* of the principal papers and discussions at this important gathering.

In the afternoon sitting of the first day Dr. Habs, Madgeburg, showed eighteen cases of

Exarticulation of the Knee-joint

performed by the late Dr. Hagedorn. The deceased surgical director of the Madgeburg Hospital, had once expressed the wish that the cases operated on by him should in ten years time be shown to the Congress, in order that they might judge of the final results, and his assistant had taken the opportunity of carrying out the wish of his late master. Hagedorn's method consisted essentially in the retention of the patella, and using it as a support to the stump by flaps from behind. An anterior flap served to cover the supporting surface. The patients shown had mostly been operated on for over ten years, one even fourteen years, and only a few from more recent times were grouped with them. In all the usefulness of the leg was excellent; all were able to run securely on their artificial legs, and with comfort and endurance. A girl operated on fourteen years was able on her own showing to dance a whole night through without missing a single dance. A labourer was able to carry hundred-weight sacks up steps, and made use of a stick only to make his direction more sure. The stump after so many years showed a diminished volume, but this was due to arrested growth, and not to any actual shrinkage.

Prof. Küster, Marburg, then spoke on

RHINOPLASTY FROM THE ARM.

The present method of obtaining the flap from the forehead left such a disfiguring and conspicuous scar that he had returned to the old Italian method of Branca. This method had been abandoned on account of the difficulty of carrying it out, and of the accidental traumatic diseases that sometimes followed. Both these objections were now overcome. In a girl of 19, shown, in whom the tip of the nose was destroyed by lupus, the flap had been taken from the arm and the arm fixed to the head by a plaster of Paris bandage. Healing took place in seven days. At first the discomfort was easily borne, but later on morphia had to be given to alleviate it. The healing was perfect, and the artificial tip could only be recognised from a few delicate cicatricial lines that were visible.

THE RESULTS OF CONSERVATIVE TREATMENT OF HIP-JOINT DISEASE.

Prof. Bruns, of Tübingen, said:—

Various changes have taken place in the treatment of the disease during the past twenty years, and even now surgeons are not by any means of one mind as to the best course to pursue. The minority still hold to operative treatment, whilst the majority have given this up, and have advanced to a more conservative, and expectant line of action. Prof. Bruns has made exhaustive inquiries into the results of both methods, and has come to the conclusion that the latter shows at least as good results as the former. In the Tübingen clinic, during the last forty years records have been kept of all cases treated. Six hundred cases were treated during this period, and later examinations were made in the case of two hundred of them. From the data at his command, it was shown that tubercular hip-joint disease, almost without exception, occurred before the twentieth year of life, that 50 per cent. recovered after a four years' illness. Forty per cent. of all cases ended fatally from tubercular disease of other organs or general tuberculosis. Of the non-suppurating cases, 77 per cent. recovered; of the suppurative 22 per cent. The prospect of recovery became worse the higher the age. Even recovered cases often died of subsequent tuberculosis. Those permanently recovered mostly gave the impression of perfect health, and showed a note-worthy usefulness of the limb affected, which was only limited by the angular position of it. As a rule, a partial or total ankylosis of the hip-joint remained. As regarded usefulness, the shortening of the limb was of less importance than the flexion of the legs.

The speaker then drew a comparison between the results obtained by the different methods of treatment, and came to the conclusion that the prospects in resection of tubercular joints were gloomy. Resection gave no better results functionally than the conservative method of treatment, and should only be adopted where the conservative method was impracticable, or where it had been tried and led to no result. In the meantime, however, he would withhold his definitive judgment, as a sufficient amount of experience with the modern treatment of wounds was wanting.

Hr. Schede (Hamburg) agreed with the opinions of the previous speaker and discussed in detail the advantages of injection of iodoform glycerine into the tuberculous joint, which in a moiety of the cases rendered resection unnecessary.

Prof. Helferich, Greifswald, emphasised the necessity of long-continued treatment. No cure was brought about by resection and cicatrisation of the wound. If treatment was not continued serious disturbances were certain to arise later. For this reason resection could not be looked upon as a finality; care had also to be taken to ensure a good position of the leg. Generally, those who were discharged as cured after resection came back again later in a bad condition in consequence of an unsuitable mode of life after withdrawal from medical supervision. Ankylosis from this cause frequently came on years afterwards. For these reasons the greatest attention had to be paid for years to the hygienic surroundings of the patient, as well as to the condition of the recovered bone, if the result obtained at first was not to be jeopardised. The speaker pointed out England, where special hospitals for children with coxitis were erected, with affiliation on the sea-coast or in the country. The patients remained there for years under medical observation, the position of the limb was perseveringly controlled and improved, and the nutrition of the children improved as much as possible. Such institutions could easily be carried on on the German coasts.

Prof. Gussenbauer, Prague, represented the extreme standpoint of conservative treatment of cases of tubercular coxitis, and would rather not have them touched, whilst Prof. v. Bergmann was more in favour of operative treatment, which in cases of profuse suppuration was the only course open. Prof. Bramann, Halle, preferred resection to be limited to those cases in which the acetabulum was known to be diseased, and referred to eleven such cases in which he had performed resection. In conclusion, Prof. Madelung, Rostock, noted that the prospects of conservative treatment became better when the patients we'e taught to go about for long periods in a suitable apparatus.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 11th.

FOLLICULITIS INDURATIVA.

DR. EHRMANN showed a man to the Gesellschaft from San Francisco who nine years ago acquired anthrax in the neck, which became indurated. When Ehrmann saw the man first there were several openings discharging pus, and when the skin was closely examined the hairs could be observed to be in little bundles; microscopic examination revealed staphylococcus pyogenes aureus. The sound when entered into one of the openings passed into a cavity whose periphery seeemed to pass externally. After painting the whole with iodine it seemed to improve, but again another crop of swellings appeared in the hair follicles.

In the lower half of the neck all the follicles were quite open; electrolysis was applied and the whole neck rapidly healed up.

This appeared to him to be a case of staphylococcus invasion of the hair follicles arising from a congenital abnormal condition of the sac; the sycosis which followed was probably due to this peculiarity which soon produced a chronic hardening of the follicle.

"Methodische Hörubungen."

Prof. Urbantschitsch again brought his reputed new method of treatment before the Gesellschaft in the form of a lecture. This consists of selecting different sounds which are regularly produced at the ear of the deaf until he becomes familiar with them. The sounds should be continued five to ten minutes daily, or at least three times a week. This treatment is reputed to act like magic on the young, but is slower in operation in the aged. Much depends upon the voice, however, in awakening the perceptive power, as the high and deep tones are not equal in effect. The intervals must be filled in gradually with inter-tones. If a correct record be kept during the treatment, the right ear will probably differ from the left during the period. After the perception of speech, musical tones should be practised. Urbantschitsch has constructed a harmonica with five and a half octaves, which answers this training admirably. As to the time this treatment must be continued, no limit is fixed, different cases requiring different durations before reaction sets in. Total deafness being rare, it is considered that this treatment must affect a large number of the two hundred thousand alleged, by statistics, to be helplessly deaf in Europe. Another difficulty he pointed out in educating these unhappy patients was the mental condition. In many of these cases, the mind isweak, intelligence low, and education difficult to impart even in healthy ears, hence we find children making rapid progress under treatment.

The practical worth of this treatment is often questioned f it be worth the trouble, but from a mere social point there is only one answer. Since commencing his treatment in "The Landesanstalt" sixty cases have been regularly under treatment. At the beginning of the course not one could hear a sentence; six of them could hear a word; twenty-two could perceive vocal sounds, while thirty-two had a trace of hearing. To-day twelve could follow sentences, sixteen words, twenty-one vocal sounds, and eleven a trace of hearing.

Professor Gruber agreed with Urbantschitsch in the training of the young, but considered the time far too limited to pass a definite opinion. He recollected visiting the Israelitish deaf institution thirty years ago, where the director practised this treatment with vocal sounds and could recall many cases of children rapidly improving.

Toynbee and Hinton, in their handbook of Aural Disease, record many favourable results by these otitic gymnastics. He also related the cases of several families who have quite recovered by this slow treatment.

Prof. Politzer agreed with much that had been said by Urbantschitsch, but was not so sanguine of the future results. The treatment was not new, and therefore had a longer trial both in Germany and France. Verrier, with several of his colleagues, had practised it for some years, but finally abandoned it. From the pathological alterations that gradually take place in the deaf, such as thickening in the labyrinth, fibrous tissue, bony neoplasms, ankylosis of the stapes, and atrophy of the nerves.

In congenital cases a portion of the functional power of hearing is left which may be extended, and many of these cases greatly improve without any treatment whatever.

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The Operating Theatres.

THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET.

Cleft Palate.—Mr. Owen operated upon an infant of 18 months for cleft palate. The patient was placed on its back with the head hung over the end of the table. The tongue was drawn well forward by a looped suture passed through the tip. A Smith's gag was used and answered well. Mr. Owen called attention to the fact that he detached the muco-periosteum from the back of the hard palate in order to gain a slackness of tissue at the anterior part of the cleft in the velum. He still further diminished tension by lateral incisions passing through the soft palate parallel to the line of the sutures. Some of the sutures were of silver wire, and some of horse-hair.

Talipes Calcaneus.—The same surgeon's next case was a child with infantile paralysis and talipes calcaneus. Having exposed the tendo Achillis he divided it by two parallel oblique incisions, about ½in. apart. The intermediate piece of the tendon being removed, he approximated the cut surfaces, and adjusted them by three horse-hair sutures. The foot was then put up in the extended position in lateral splints of house-flannel and plaster of Paris.

Traumatic Urethral Fistula.—Mr. Owen next operated on a boy of ten years, who, he said, had been admitted about a month previously with an œdematous penis, and a history of incontinence of urine. On placing him under chloroform the house surgeon had then found that all the urine was discharged through an opening at the scrotal end of the penis. The opening had been caused by the pressure of a small brass ring which, under chloroform, was discovered imbedded in a deep groove of granulation tissue. The ring was removed, and also the chief part of the very œdematous prepuce. Since that time almost all the urine had escaped by the fistula, and the cicatricial contraction against the wound had rendered it a difficult matter to pass any instrument into the bladder. When an instrument had been passed, however, it was seen that a considerable extent of the floor of the urethra had sloughed away. Obviously any attempt then to perform a plastic operation on the urethra would have been futile. The operator remarked that the only thing to be done was to establish a perineal drain, and that when the urine was thus diverted from the urethra it would be seen whether an operation would or would not be needed to close the fistula. He therefore performed median perineal cystotomy on a straight staff, leaving a soft tube in the bladder wound.

THE CANCER HOSPITAL.

Epithelioma of the Tongue, with Enlargement of the Submaxillary Lymphatic Glands.—Mr. Cotterell operated upon this case, which occurred in a man, æt. 51. There was epithelioma of the right under side of the tongue, which involved the floor of the mouth to a slight extent. There was also secondary infiltration of the submaxillary lymphatic glands, most marked on the right side. An incision was made in the right submaxillary region similar to that used when the lingual is tied under the hyoglossus, but extending a little further backwards. The submaxillary space was then cleared out, all glands being removed. The lingual artery was ligatured as it passed under the hyoglossus muscle. The opposite side was treated in a similar manner. A gag was then put in the mouth, and the whole of the tongue removed with scissors. There was no bleeding from the tongue. Mr. Cotterell remarked that he advocated removal of the submaxillary glands in all cases of removal of the tongue, the lymphatic glands in this region being frequently small, but being more often infected than is imagined, and the rapid recurrence of the disease in many cases, he thought, is due to their not being removed. It is convenient at the same time, he said, to remove the submaxillary salivary glands, as the lymphatic glands are sometimes adherent to them, and hidden by them; moreover, their removal prevents, to a large degree, the slobbering which patients complain of after removal of the tongue. The removal of the submaxillary glands necessitates the ligature of the facial in two places, before and after leaving the gland. The advantage of preliminary ligature of the lingual arteries, he thought, was too well known to comment on. He pointed out that in those cases where the floor of the mouth was extensively diseased Kocher's operation offers the best chance for the patient, but in ordinary cases removal of all submaxillary glands, preliminary ligature of the linguals, and then removal of the tongue, is probably the best operation yet devised. It can be very rapidly performed, there is no intra-oral bleeding, and he had not met with a case of septic pneumonia afterwards. This latter disease is, he was convinced, very frequently caused by blood trickling into the trachea and bronchi *during anæsthesia*, but he considered that if the linguals are first tied this accident is entirely prevented.

GREAT NORTHERN HOSPITAL.

Varicocele—New Way of Tying the Veins.—In operating on a patient for varicocele, Mr. **Macready** employed a method for ligaturing the veins which has been suggested by Dr. Malcolm, the anæsthetist of the hospital. The operation was performed by an incision just above the external ring, going up towards the internal ring. Mr. Macready (who possesses the great advantage to the surgeon of being ambidextrous) next isolated the vas, which was held out of the way, and then freed the enlarged vein; this was then held up in the form of an inverted V, a loop of silk was passed under the V, then (after being opened) over the instrument holding up the V and down each side of it, one free end of the silk being next passed through the loop, and both free ends securely tied, thus forming the Staffordshire knot; the portion of veins above [the ligature forming the apex of the V was then cut off, and the whole wound closed. By this method, the cut ends of the veins are securely attached without further ligature. The advantages claimed by this process are, that one ligature and one knot are used instead of the two ligatures and the three knots of the ordinary method of ligaturing the veins in two places, cutting away the intermediate portion, and tying the two ligatures; also that the testicle is well and thoroughly drawn up.

Resection of Inguinal Artificial Anus—(Sequel to the Case reported in last week's "Operating Theatres.").—Mr. **Herbert Allingham** remarked that the patient had recovered from the previous operation, but all the motions were passing by the inguinal opening, and the spur about the opening was getting more prominent, in spite of an attempt to reduce it by daily pressure with the finger. This being the case, it appeared to him useless to attempt any plastic operation to close the artificial anus. The patient having been anæsthetised, a sponge was first put into the artificial anus. The skin around the artificial anus was then divided, and the peritoneum opened as soon as the mass was entirely freed from the skin around; the anus and gut were next pulled well out of the abdomen. To do this it was necessary to separate some omentum from the gut, it having become adherent to it as a result of the fixing up the gut to the opening in the belly wall at the first operation. The sigmoid flexure having a fairly long mesentery, it was easily drawn well out of the belly. The abdominal cavity being well protected by sponges, two drainage tubes were passed through the mesentery and secured with clip forceps around the gut about three inches above and below the artificial anus. About four inches of the gut with the anal opening in it were then cut away, a piece of the mesentery being also divided. A continuous silk suture was used to bring the mucous membrane of the upper end of the gut to the mucous membrane of the lower end of the divided gut. This suture was passed from one to the other very loosely all around. Then a Mayo Robson's bobbin was inserted between the loose stitches into both ends of the divided gut, and when well inserted the continuous stitch was drawn up tight, so bringing the mucous membrane of both ends of the gut firmly together over the bobbin, the bobbin acting as an excellent frame to keep the ends of the bowel together and also to allow of the careful insertion of Lembert's sutures uniting the peritoneal surface of the upper to the lower end of the divided gut. A few sutures were then used to unite the cut in the mesentery. The bowel was then washed and returned, the abdominal wound being united with silkworm gut suture in the usual manner.

It is satisfactory to note that the patient has made a perfect recovery and has left the hospital.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 16, 1894.

THE DENTAL FUNCTIONS OF THE GENERAL MEDICAL COUNCIL.

In the issue of The Medical Press and Circular of April 18th, we felt "it necessary to say that the General Medical Council has made and is making itself the servant of the British Dental Association by making and altering regulations to suit the views of that organisation," and we published extracts from the Minutes of the Council itself which, we think, showed beyond the possibility of controversy, that, to avoid the "injustice done to the licentiates of the British bodies (*mutato nomine*, the British Dental Association) by placing them on the same level as the Diplomates of the American Colleges," the General Medical Council had decided to abrogate the function of registering foreign Diplomates which Parliament had confided to it, and had, in fact, refused recognition to institutions and to Diplomates thereof whose qualifications the Council itself had declared "furnish guarantees of the requisite knowledge and skill." With reference to this transaction we have only to repeat that, in our judgment, the Council has been very badly advised, has weakly adopted the policy of an interested trade organisation, has acted with perfect illegality, and might be made amenable to the influence of Parliament by any Member of the House who thought it worth his while to bring the proceedings before public notice. We revert to-day to the consideration of the Dental policy of the Council because we are aware that a proposition will be made to the approaching meeting, the effect, if not the intention, of which, will be the aggrandisement of the class of dental practitioners whom the British Dental Association represent at the expense of those with whom it is not in sympathy. The case stands thus:—After the passing of the Dentists' Act in 1879, certain recommendations, suggested, we believe by the British Dental Association, were made by the General Medical Council to the Licensing Bodies as to the courses of study which they should require from future candidates for a Diploma in Dentistry. One of these requirements was that the candidate should produce a certificate of three years' service as apprentice to a Registered Dentist, in addition to proof of 45 months' study of Mechanical Dentistry in an institution recognised for that purpose. The Irish College of Surgeons, for a couple of years, conformed strictly to this recommendation and refused to admit any candidate without the three years' apprenticeship certificate, with the result that its Dental Diploma was completely extinguished as a qualification for anyone save a registered dentist, who was not subject under the rules to the apprenticeship service. In the whole period during which the apprenticeship was insisted on we believe that one candidate only presented himself to the Irish College for examination. For that reason the College reconsidered the matter and agreed to alter its regulations so as to make the 45 months' study of Mechanical Dentistry an essential, and to make the apprenticeship merely a recommendation. This change did not suit the British Dental Association, and they, put in motion by the Dublin Branch, have put pressure upon the General Medical Council to induce it to compel the Irish College to make the three years' apprenticeship indispensable. Let us first discuss the propriety of an enforced apprenticeship certificate, without regard to the special case of Ireland. We submit that the retention of the apprenticeship system is an anachronism—that it ceased long years ago to be regarded as essential for qualifications in Medicine, Surgery, Midwifery, or anything else, because it became notorious that an apprenticeship certificate meant, usually, nothing but a receipt for a fee paid, and that the supervising authority (in this case the General Medical Council) could have no possible means of proving the *bona fides* of the teaching certified. Therefore, we urge that, in the case of dentists, apprenticeship should not be insisted on any more than it is insisted on as a qualification for other diplomas. Second, we submit that the imposition of a three years' course of anything is a bitter hardship upon dental practitioners who desire to obtain a registrable qualification. There are hundreds of dental assistants throughout the kingdom who have worked at their business with brain and finger for three times three years, and yet could not produce a formal indenture of apprenticeship, and it is a monstrous injustice, in our opinion, to condemn them to lifelong ostracism from their profession because it is impossible for them, many of them being middle-aged married men with families, to enter again as pupils and pay an apprenticeship fee. Third, we object because it is obvious that the apprenticeship must be either a reality or a sham. If a reality it means the payment of £150 to £200 by the student and the outlay of three years of life for a questionable educational benefit; if desired to be a sham, the facilities afforded are attractive, inasmuch as any of the 4,795 dentists whose names appear on the Register can give, with or without money consideration, and with or without professional service, a scrap of paper which will serve the purpose of the General Medical Council as well as a more imposing document. We are conscious that the General Medical Council professes unconsciousness, in all matters of medical education, of this latter consideration. It keeps on improving medical education by imposing new courses which look well on paper, but are seldom fulfilled, and the apprenticeship in Dentistry may be one of these. As regards the Diploma in Dentistry of the Irish College of Surgeons, against which the attack of the British Dental Association is directed, it is as well that it should be understood that the circumstances are special. Ireland does not afford the facilities to which we have referred of satisfying the requirements of the General Medical Council by a sham apprenticeship certificate. In Ireland the teaching of dentists is practically in the hands of a dozen practitioners, to one or other of whom the apprenticeship fee of £200 or £150 has to be paid, there being practically no other way for the student's escape from the difficulty. The imposition of that fee and of the three years of service has, in effect, choked off Ireland as a centre of dental teaching, and if the General Medical Council insists on retaining that mulct, dental licensing in Ireland must cease. We may add the expression of our conviction that if the Irish College of Surgeons thinks it desirable to resist coercion in this matter, and lays the facts which we have stated, and others to the same effect, before the Privy Council, that body will refuse its sanction to the perpetuation of the effete apprenticeship system, even for the monetary benefit of a limited number of dental surgeons.

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DR. ANDERSON AND THE COLONIAL JUDGES.

The trial of the action brought by Dr. Anderson against Sir John Gorrie, Mr. Justice Lumb, and Mr. Justice Cook for maladministration of justice in the islands of Trinidad and Tobago, has been brought to an end. This prolonged litigation has ended in the complete justification of the plaintiff, and has exposed a tale of arrogance, incapacity, and blundering injustice unparalleled even in the annals of colonial government. Of the three judges mentioned, who formed the Supreme Court of the Colony, one only has been convicted. Sir John Gorrie, the Chief Justice, died soon after the action was brought, and Mr. Justice Lumb was honourably acquitted, the only remaining defendant being Mr. Justice Cook, who will have to bear the brunt of the decision. The chief charge against him was that he ordered Dr. Anderson to find bail for £1,000 on a petty judgment of £42, and committed him to prison when he refused to fulfil what he regarded as a monstrous demand. The charges against Sir John Gorrie are admirably summed up by a contemporary in the following passage: "Sir John Gorrie has been acquitted of any corrupt or unworthy motives; his case appears to be that of a somewhat irascible and obstinate man who desired to appear a strong judge without the necessary qualifications fitting that difficult part. He came to the colony with some sort of idea that it was his duty to back up the 'natives' against the Europeans. In a country where a compact aristocracy of landowning planters practically control the lives and destinies of ten times their number of native peasantry, this idea was not without its justification. His mistake was attempting to do too much, and, greater still, in doing it in a most intemperate and high-handed fashion. Where the means at his command were not sanctioned by law he did not hesitate at illegalities. He encouraged the native peasantry to bring actions *in forma pauperis* against their landlords, one of whom was Dr. Anderson; he refused to hear defendants upon their oath, interfered with the rights of mortgagees, and was apparently ready to use his arbitrary power of committing for contempt of court wherever criticism obtruded itself." It was against such a man that Dr. Anderson found himself in collision. The latter has embarked in a long fight against injustice and persecution that might well have broken the energies of any man of average determination. In the end he has triumphed, it is true, but at what a cost to himself! At the outset of these disputes between the planters and the judicial bench Dr. Anderson occupied a good social position as a magistrate, a medical man, and a planter, and was possessed of considerable means. Now he is penniless and ruined, and the startling part of this object lesson in unwise litigation is that the illegality of his persecution has been proved up to the hilt. Worst of all, it is possible that on technical grounds the verdict of £500 which was returned in his favour may not be recoverable. The case of Dr. Anderson, then, is a very hard one, and it "points a moral and adorns a tale" which will be of some service to those who, under similar circumstances, are anxious to seek the aid of the law.

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HONORIS CAUSA.

The claims of medical men to titles and rewards, it has been pointed out again and again, are not recognised by the State at anything like their relative value in comparison with other classes of the community. It affords us much satisfaction, therefore, to see that the subject has been taken up in earnest by our contemporaries. Great as the services of the profession have been in the past, it is probable that with the onward march of science a still richer harvest of achievement will be found to lie beyond the horizon of present knowledge. Indeed, some enthusiasts do not hesitate to assert their belief that we must look to preventive medicine as the chief lever for the future happiness of the human race. Nothing seems impossible to a body of men who have practically robbed such scourges as small-pox and cholera of their terrors, at any rate so far as our country is concerned. And yet, while places, peerages, and pensions are showered on other public servants, such as politicians, army or navy men, landed or other plutocrats, wealthy brewers or commercial kings, no such substantial rewards are conferred *honoris causa* on medical men. The only way in which a member of the profession may hope to obtain high titular distinction would be by severing his connection with medicine and embracing politics instead. Our present purpose is to call attention to a medical man who is deserving of distinguished recognition for extra-professional public services. We refer to Dr. J. C. Bucknill, the originator of our Volunteer system. Into the merits of that force, as a branch of the national defence, it is not necessary to enter. It may be taken as granted that to the introduction of the voluntary system the movement has owed its continuous and phenomenal success. The existence of the Volunteers enables us to keep down the numbers of our regular forces, and so to save the country the very large expenditure that would be necessary to keep England on a war footing with the other European Powers. At the same time it enables us to avoid conscription, the compulsory term of military service which taxes so severely the resources and the patience of Continental citizens. Our Volunteers thus save the national exchequer from an enormous expenditure, while they constitute a reserve fighting force of great potential value, and are a standing embodiment of the freedom of action so dear to Englishmen. Such are a few of the chief principles and developments of the movement, the existence of which we owe to the creative genius of a medical man. Forty-two years ago, Dr. Bucknill suggested the idea of a Volunteer force, and a little later he actually organised the first corps which was raised in England. At the time mentioned he was acting as Principal Medical Officer to the Devon County Asylum at Exminster. By his energy the Exeter and South Devon Rifle Corps, the first body of Volunteers whose services were accepted by the Queen, was formally enrolled. The originator of this great movement is now living in retirement at Bournemouth. He is advanced in years and infirm, but these facts need offer no obstacle to the conferring of any honour that Her Majesty, or Her Majesty's advisers may see fit to confer. Certainly a review of the honours lists of the last 40 years will reveal many that have been granted for less substantial services than those of Dr. Bucknill. By bestowing on the founder of the Volunteer system a K.C.B. or other fitting honour, Her Majesty will be paying a compliment not only to an important branch of the Army service, but also, indirectly, to the members of a loyal profession.

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Notes on Current Topics.

A Coroner on the Maternity Department of Hospitals.

CORONERS, of course, are entitled to their opinion in common with other persons, and, just like other persons, they are disposed to attacks of petulance which are calculated to make them say silly things. An instance in which a coroner delivered himself of some absurd remarks has just come under our notice. An inquest was held last week at St. Luke's Coroner's Court concerning the death of a newly-born child, the son of a French polisher. The mother was attended during her confinement by a student of St. Bartholomew's Hospital, and in the course of a few hours afterwards the child died. It was shown that death was due to inanition, the result of premature birth. The facts of the case having thus been stated, the coroner said that the country was put to the expense of holding an inquest in consequence of the authorities at St. Bartholomew's Hospital sending students to attend cases of confinement, inferring by this that had a qualified man attended a certificate of death could have been given in the ordinary way. Obviously, the coroner must have been labouring under a feeling of irritation in consequence of having to hold an inquest for so trivial a cause—and probably he felt it impossible to avoid saying something which would have the effect of throwing the blame upon some one. Unfortunately, however, for himself he could not have made a more fatuous accusation. He must have known perfectly well what the working of the Maternity departments at the large hospitals is, and that the poor classes are glad to be attended by the students, under the supervision of the Midwifery Assistants. To have pretended, therefore, that the confinement cases at hospitals should be attended by qualified men, and not by students, and, inferentially, to have cast blame upon the hospital authorities for permitting the students to attend, was entirely unworthy of the position which he occupied. Clearly, it is the duty of coroners to endeavour to smooth away any sources of friction which may arise between the great hospitals with medical schools and the public, instead of acting in such a manner as to create ill-feeling, discontentment, or want of confidence towards the institutions. The poor classes are only too apt to assimilate reports or suggestions which seem to tell against the hospitals, whose aid they seek in times of sickness and need, although these reports may be absolutely without foundation. Quite possibly, owing to the publicity given to the coroner's remarks above quoted, a great deal of harm has been done to the working of the Maternity department at St. Bartholomew's. At all events, the remarks in question could only have had this tendency. But it is plain that the coroner never considered for a moment that in casting indirectly a slur upon the working of this department of a great public charity, he was doing that which would tend to disturb the confidence held in it by those who seek its aid, and that in consequence discredit would be certain to be thrown upon the same departments among the hospitals throughout the metropolis. We repeat that his remarks contained a perfectly gratuitous accusation. If for his own sake he was wishful to avoid having to hold inquests of the kind in the future, it would have been easy for him to have suggested the expediency of the students calling in the assistance of the Midwifery Assistant whenever it appeared that the new-born child could not survive more than a few hours.

Hospital Abuse.

SOME interesting points have been advanced in the course of the newspaper warfare that has lately been raging over the question of hospital abuse. Among them is the monstrous assertion that medical men have no right to protect themselves against unfair competition. In dealing with the proposal that no one should be allowed to consult a member of a hospital staff at a hospital without first obtaining the permission of a general practitioner, one writer remarks: "Now, Sir, I deny the right of general practitioners to institute a medical inquisition for the advancement of their own interests." The individual who thus boldly lays down ethical laws for the medical profession can hardly have considered the full bearings of the case. If his proposition be, as we take it, that medical men have no right to unite for purposes of common protection, then there can be no earthly reason, so far as one can see, why a similar rule should not apply to lawyers, to cornchandlers, to plumbers, to licensed victuallers, or to the thousand and one trades and handicrafts that have provided themselves with actual or virtual trades unions. The same correspondent appeals to the subscribers of hospitals to protest against the proposition of a gentleman writing to the *Echo* under the title "M.D." "The public," he says, "should not be allowed to judge of the suitability of their cases, but should in all cases, whether of accident or disease, appeal to medical men in practice." An attempt is made to reduce the argument in favour of such an appeal to an absurdity by suggesting that in case of accident it would be extremely cruel to allow an injured person to wait in agony for a doctor's permission to be treated at hospital. So far as we know, no one has advanced any objection against the immediate treatment of accidents and emergencies at hospitals. Supposing, however, a patient in good circumstances goes to a hospital for a surgical injury, such as a sprain, an uncomplicated wound, or a fracture, is there any reason why he should not be treated once and then handed over to a local practitioner? The continued treatment of a well-to-do patient under such circumstances constitutes an obviously unfair competition on the part of the hospitals against the outside profession.

Folkestone and its Casuals.

Some months since, the public was startled by the account of how Folkestone sends its tramps to an unwholesome casual ward at Elham, several miles away from the town. In this "ward," which is in reality part of a stable, men, women, and children were huddled indiscriminately on bare boards, or on a brick floor. Ventilation was practically absent, and there were several open drains. After the exposure of this shocking state of affairs in the public press, and the general indignation that was aroused, it is hardly creditable that nothing has been done to amend or alter this standing disgrace to Poor-law administration. Yet such appears to be the case, for lately, at a meeting of the Folkestone Municipal Reform League, a working man related how he had pass a night as an amateur casual in the stable at Elham. Amongst other things, he stated he shared a rug with two others, who slept, or rather endeavoured to sleep, on the bare boards. In his case, sleep was prevented by the rats, which kept running over him. At a subsequent meeting of guardians, called together to discuss the subject, a Mr. Horton remarked that there was "at any rate, no need to put horses in the stable, and certainly he would not like to put his own horse there." The Local Government Board is notoriously slow in taking action, but surely delay in a case like this is little short of criminal. Why should Folkestone be allowed to establish a "black hole" of this kind for its casuals miles outside the town?

The New Fellows of the Royal Society.

The following fifteen candidates were selected on the 10th inst. by the Council of the Royal Society, to be recommended for election into the Society—Mr. W. Bateson, Mr. G. A. Boulenger, Dr. J. R. Bradford, Mr. H. L. Callendar, Professor W. W. Cheyne, Mr. R. E. Froude, Professor M. J. M. Hill, Professor J. V. Jones, Mr. A. E. H. Love, Mr. R. Lydekker, Mr. F. C. Penrose, Dr. D. H. Scott, Revd. F. J. Smith, Mr. J. W. Swan, and Mr. V. H. Veley. We are glad to see in the above list the name of Mr. Watson Cheyne. This recognition of his work in the field of scientific surgery is well merited. Next, perhaps, to Sir Joseph Lister, whose pupil he was, he has done more than any other surgeon to advance the teaching of the principles of antisepticism. His original work has been mainly in the direction of bacteriology in relation to surgical diseases, of which his Astley Cooper Prize Essay, "On the Origin, Anatomy, Results, and Treatment of Tuberculous Diseases of Bones and Joints," is an example. Dr. Bradford's claim to the "Blue Ribbon" of science is based upon original investigations in physiology, such as papers on "The Innervation of the Renal Blood Vessels," "Innervation of the Pulmonary Blood Vessels," and "Some Points in the Physiology of Gland Nerves."

New Method of Tying the Veins in Varicocele.

Any new method introduced into the smallest operation is always interesting to the surgeon, and certainly the procedure reported in "Operating Theatres" of this week, has the merit of simplicity, and seems to fully carry out all the advantages which are claimed for it. The employment of the Staffordshire knot for tying the venous cord in the operation of varicocele must undoubtedly shorten the operation, as one ligature is used instead of two, and one knot tied instead of three; besides, the whole venous portion of the cord is pulled up and kept securely *in situ*. Another advantage might be claimed for this method, namely, that the surgeon, having completely to free the enlarged vein, or plexus of veins, and pull it up in the form of a V, is absolutely certain not to include the vas in any of his ligatures. The operation by this method must evidently always be performed in the groin and not in the scrotum. In the former position, as many surgeons have pointed out, one venous cord is generally met with, and not several, as in the latter situation; this last condition would necessarily militate against the employment of the Staffordshire knot.

Sectarianism in Medicine.

From time to time disagreeable incidents crop up here and there which show that the old spirit of theological intolerance has not yet died out in hospital management. We are, however, constrained to admit that in most instances it is sufficient to call attention to conduct of this kind to insure immediate reform, but the recent squabble at the German Hospital at Dalston shows once again to what lengths sectarian spirit can go in an institution which should be essentially neutral ground in respect of such matters. Medicine knows neither race nor creed; it takes no cognisance of the social antecedents of the sufferer, whose unique and sufficient claim to assistance and sympathy lies in the fact that he is suffering. The benefits of curative medicine fall, like the rain from heaven, upon the just and the unjust unlike. To impose any religious tests on the nurses of a hospital or similar institution is in reality to impose them on the inmates, and much valuable energy may be, and is, frittered away in acrimonious disputes, the only effect of which is to discredit the persons addicted thereto, and to militate against the harmonious management of the institution. It is strange that sectarianism which has been scotched, if not abolished, in our large general hospitals should have burst out with such violence at a comparatively small foreign hospital, but the fact is none the less greatly to be regretted, and the benefactors of the institution in question would be well advised if they took the matter vigorously in hand and peremptorily gave the disputants to understand that a hospital is a place for the medical treatment of the sick and not the *champ de bataille* of angry sectarians.

Clerical Lunacy Case.

The case of the Rev. Augustus F. Tollemache, which was recently disposed of by a Master in Lunacy and a special jury, raises the interesting question whether a man would rather have his character or his sanity besmudged. If his character be damaged, he may still have his freedom ; if his sanity be doubted, the liberty of the subject is in danger ; *ergo*, bad character *plus* liberty is preferable to the misfortune of disease *plus* restraint. Alas for these degenerate days ! when a defence takes refuge in a plea of drunkenness to escape a verdict of lunacy. The jury could not help finding the respondent insane and incapable of managing his own affairs. While the case was clear and the result obvious, it nevertheless opens up suggestions of difficulties that may possibly arise in other instances where the alleged insanity is not so patent to the lay mind. In medical practice the phrase *insane delusion* is current coin, so to speak, and the evidence of law courts contributes a wilderness of strange ideas which may be delusions, but are not always insane delusions. What of Mrs. Besant and her following ? What of Mr. Stead and his delusions regarding automatic writing ? What of the host of flesh and blood spiritualists who believe in whispers, table-turning, ghosts, &c. ? Evidence in this direction was led in the case of Mr. Tollemache, but it was beside the question at issue, and quite unnecessary, considering the proof of an indisputable kind that lay ready to hand, viz., his detention in an asylum, and the evidence of Drs. Bailey, Savage, and Maudsley. This case is another illustration of the fact that our lunacy statutes are framed in the interest of the legal profession.

Insanity in Ireland.

The Inspectors of Lunacy in Ireland have distinguished themselves more than usual by their report recently issued. A great deal of space is taken up with the question of tea as a cause direct or indirect of insanity, and much is made of female weakness, and the boiling teapot which frees so much tannin induces dyspepsia or worse, causes " nerves," and ultimately insanity. Not only do the inspectors, but many medical superintendents dwell gravely on this subject in their annual reports. It is an old idea revived ; but how much more is being made of the evils of " boiled tea " drinking than we have ever heard before ! and the question is whether mere tea infusions of infirm quality are much better, and whether starvation and other causes of malnutrition are not as much to blame as " boiled tea." The report emphasises what has been brought out already by statistics, that one cause of the increase of insanity in Ireland is that the strong emigrate and the weak are left behind. Lastly, agricultural depression, mental strain and anxiety are credited, and probably rightly so, with the production of insanity.

The Revival of Earrings.

Of all the fantastic vagaries of fashion none appear more in the light of a reversion to the habits of aboriginal ancestors than the wearing of earrings as ornaments. The custom, among the middle and upper classes at any rate, has fallen into abeyance. Whereas twenty years ago every woman had her ears pierced and wore earrings, now it is the exception, and these barbaric ornaments are now rarely seen except in a few matrons who cling to the traditions of their youth. So far as one can see, the fashion is indefensible. It is just one shade less ghastly, because less conspicuous, than the nose-rings worn by some Indian and other native tribes. It offends against every natural canon of adornment. One can only hope that this barbarous addition to sexual ornamentation may, like the late threatened invasion of crinoline, fade away into nothingness beneath the strong arm of ridicule. Women who are anxious to advance the great modern movement of female emancipation will do well to frame a sumptuary code in accordance with ordinary rules of hygiene and common sense.

The General Council of Safe Medicine.

The appeal case of the ex-miner who aspired to practice on the strength of a diploma granted by the " General Council of Safe Medicines, Limited " was last week dismissed with costs. As readers may remember, the plaintiff Steel gave up coal-mining for the practice of medicine, and having armed himself with a diploma from the society mentioned, he started practice and signed certificates as " Joseph Steel, M.D., (B.C.)." The latter two letters in brackets were intended to signify Botanic College. The issue of documents signed in this way soon brought Mr. Steel under the attention of the local authorities. He was brought before the magistrates and fined £10 for contravention of the Medical Acts. His subsequent appeal against that decision has, of course, been refused in the higher courts. A large field is open to the operations of limited companies, but it is to be devoutly hoped that it will never include the granting of bogus degrees.

Charge of Manslaughter against an Asylum Attendant.

At the Glasgow Circuit Court a few days ago, an attendant in the Burgh Asylum, Paisley, was charged with the death of a male patient who had only been a few days in the Asylum. Stott, the man so charged, was the night attendant, and with him giving assistance was a male patient who had been known to give a black eye on more than one occasion, and was regarded as irritable, and not to be depended on. The fact that such a patient was on night duty, though no proof, circumstantial or otherwise, of his having attacked deceased was forthcoming, saved Stott. The jury found the charge not proven, but they reflected seriously on the management of the Asylum for allowing such a patient to be told off for such responsible work as night duty. It is not creditable to the Asylum, or those responsible for its management, and it excites unnecessarily public suspicion about asylums which is more easily raised than allayed.

Accommodation Shelters for Exposed Persons.

One of the most useful and necessary provisions of the Public Health (London) Act, of 1891, is that which allows the local authorities to provide temporary accommodation for families who have been exposed to infection. A house is set apart, and serves as a kind of probationary shelter for the inmates of dwellings where "a dangerous infectious disease has occurred." The Commissioners of Sewers have provided a shelter of the kind for the City of London division of the metropolis. Quite lately, we note that several persons were admitted to the shelter while their own houses were undergoing disinfection. This very salutary and reasonable preventive measure might well be adopted throughout the kingdom. It is interesting to observe that, notwithstanding the enormous day population of the City proper, the registration returns show the small rate of eight deaths and ten births. The residency of this district, as most readers are aware, is practically restricted to housekeepers and a few tradespeople.

Sad Death of a Medical Man.

The sad death of Dr. A. H. Twining, Medical Officer of Health to the Union of Kingsbridge, Devon, has removed a most popular practitioner from among a large circle of patients and friends. His death was the result of an accident caused by the foolishness of two boys. He was being driven along a country road in company with his assistant, when, in accordance with a May Day custom prevailing in the district, the boys from over a hedge squirted water at the horse with a syringe, causing the animal to bolt. The trap was smashed and the occupants were thrown into the road. The assistant and the coachman escaped with slight injuries, but Dr. Twining received a compound fracture of the leg and other injuries. He was removed to the South Devon and East Cornwall Hospital at Plymouth, where, on the 6th instant, it was found necessary to amputate his leg. We much regret to say, however, that he died on the following day from the shock and the injuries he had received. Old St. Bartholomew's men of twenty years' standing will remember that Dr. Twining was one of the best "forwards" in the football team. As a student he was very popular, and the news of his sad end will awaken many memories among those with whom his student days were passed.

The Lunacy Inquiry at Lewisham.

The Queen's Bench action which has been brought against Dr. Duke and Dr. Beaumont, the medical officers of the Lewisham Workhouse, by Mr. J. M. Williams will, we believe, shortly come on for trial. Against the former damages of £1,000 are claimed, and against the latter £1,500. It will be remembered that the circumstances of the case, one of alleged wrongful detention in the Canehill Lunatic Asylum, were fully inquired into by the Local Government Board, and the result of the protracted investigation was that the Board approved of the conduct of the medical men concerned. Drs. Duke and Beaumont have now very properly asked the Guardians of the Union to be responsible for costs in the action. This is a perfectly reasonable request in view of the fact that the two medical officers were professionally in the service of the Board at the time the alleged erroneous certificate was signed, and we trust that at the next meeting of the Board a favourable answer will be given.

The Oldest Medical Man in Europe.

The claim that Dr. De Boissy, of Havre, who celebrated his one hundred and first birthday on April 28th last, is the oldest medical man in Europe, is now disputed. A correspondent to the *Western Mail* points out that a neighbour of his, a Dr. Salmon, residing near Cowbridge, Glamorgan, attained his one hundred and fourth birthday on the 16th of March last. It may, however, be observed that there is no name of any medical man whose qualifications would correspond with this age, either in the "Medical Register" or the "Medical Directory." Nevertheless, the profession in England may be proud to know that one of their number has now the reputation of having attained so patriarchal an age, assuming that the correspondent of our contemporary is correct in his facts. We should like, however, to have some confirmation of this statement. Meanwhile it would appear that Dr. De Boissy is still in the active practice of his profession, a record which has probably never before been reached.

A Remedy for "Viewing the Body."

The much disputed custom of requiring the jury "to view the body" at inquests has at last attracted the notice of a Member of Parliament. Captain Grice-Hutchinson has introduced a bill which proposes to do away with the duty at present incumbent on a jury of personally inspecting the remains of the deceased person into whose death an inquiry is being held. Safeguards, however, are included in the bill to ensure identification, either by persons acquainted with the deceased, or by a medical officer. Probably, owing to the turmoil of party politics, there will not be much opportunity for the bill to make much progress in the present Parliament; nevertheless, there is everything to be said in favour of such a measure, and it would be almost certain to meet with the approval of both sides of the House of Commons whenever it was brought forward.

Election of Examiners of the Royal College of Surgeons in Ireland.

The annual election of the Courts of Examiners will take place on the 17th, and for the Anatomy-Surgery division of the Court there is considerable competition. Mr. W. Thomson resigns his seat in order to seek the Vice-Presidency of the College next June. The other three members of the Court—Messrs. Barton, W. Stoker, and Sir Wm. Stokes—offer themselves for re-election. Messrs. Burgess, Chance, T. Myles, J. Dallas Pratt, Tobin, and J. H. Scott, also offer their services. In the other Courts of Examiners no very material change seems likely.

Election of the Council of the Royal College of Surgeons in Ireland.

The annual election for President, Vice-President, Secretary of the College, and Councillors will take place on the first Monday in June. Mr. Hamilton retires from the presidential chair on the completion of his second year of office, and he will be succeeded by the

Vice-President, Mr. Thornley Stoker. Mr. W. Thomson seeks the Vice-Presidency, and will probably be unopposed. Sir Charles Cameron will also probably retain the Secretaryship of the College without a contest. In the Council a vacancy is created by the retirement of Mr. Myles, who seeks a Surgical Examinership. There will also be several competitors from outside the present Council. Dr. Archibald H. Jacob has intimated his candidature, and we believe that Mr. Ormesby, Dr. Auchinleck, and other Fellows will offer themselves to the electors.

On the 10th ult., the female students of the Sanitary Institute, London, were presented with their certificates by H.R.H. the Duchess of Albany. Thirty-eight candidates were awarded certificates by the examiners, as against 17 in the corresponding term of 1893. The meeting was addressed by Sir Douglas Galton, K.C.B., who occupied the chair.

Their Royal Highnesses the Duke and Duchess of York have definitely promised to visit Leeds in the autumn to open the new Medical Department building at the Yorkshire College.

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Scotland.

[FROM OUR OWN CORRESPONDENTS.]

The Sequel to a Case of Alleged Malpraxis.—Not many weeks ago we noted that Dr. Allan, of Lasswade, near Edinburgh, had been mulcted by a jury of £50 for alleged malpraxis, the decision of the jury being directly against the judges' summing up, and contrary to the expectation of all concerned. In a local print describing the school board election held there a short time ago and for which the doctor was a candidate, the statement occurs: "The election was taken as an occasion for marking public sympathy with him in the surprising result of his recent law-suit." The result proves that public sympathy was on the doctor's side, as he has been elected by a large majority over everyone else, and is now Chairman of the Board. As Dr. Allan's expenses in the late trial have largely exceeded the £50, it will be some consolation to him in mind, though not in pocket, to find that the people of the district do not acquiesce in the verdict recorded against him.

University Examinations.—Some ugly rumours about the fairness of the examiners in one of the subjects for a professional examination have been hinted at in one of the Edinburgh papers. It is doubtful if there is any truth in them, but they go so far as to assert that a professor has been censured by the Senatus for rejecting so many candidates, and that this same professor, having ploughed his co-examiner's medallist, the co-examiner, an extra-mural lecturer, retaliated by ploughing the professor's medallist.

The Airdrie Hospital Scandal.—The charge has been withdrawn against the matron of the Airdrie Fever Hospital. From evidence adduced at the trial there were only two nurses altogether to do the cooking, house work, nursing, &c., neither of whom were properly trained nurses. The scandal, indeed, did not rest so much on the head of the matron and head nurse of the establishment as on the management who permitted such undermanning.

The Edinburgh Medico-Chirurgical Society are to hold a special meeting this week to consider the subject of Massage from Medical, Surgical, and Gynæcological standpoints.

The Royal Hospital for Sick Children, Glasgow.—Owing to the increasing attendance at the dispensary in connection with this hospital, the directors have found it necessary to add to the number of the staff. At their last meeting they appointed Dr. R. Barclay Ness and Dr. R. Mackenzie Anderson as Extra Honorary Physicians, and Dr. James H. Nicoll as Extra Honorary Surgeon.

Paisley—Gift of a Nurses' Home.—Intimation of another magnificent gift to Paisley has been made. For some time past the directors of the Paisley Infirmary have had under consideration the accommodation to be provided for their nursing staff in the new Infirmary to be erected at Egypt Park, towards the erection of which the trustees of the late Mr. Barbour, M.P., recently gifted £15,000. The directors were anxious to have the nurses' accommodation in a building separate from the infirmary, but on account of the serious expense such an arrangement would incur, it was feared that the proposal would have to be departed from. At a recent meeting, however, of the directors, a letter was received from Mr. Peter Coats, Paisley, offering to build, at his own expense, a detached home for nurses in connection with the new infirmary at Egypt Park. The Home is to be thoroughly detached from the main building. There will be separate rooms for all the nurses, and there will be a large general room to be used as a sitting-room, whilst otherwise the home is to be fitted up with every modern convenience regardless of cost. Mr. Peter Coats will himself undertake the whole arrangement of the plan and general equipment of the building, and on its completion he will formally hand over the home to the infirmary directors. The accommodation to be provided will be for a staff of about forty nurses. It is expected that the cost will be about £10,000.

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Correspondence.

COUNTER-PRESCRIBING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I thoroughly agree with you in your condemnation of the proposal of so honoured a member of the profession as Sir Benjamin Richardson to legalise "counter-prescribers." There is a wide difference between tacitly permitting and legalising. Were counter-prescribing licenced by law the general public would rapidly recognise such chemists as doctors recognised and authorised to prescribe by a duly constituted authority. The public cannot reasonably be expected to appreciate the difference between licensed doctors of a higher and lower grade. With all respect to Sir Benjamin's opinion, I sincerely trust that counter-prescribing, or prescribing anywhere, will never be authorised by the law, unless the prescriber be a fully qualified and responsible medical practitioner, in the interests alike of the patients, the profession, and the public. How can a man prescribe intelligently unless he have a knowledge of disease as well as of physic?

I am, Sir, yours, &c.,

Norman Kerr.

42 Grove Road, Regent's Park, London, N.W.
10th May, 1894.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—There is no doubt but that during the last few years there has been a great increase in the prescribing by pharmaceutical chemists of the kind for which Sir B. W. Richardson is advocating some special conditions. This is due chiefly to the fact that the diploma, L.R.C.P., M.R.C.S., has been taken by a great number of those entering general practice, in preference to the L.S.A. The former does not provide for the open surgery which really met the wants of the public in respect to those lesser ailments for which the pharmaceutical chemist prescribes across the counter. Although the College of Physicians may have imagined that the status of the general practitioner was being raised by discouraging the open surgery, it must be clear that if the result has been to drive the public into chemists' shops no great advantage either to the profession or the public has been gained. It would seem in every way far more desirable that if prescribing of the kind referred to by Sir B. W. Richardson is a further necessity, it should be in the hands of those qualified by such a diploma as the L.S.A., than of unqualified chemists. Considering the character of the Pharmaceutical Society's examinations and the time required for preparing for them, it would be far better that encouragement should be given to those who are looking forward to counter-prescribing as a part of their life's work to devote themselves to the wider studies required for the L.S.A.

In this country it seems impossible to change from the old-fashioned system of general practice and open surgeries for the more distinct separation which exists on the Continent between the doctor and the pharmacist. Such being the case, the solution of the difficulty is to be found only in the direction indicated.

I am, Sir, yours, &c.,
R. L.

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INTERMITTENT CONTRACTIONS OF UTERINE MYOMATA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Kindly allow me to correct a mistake in your report of my remarks on the discussion of my paper read before the Obstetrical Society of London, and published in your last issue. In it I appear to say, in answer to Dr. Cullingworth, that I could not say whether it was extra- or intra-uterine pregnancy; whereas I laid stress on the advantages these contractions gave us of saying whether a fœtus was inside the uterus or outside. May I also point out an error into which some have fallen, as may be gathered from some of the other remarks made after my paper, namely, that I have nowhere said we could *see* the uterus contract, nor that the contractions were rhythmical. I have called them "intermittent."

I am, Sir, yours, &c.,
J. Braxton Hicks.

34 George Street, Hanover Square, W.,
May 9th.

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THE LATINITY OF PRESCRIPTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Kindly give me space to call attention to the difference of opinion which exists (where none should exist) as to the correctness of writing "aquam" or "aquæ" when followed by the phrase, "Ad uncias octo." I maintain it should be written, "aquæ." The ingredients of a prescription are expressed in the genitive case, "governed" by the quantities which are expressed in the accusative. There is no reason why an exception should be made, and the whole construction changed simply because we find it difficult to express in Latin the ounces, drachms, minims, &c., which go to make up the mixture, and we use instead the substantive phrase, "Ad uncias octo," which is an abbreviation of the longer one, "Quantum sufficiate at fianto unciæ octo." I think it is a reflection on the profession that there should be a difference of opinion on such a subject.

I am, Sir, yours, &c.,
M. A. Donnelly, F.R.C.S.I.

May 4th, 1894.

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RAGWORT IN THE TREATMENT OF DISORDERS OF MENSTRUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—By re-introducing ragwort into medical practice, Dr. Murrell (Medical Press, April 25, 1894) has done a real service to the profession. It is, difficult to understand how the plant became so neglected; at no time was it wholly lost sight of. Dr. Purdon, in January, 1882, recommended its use for *pruritus* in the *Practitioner*.

The family *Senecio*, Linn., is said to be named from *senex*, on account of its silvery capitate seed-down resembling the grey hairs of an old man.

Like all the *Compositæ* N.O. it is widely distributed. *S. aureus* or ragwort is said by Schœpf to be a favourite vulnerary with the American Indians. *S. Saracenicus* or broad-leaved groundsel, was used by the Saracens to staunch bleeding and to heal sores.

S. Jacobæa, or common ragwort, was a favourite drug of Boerhaave, who prescribed it as an aromatic tonic. A writer in the *Medical Gazette*, Vol. II., 1840-41, proposed its use as a remedy for gonorrhœa. Gray ascribes medicinal properties to the following varieties:—*S. Caculiaster*, *S. Doria*, *S. Doronicum*, *S. Jacobæa*, *S. Sarracenicus*, *S. Tomentosus*, and *S. Vulgaris*. He ascribes powerful anthelmintic properties to *S. Tomertosus*, and considers the *S. Doronicum* useful as an anti-asthmatic.

Of the *S. Jacobæa* Dr. Hooper writes:—"A decoction is said to have been of infinite service in the cure of epidemic dysentery. A poultice made of fresh leaves is said to have surprising effect in removing pains of the joints, and to remove the sciatica, or hip gout, in two or three applications, when ever so violent. The root is of an healing, and a stringent nature. A decoction of it is good for wounds and bruises."

"Eclectics" consider it a reliable and useful emmenagogue, and use it not only to stimulate the function, but to regulate it when in excess or otherwise deranged.

As a domestic remedy it has been used as an emetic, to stop spitting of blood, to stop convulsions in children, and for the great undefined class of ailments known as "liver complaints."

The plant is not devoid of toxic properties, as shown by M. Guilloeut (*a*). In 1831 Signor Pinazzi drew attention to the influence exerted by the drug on the cerebro-spinal system. Thus we see that notwithstanding the exclusion of the drug from the list of therapeutic remedies given in the principal works on materia-medica for the past fifty years there is evidence that it is worthy of a fair trial. It is an indigenous plant, and comes to our notice with the approval of centuries: included in the "Durham Glossary of Worts," in the "Herbarium" of the Saxon leeches, where the *S. Vulgaris* is recommended for (1) Wounds though they be old, (2) For blows of iron, (3) For foot disease, (4) For sore of loins.

Throughout the leech-books, Senecio finds a place in the majority of the prescriptions. With Gerarde it was a prime favourite. He writes: "It is commended by the later Physitians to bee good for greene wounds and old filthy ulcers which are not scored, mundified, and made cleane; it also healeth them with the juyce heereof tempered with honey and May Butter, and boiled together into the form of an ungent or salve. It is much commended, and not without cause, to helpe old aches and paines in the armes, hips, and legs, boiled in hogs' grease to the form of an ointment. Moreover, the decoction hereof gargarised is much set by as a remedy against swellings and impostumations of the throat, which it wasteth away and thoroughly healeth. The leaves stamped very small, and boiled with some hogs' grease into the konsumption of the juyce, adding thereto in the end of the boyling, a little Masticke and Olibanum, and then strained taketh away the old ache in the hucle bones called Sciatica. The Ægyptians (saith Prosper Alpinus) use Sea Ragwort for many things, for they commend the decoction made with the leaves thereof against the stone in the kidnies and bladder, as also to helpe the old obstructions in the inward parts, but principally those of the wombe; as also the coldnesse, strangulation, barrennesse, inflation thereof, and it also brings downe the intercepted courses, wherefore women troubled with the mother are much used by baths made of the leaves and floures hereof."

Dr. Francis P. Porcher (*b*) states that, "The plant is used in fevers in Maryland as a substitute for quinine."

Of the seventy-five varieties of Senecio, mentioned by Gregory, Hooker gives fifteen as commonly found in our fields.

I am, Sir, yours, &c.,
George Foy.

7 Cavendish Row, Dublin,
April 28th, 1894.

◆

UNIQUE CONDITION OF HERNIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the interesting account of Mr. Anderson's case of hernia, under the heading of "Operating Theatres," in to-day's issue of the Medical Press and Circular, the following statement occurs: "The hernia, he pointed out, was sacless and direct; here was a portion of gut almost entirely uncovered by peritoneum passing through the external abdominal ring; it was hard, he thought, to say what portion of intestine this represented; from its great thickness, it could only have been the large intestine, and structurally it bore a close resemblance to rectum, but it might have been a misplaced sigmoid flexure or even cæcum." In connection with the above, I should like to suggest, if I may, that the whole of the description would

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(*a*) "Des effets toxiques du Senecio." 4to. Paris, 1883.
(*b*) "Southern Fields and Forests." Charleston. 1863.

apply to a hernia of the bladder, and further that the correctness of this view might be determined even now by passing a bougie into the bladder and finding out whether the hernia is connected with that viscus or not. The occurrence, a protrusion of the bladder uncovered with peritoneum, is not quite so uncommon as one is naturally inclined to imagine.

I am, Sir, yours, &c.,
Edward Cotterell.

5 West Halkin Street,
Belgrave Square, S.W.

◆

Laboratory Notes.

TWO NEW FOODS FOR INFANTS.

We received some time since from the well-known firm of Messrs. Allen and Hanburys, samples of two new infants' foods, and our report has been delayed by the fact that the importance of the subject necessitated a specially careful investigation.

Sample No. 1 is a "first food for infants," that is to say, for infants under three or four months of age. This white, dry, non-hygroscopic powder is prepared from carefully-selected cows' milk of approved quality, the proportions of the various constituents being modified by subtraction of the excess of casein and various additions, so as to conform to the ideal standard of infant nutrition. The resulting product is concentrated *in vacuo* and sterilised, and is finally put up in securely closed boxes, ready for use. Analysis shows No. 1 food to contain between 65 and 66 per cent. of carbohydrates, with rather over 14 per cent. of nitrogenous principles and rather less than 13½ per cent. of fat (cream, &c.). It is rich in mineral constituents (including phosphates) of which it contains about 5 per cent. Much of the sugar is lactose and the rest maltose, and with it is associated the diastase, to which malt owes its digestive properties. The reaction for starch gave negative results.

The result of the analysis of No. 2, "Mother's Milk Food" (for infants up to seven months of age) differs from the preceding only in an increase in the proportion of maltose and dextrine, with a corresponding decrease in lactose.

The taste of both foods is distinctly agreeable and inviting. The question of infant-feeding is one which is acquiring daily increasing importance, and the problem can only be satisfactorily solved by a firm whose reputation is a sufficient guarantee of conscientiousness of manufacture. In no department of commercial enterprise is there greater scope for unscrupulous manipulation, and the purchaser is necessarily more or less at the mercy of the producer. For this reason we have given the matter particular attention. Messrs. Allen and Hanburys may, we feel sure, be relied upon to maintain these foods at their highest possible standard of excellence, and with the results of our investigation before us, we have no hesitation in recommending these goods as being in every respect admirably adapted for their purpose. They are, physiologically, complete foods, needing only the addition of hot water to make them ready for use. In these days, when the bogey of tuberculosis in milk is stalking through the land, and the same nutrient fluid is accused of harbouring the germs of almost every specific infectious fever, the possibility of obtaining a food which, in addition to being constant in composition and of ascertained nutritive value, is free from any suspicion of being the vehicle of disease, will gladden the hearts and calm the apprehensions of parents.

SWEET ESSENCE OF RENNET.

We have been afforded an opportunity of examining the Sweet Essence of Rennet prepared by MacMaster and Hodgson, of Dublin, according to their well-known formula. The comparison of this preparation with the ordinary acid essences which occupy the market is very favourable to it, as it contains much more of the valuable peptones, and in a form much more stable than most such preparations. Without at all depreciating the peptonising powders which have established such a reputation in digestive ailments we believe that they have by no means unseated from popular favour the Sweet Essence for use in suitable cases.

THE MEDICAL DEFENCE UNION.

A special general meeting of the Medical Defence Union was held on May 8th, at 20 Hanover Square. The meeting was very largely attended, the chair being taken by Mr. V. Horsley, the President of the Union. Early in the proceedings, Dr. Walsh moved the exclusion of reporters and strangers, but on a division this was lost.

The Chairman made a statement that it would not be in the power of the meeting to discuss the case of Bloxham *v.* Collie as matters might be mentioned which would be of value to Mr. Bloxham in the action he was bringing against the Union, but it would be in order to ask questions concerning how the case came to be taken up, but no information would be given as to the exceptional circumstances. The Chairman also stated that meetings would be held in Manchester, Birmingham, and Bristol, and that the Council were prepared to thoroughly go into the question of necessary alterations in the bye-laws. The responsibility of the Council in the case of Collie *v.* Bloxham ceased when the vote of censure was rejected at the annual meeting of 1894. Dr. Bloxham's action against the Union for acting *ultra vires* was rejected by Mr. Justice Chitty. His decision, however, was not upheld by the Judges of Appeal, who ruled that the Council ought first to have written to Dr. Bloxham before taking up Dr. Collie's case. Upon this point the Union accepted judgment.

Numerous questions were then asked. The President stated that arbitration had been offered Dr. Bloxham by Dr. Collie, and this statement was made on the authority of Dr. Collie's solicitor. He also said their solicitor had offered arbitration during or after the appeal case. Dr. Bloxham, who was present, denied both these statements, and said arbitration had never been offered him either by Dr. Collie or by the Council.

Questions were asked in reference to the resolution unanimously passed at the annual meeting of 1893, that it was inadvisable to take up cases between medical men. It appeared that the Council in giving effect to this had added the words except under special circumstances, but attention was drawn to the fact that no mention was made of these words in this year's annual report, although they very seriously altered the resolution.

Dr. Chaldecott moved: "That this meeting calls upon the Council, even at this late period, to endeavour to settle pending litigation out of court."

After some discussion, the Chairman ruled the discussion out of order, but allowed the resolution. Later on, however, when a request was made to take the opinion of the meeting, Mr. Horsley ruled the resolution out of order.

Dr. Leslie Phillips made a personal explanation regarding a statement made by the President in a correspondence which had been published at the back of the summons calling the meeting. In consequence of this explanation, Mr. Horsley withdrew the statement in question and apologised to Dr. Phillips.

The meeting ended by an adjournment *sine die.*

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Royal College of Surgeons in Ireland—Annual Elections.

A meeting of the President, Vice-President, and Council will be held on Thursday, May 17th, to elect Examiners. A meeting of the Fellows will be held on Saturday, June 2nd, to receive the annual report of the Council. A meeting of Fellows will also be held on Monday, June 4th, to elect a President, Vice-President, Council, and Secretary for the ensuing year.

Medical Temperance Association.

The eighteenth annual meeting will be held at the London Temperance Hospital, Hampstead Road, N.W., on Tuesday next, May 22nd, at 4.30 p.m. The annual report and balance sheet will be presented and the officers for 1894-5 installed, after which papers will be read on The Attitude of the Medical Profession with Regard to the Use of Alcoholic Liquors. (1) As it has been, by Dr. Norman Kerr; (2) As it is, by Dr. J. J. Ridge; (3) As it should be, by Prof. Victor Horsley. Medical visitors are especially invited.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor

Original Articles or **Letters** intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

ROYAL MEDICAL BENEVOLENT COLLEGE.

The annual general meeting will be held on the 31st inst for the purpose of electing the president, vice-president, and officers for the ensuing year, and for the purpose of passing a new bye-law. Full particulars will be found on reference to our advertising columns.

Mr. Stanford (Ryde).—There is no club in London which is exclusively confined to medical men. Some few years ago one of the kind called "The Galen Club" was started in Sackville Street, Piccadilly, but it was not long in existence. Just before it came to an end one of its members made an end of himself by shooting himself with a revolver in the lavatory of the club. There was a large financial loss on the working of the scheme.

M. P. S.—We declined the advertisement, not because it was *per se* objectionable, but because it did not appear to us to be suitable for even the advertising columns of a medical journal.

M.D.Cantab.—There is no published report so far as we know as yet. Our correspondent will have to exercise his patience, in the same way as other persons, in the matter.

Anon.—We see nothing strange or shocking in there being an "hon. consulting gynæcologist" to the "Theatrical Mission." Indeed, one would suppose that his functions, if conscientiously fulfilled, must entail a fair share of work. The Mission evidently occupies itself with the physical, as well as the moral, well-being of its *protegées*, and it is not for us to say *cui bono!*

Dr. J. K. T.—The venture is certainly a praiseworthy one, but it is impossible to think that it will succeed. Everyone can but wish it success, even if they do not more actively show their appreciation of the efforts of the promoters.

Meetings of Societies, Lectures, &c.

WEDNESDAY, MAY 16TH.

Epidemiological Society of London (11 Chandos Street, Cavendish Square, W.).—At 8 p.m., Dr. Franklin Parsons: On the Distribution of the several Influenza Epidemics of Recent Years in England and Wales.

London Post-Graduate Course.—Hospital for Consumption, Brompton.—At 4 p.m., Dr. J. Mitchell Bruce: Cases in the Wards. Royal London Ophthalmic Hospital, Moorfields.—At 8 p.m., Mr. A. S. Morton: Retinal Affections.—Hospital for Skin Diseases, Blackfriars.—At 1 p.m., Dr. Payne: The Diseases called Lichen.

Metropolitan Hospital (Kingsland Road, N.E.).—At 5 p.m., Mr. Paget: Otorrhœa and its Dangers. (Post-graduate Lecture.)

THURSDAY, MAY 17TH.

Harveian Society.—At 8.30 p.m., Clinical Evening. (Last Meeting of the Session.)

London Post-Graduate Course.—Hospital for Sick Children, Great Ormond Street.—At 3 30 p.m., Mr. Edmund Owen: Acute Ostitis in Children.—National Hospital for Paralysed, Bloomsbury.—At 2 p.m., Dr. Tooth: Cranial Nerves.—Central London Sick Asylum, Cleveland Street, W.—At 5.30 p.m., Dr. Ord: Cases in the Wards.

FRIDAY, MAY 18TH.

London Hospital Medical College.—At 4 p.m., Mr. Jonathan Hutchinson: On the Contagious Forms of Ophthalmia.

London Post-Graduate Course.—Hospital for Consumption, Brompton.—At 4 p.m., Dr. J. Mitchell Bruce: Cases in the Wards.

SATURDAY, MAY 19TH.

London Post-Graduate Course.—Bethlem Hospital.—At 11 a.m., Dr. Percy Smith: Melancholia.

MONDAY, MAY 21ST.

St. John's Hospital for Skin Diseases (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Lecture on Eczema.

Vacancies.

Blackburn and East Lancashire Infirmary.—Junior House Surgeon. Salary £50 per annum, with board, washing, lodging, &c. Applications and testimonials to the Secretary on or before May 24th.

County Lunatic Asylum, Lancaster.—Assistant Medical Officer (unmarried) also to act as Pathologist. Salary £100 per annum, increasing to £200, with board, &c. Assistant Medical Officer (unmarried). Salary £100 per annum, with board, &c. Clinical Assistant. No salary, but board, &c. Dispenser (unmarried). Salary £50 per annum, with board, &c. Applications and testimonials to the Medical Superintendent.

Durham County Hospital.—House Surgeon. Salary £100 per annum, with board and lodging. Applications and testimonials to the Hon. Sec. by June 1st.

Lancaster Infirmary and Dispensary.—House Surgeon (unmarried). Salary £80 per annum, with residence, board, attendance, and washing. Applications and testimonials to the Secretary on or before May 23rd.

Nottingham Borough Asylum.—Assistant Medical Officer (unmarried). Salary £100 per annum, with board, apartments, and washing. Applications and testimonials to the Medical Superintendent by 21st May.

Royal Cornwall Infirmary.—House Surgeon (unmarried). Salary £120 per annum, increasing to £150, with furnished apartments, &c. Applications and testimonials to the Secretary on or before May 21st.

The General Hospital, Birmingham.—Assistant House Surgeon. No salary, but residence, board, and washing provided. Applications and testimonials to the House Governor on or before May 26th.

Victoria University.—University College, Liverpool.—Medical School.—Applications are invited for the George Holt Chair of Pathology. Endowment £375 per annum, together with share of fees. Also the Derby Chair of Anatomy. Endowment £375 per annum, together with share of fees. Applications and testimonials to the Registrar on or before June 2nd.

Appointments

Harper, J., L.R.C.P.Lond., M.R.C.S., Consulting Surgeon to the North Devon Infirmary.

Haynes, S. W., M.B., &c., Honorary Anæsthetist to the Birmingham and Midland Eye Hospital.

Heywood, C. C., M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., Honorary Medical Officer to the Pendleton Branch Dispensary of the Salford Royal Hospital.

Jones, W. B., M.B., B.S.Lond., House Physician to the Great Northern Central Hospital, Holloway.

Keyworth, A. F., M.R.C.S.Eng., L.R.C.P., L.M.Irel., Medical Officer of Health to the Marple Urban Sanitary District.

Leslie, R. M., M.A., M.B.Ed., House Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

Macrae, J. F., M.B., C.M.Ed., Medical Officer to the Brighton and Preston School Board.

Parsons, G. G., L.R.C.P.Lond., M.R.C.S., House Surgeon to the Carnarvonshire and Anglesey Infirmary.

Piggott, F. C. H., M.D., M.R.C.S., Medical Officer of Health for the Teignmouth Urban Sanitary District.

Powne, L., M.R.C.S., Medical Officer for Cheriton Fitzpaine and Stockleigh English of the Credition Union.

Sandford, G. C., M.B., C.M.Ed., House Surgeon to the Royal Maternity and Simpson Memorial Hospital, Edinburgh.

Sayres, A. W. F., M.R.C.S.Eng., L.R.C.P.Lond., Medical Officer to the Wincanton Union Workhouse.

Slane, H. J., M.B., M.S.Ed., Medical Officer for the Nafferton Sanitary District of the Driffield Union.

Steegmann, E. J., M.B., B.S., M.R.C.S., L.R.C.P., House Physician to the Hospital for Consumption, Brompton.

Strickland, C. E., L.R.C.P.Irel., M.R.C.S., Medical Officer for the Park Sanitary District of the Sheffield Union.

Willoughby, W. G., M.D.Lond., L.R.C.P., M.R.C.S., D.P.H.Camb., Medical Officer of Health, Eastbourne.

Births.

O'Reilly.—May 5th, at Thurnby, Guildford, the wife of Surgeon-Lieutenant-Colonel J. O'Reilly, M.B., of a daughter.

Pierce.—May 7th, at The Retreat, York, the wife of Dr. Bedford Pierce, of a daughter.

Robertson.—May 6th, at Mill House, Adderbury, Banbury, the wife of James S. Robertson, M.R.C.S., &c., of a son.

Marriages.

Goodhue—Jones.—May 9th, at St. Marylebone Parish Church, Frederick Willliam Jervis Goodhue, B.A.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., to Ethel Sydney Jones, youngest daughter of Sydney Jones, M.B.Lond., F.R.C.S., of 18 Wimpole Street, London.

McAllum—Wyman.—May 8th, at Christ Church, Morningside, Edinburgh, Stuart Gerald McAllum, M.D.Edin., to Edith Geraldine, youngest daughter of the late Frederick Frank Wyman, H.M.B.C. and J. P.

Deaths.

Bruce.—May 8th, at Colinswell House, Burntisland, Fifeshire, Henry Alexander Bruce, M.D., Principal Inspector General of H.M. Forces, aged 86.

Callan.—May 7th, at Roden Place, Dundalk, Joseph M. Callan, M.D., Coroner.

Enright.—May 1st, at his residence, 7 South Parade, Waterford, John F. Enright, M.D., R.N.

Hamel-Smith.—May 5th, at Port of Spain, Trinidad, W.I., Lionel Hamel Smith, M.R.C.S., L.R.C.P.Lond., aged 30.

Jones.—May 4th, at Chapel-en-le-Frith, Derbyshire, Theobald Edward Jones, L.R.C.P.Ed., L.F.P.S.Glasg., son of the late Walter Jones, of Dublin, aged 53.

Taylor.—May 6th, at 21 Canfield Gardens, South Hampstead, Charles Taylor, M.D., aged nearly 79.

Twining.—May 7th, at the South Devon and East Cornwall Hospital, Plymouth, from the effects of an accident, Alfred Hughes Twining, M.D., of Salcombe, aged 41.

Wilmot.—May 9th, at Richmond Hill, Bath, Emma, the beloved wife of Philip Mann Wilmot, M.D., aged 80.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY MAY 23, 1894. No. 21.

Original Communications.

INTESTINAL OBSTRUCTION.

CÆCUM OPENED IN THE MIDDLE LINE OF ABDOMEN, FOUR MONTHS LATER STRICTURE OF DESCENDING COLON RESECTED.—THREE WEEKS LATER ARTIFICIAL ANUS DISSECTED OUT AND HOLE IN CÆCUM SUTURED AND RETURNED INTO THE BELLY.—DEATH TEN MONTHS LATER.

By HERBERT W. ALLINGHAM, F.R.C.S.

WILLIAM C—, æt. 30, was admitted into the Great Northern Hospital, January 9th, 1893. No family history of cancer or phthisis—never had typhoid or resided in any foreign parts. For the last two years had suffered from constipation and about six months prior to this attack had had abdominal obstruction lasting for about a week, relieved by purgatives and enemata.

For the last ten days before admission he had not had an action of the bowels and had been vomiting constantly the last two days. On admission the abdomen was greatly distended, tympanitic—no tumour to be felt; great pain at times—nothing had passed by the rectum even after repeated enemata, no rectal stricture. Aspect abdominal. Tongue moist but furred, and he stated he had not taken anything for the last few days. As he continued to get worse, abdomen more distended and vomiting incessantly, on Jan. 11th he was taken into the operating theatre, the abdomen opened in the middle line below the umbilicus, the cæcum and small intestines were found to be enormously distended. The intestines were so stretched that I was afraid to very carefully explore the abdominal cavity for fear of bursting the guts. Accordingly the cæcum was well drawn into the wound into the belly-wall, opened, and a quantity of fæcal matter came away. After it was emptied it rapidly refilled again and again. When more than two quarts of liquid fæces had escaped, the opening in the cæcum was closed with pressure forceps. The cæcum was then thoroughly washed and returned into the abdomen and the part of the cæcum around the clip on the opening was carefully sutured to the edges of the abdominal wound about its lower part. The upper part of the belly wound being closed in the usual manner.

The patient passed a good night. The next day as the cæcum seemed well glued up to the belly wall and the cavity thoroughly blocked off by lymph, the clip on the opening in the cæcum was removed and the bowels from the opening acted quite freely affording great relief. From this time the patient made an uninterrupted recovery. The bowels acting daily by the artificial anus, nothing whatever passing by the rectum. He returned to his home at Southampton, February 13th. On May 29th, he returned to the hospital greatly improved in health; he was fat and looking well. The bowels acted daily by the artificial anus, in fact the fæces were constantly running away as is always the case when the cæcum is opened: on account of the liquid condition of the fæces at this part of the large intestine. He asked me if it was possible to cure him and I, having carefully explained all the risks, he consented to undergo the operation.

On May 31st I made an incision 5 inches long along the left linea semilunaris, meaning to carefully hunt through the sigmoid flexure and all the colon, to find the cause of the obstruction and remove it if possible. The abdomen being opened as I have said in the left semilunaris I introduced my hand into the abdomen, and commenced by passing the sigmoid flexure through my fingers. This being normal I continued my search up the descending colon and about its centre found a hard tight stricture. The gut above and below the stricture was secured by indiarubber tubes passed through the mesentery. A large piece of the gut and the stricture between the tubes (about 4 inches in length) was then excised. Several large mesenteric vessels were divided about the mesentery and were secured. The "V" shaped section in the mesentery was then united. The proximal and distal openings in the gut were carefully joined over a Mayo Robson's bobbin. The mucous membrane of the intestines being first sutured together as described by Mayo Robson, by silk sutures, and lastly the serous surfaces of the gut united with Lembert's sutures. The parts were then well cleaned and returned into the belly. The wound in the belly wall united in the usual way. A little opium was given him after the operation. The patient passed a good night. The temperature the next day was 99·8° and the patient vomited a little—abdomen not distended. The wound was dressed and covered with blue gauze and collodion which kept it sealed from contamination with any fæcal matter which came from the artificial anus. I may here say the artificial anus was well plugged with a sponge prior to the operation and was only removed on June 2nd, two days after the operation, and then a large motion passed by the artificial anus, the patient being kept on his right side so that motion might flow well away from the wound. After the bowels had acted the parts were cleaned and a fresh sponge replaced, so as to prevent any further action until the next day.

June 4th.—Four days after the operation flatus was passed by the rectum, and when the sponge was removed from the cæcal opening, no motion came away.

6th.—The patient complained of pain in the abdomen. An enema, 5oz. of olive oil, was given, and three hours later 1 pint of soap and water and small motion was passed.

9th.—The collodion and gauze was removed from the abdominal wound which was found healed; all the stitches were removed.

I may here state that the sponge in the artificial anus was daily removed to allow the bowels to act, and then a new one replaced. Flatus was constantly passed by the rectum, and a good amount of fæces at times.

13th.—When the bowels acted by the artificial anus the sponge that was placed there was lost. The house surgeon, Mr. Cooper, carefully examined the opening, but not feeling the sponge, concluded it had passed out with the fæces, and had been thrown away.

14th.—The patient was operated upon again to close the opening in the cæcum. First a sponge was placed in the opening to prevent any escape of fæces during the operation. An incision was then made through the skin around the opening. The incision being about ¼-inch from the orifice. The peritonial cavity opened, and so the opening in the cæcum freed from its attachment to the skin. The cæcum was then drawn well out of the abdomen, and the orifice with the small piece of skin attached, carefully cut away from the cæcum. The fresh opening in the cæcum was then sewn up, first the mucous membrane edges brought together, and the serous edges of the incision united with Lembert's sutures.

The gut was then well washed and returned into the abdomen, and the wound in the belly wall united in the usual way.

15th.—Little sick during the night, otherwise very well.

17th.—Three days after the last operation. The bowels acted freely after an enema, and in the motion was found the sponge which was lost from the artificial anus on the morning of June 13th.

This was extremely satisfactory, as it told me the part where the stricture had been resected was quite sound, and, moreover, very patent as to allow the sponge to pass through it.

21st.—All the abdominal sutures were removed. The wound being soundly healed. The bowels had been acting daily by the rectum.

In a few days' time he was allowed to get up, and left the hospital the end of June perfectly well in every way.

In the early part of August he rode on a bicycle from Southampton to the Great Northern Hospital, London, in a day, and assured the sisters of the ward he was perfectly well.

On September 18th he was again admitted into the Great Northern Hospital, as he said the last few days he had had pains in the abdomen and had been sick. On admission the abdomen was distended, and he was frequently sick. He was given small doses of castor oil, and later on the bowels acted, and he was more comfortable.

September 23rd the patient was very ill again; great abdominal pain and some vomiting.

September 24th, as he was about the same, I determined to explore again the part where the stricture had been resected, thinking that perhaps the gut had contracted at the seat of resection. Accordingly under an anæsthetic an incision was made parallel to the one about the left linea semilunaris, but a little inside it. So the abdomen was opened, and it was found that the peritoneum was studded with hard nodules, and that there were masses in the walls of the small intestines, and great thickening and nodulation of the mesentery generally. The part where the resection was done was perfect—no stricture or contraction whatever. Seeing there was nothing to be done, and believing the nodules to be cancerous, I closed the abdomen. The patient recovered from operation, and stayed in the hospital until October 13th, when against advice he was taken to his home at Southampton, and was placed under the care of Dr. Robert Walch, to whom I am greatly indebted for the post-mortem examination and the specimens. The patient died on November 9th. Ten months after the first operation.

For the arrangement of the specimens and microscopic examination I am indebted to Dr. Rolleston and Dr. Lee Dickinson.

Mr. Cooper, House Surgeon to the Great Northern, took infinite care of the after treatment of the patient, and to whom I am most grateful for his careful notes.

Specimens represent —

1. The resected stricture.
2. The resected artificial anus.
3. The sponge passed through the gut.
4. The intestines with multiple strictures.
5. The part showing the result of the resection—a small silk ligature remaining to indicate position of resection.
6. Scar showing where the cæcum was sewn up.

REPORT OF DR. ROLLESTON.

"I have now examined the stricture, I should think in five different pieces. The great mass of the growth is very well-formed fibrous tissue, in part there are most unmistakable appearances of sphenoidal-celled carcinoma, this is very rare in the intestine.

"There is so much inflammation and cicatrisation about the stricture that this fibrous increase forms the most noticeable feature in most of the sections. In fact, as I told you, I could not for a long time find any evidence of a malignant growth.

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THE INFECTIOUS DISEASES (NOTIFICATION) ACT,

AND ITS EFFECT IN THE LARGE TOWNS OF ENGLAND.

By D. BIDDLE, M.R.C.S. Eng.,
Fellow of the Royal Statistical Society.

THE following tables, which are now published for the first time, formed the basis of a letter which appeared in the *Times* of April 16th, and the explanatory matter is here reproduced:—

The 28 towns selected for the investigation are those for which the Registrar-General, in his "Annual Summaries," has given the needed information for 12 years, 1882-93. They comprise a population which in 1881 numbered 8,313,709, and in 1893 was estimated to amount to 9,713,228, or close upon ten millions. For convenience they are divided into three groups—Group I., without any system of notification of infectious diseases until after the passing of the Act of 1889, and including London and ten provincial towns—namely, Bristol, Wolverhampton, Birmingham, Liverpool, Sheffield, Hull, Plymouth, Brighton, Leeds, and Cardiff; Group II., which for many years prior to the passing of the Act was under what is known as the single or householder system of notification, and including three towns—Bradford, Norwich, and Nottingham; Group III., which for four years prior to the passing of the Act had been wholly under what is known as the dual system of notification, requiring the medical attendant not only to certify, but himself (as well as the householder) to notify, this being the system now embodied in the Act, and numbering 14 towns—Sunderland, Portsmouth, Newcastle, Salford, Manchester, Oldham, Leicester, Bolton, Blackburn, Derby, Preston, Huddersfield, Birkenhead, and Halifax. Seven of these last-mentioned towns were under the dual system at the beginning of the 12 years under consideration. We can, therefore, conveniently divide the 12 years into three periods of four years each—(1) 1882-85, during which Group I. was under no system of notification in regard to infectious diseases, but Group III. was partially and increasingly under the dual system; (2) 1886-89, during which Group I. still remained under no system, but Group III. was wholly under the dual system; (3) 1890-93, during which all the towns, except Leeds of Group I. and Nottingham of Group II., belonged to the same category, and were subject to the system embodied in the Notification Act. I am sorry to say that Leeds, which had bravely stood its ground for four years, and greatly benefited by so doing, has at length caved of by 25 votes to 21; but the Act does not come into force there until May of the present year. For our purpose, therefore, Leeds remains a pure virgin throughout, and Nottingham also serves to show what can be done by the single system, which was the system originally advocated by the Local Government Board, who might reasonably return to their former faith.

The figures given in the subjoined tables are far from dry, and would afford material for a brilliant statistical lecture if handled by a Galton or Booth. It is part of the case of the opponents of the dual system of notification that it places a barrier between the public and the profession, causing parents and others to delay calling in medical assistance, even where the case proves after all to be non-notifiable and even non-

TABLE I.—Table giving for the twenty-eight large towns of England and for the several specified groups, the mean annual death-rates under the particular heads for three periods of four years each, namely, 1882-5 and 1886-9 *before*, and 1890-3 *after*, the Notification Act was passed.

N.B.—Leeds remained to the close of the last period under no system of Notification, and Nottingham remained under the single system only.

	From All Causes.				Total Zymotic.				Notifiable Zymotic.			
Large Towns.	1882-5	1886-9	1890-3	1893 alone	1882-5	1886-9	1890-3	1893 alone	1882-5	1886-9	1890-3	1893 alone
Twenty-eight Towns ...	**21·93**	**20·85**	**21·92**	**21·52**	**3·227**	**2·918**	**2·793**	**3·173**	**1·036**	**0·775**	**0·772**	**1·023**
Group I	**21·54**	**20·26**	**21·64**	**21·51**	**3·251**	**2·826**	**2·768**	**3·115**	**1·087**	**0·751**	**0·791**	**1·108**
1 London	20·8	19·7	21·1	20·9	3·14	2·73	2·76	3·04	1·03	0·71	0·86	1·32
Ten Provincial Towns ...	**22·75**	**21·45**	**22·57**	**22·52**	**3·440**	**3·009**	**2·765**	**3·241**	**1·183**	**0·825**	**0·661**	**0·759**
2 Bristol	19·1	19·3	19·9	18·9	1·97	2·23	1·96	1·65	0·49	0·74	0·42	0·56
3 Wolverhampton... ...	21·9	21·5	22·7	23·2	2·68	2·79	2·32	2·84	0·68	0·44	0·45	0·71
4 Birmingham	21·2	20·1	21·7	21·9	3·20	2·86	2·67	3·04	0·89	0·44	0·56	0·61
5 Liverpool	26·8	25·3	26·7	27·2	4·46	3·66	3·40	3·90	1·47	1·08	0·98	1·12
6 Sheffield	22·1	21·3	23·2	22·3	3·47	3·59	3·19	3·51	1·40	1·44	0·81	0·74
7 Hull	20·9	18·4	20·3	21·8	3·22	2·32	2·57	4·12	1·17	0·46	0·48	0·78
8 Plymouth...	21·0	22·5	20·9	21·2	2·11	3·06	2·34	2·76	0·48	1·44	0·65	0·53
9 Brighton	19·4	17·2	18·8	18·4	2·45	1·84	1·90	1·84	0·65	0·44	0·35	0·51
10 Leeds	22·7	21·4	21·8	22·2	3·66	3·05	2·61	3·46	1·72	0·72	0·53	0·58
11 Cardiff	21·4	18·6	19·5	19·6	3·68	2·35	2·57	3·29	1·35	0·62	0·80	1·15
Group II	**21·59**	**20·43**	**20·03**	**19·58**	**2·718**	**2·694**	**2·380**	**3·022**	**0·761**	**0·583**	**0·630**	**0·926**
12 Bradford	20·9	20·9	21·0	20·9	2·38	2·60	2·52	3·42	0·54	0·57	0·71	1·16
13 Norwich	20·1	19·9	19·6	19·2	2·13	2·73	2·32	3·04	0·52	0·64	0·58	0·77
14 Nottingham	23·0	20·5	19·1	18·4	3·33	2·79	2·45	2·62	1·10	0·57	0·57	0·77
Group III	**23·35**	**22·89**	**23·04**	**22·00**	**3·277**	**3·280**	**2·968**	**3·382**	**0·934**	**0·906**	**0·753**	**0·788**
15 Sunderland	24·9	21·1	23·0	22·5	4·32	2·77	3·03	3·35	1·65	0·56	0·90	1·28
16 Portsmouth	19·3	18·8	18·3	18·1	2·93	2·64	2·21	2·80	1·22	0·81	0·59	0·68
17 Newcastle	23·6	21·5	21·9	20·9	3·69	2·39	2·18	2·54	1·44	0·58	0·50	0·40
18 Salford	23·7	25·1	25·6	24·0	3·97	4·78	4·22	4·13	1·01	1·58	1·29	1·09
19 Manchester	26·8	27·0	*26·4	*24·8	3·50	3·77	*3·45	*3·70	0·83	1·09	*0·98	*0·93
20 Oldham	24·2	23·9	23·2	21·0	2·52	3·17	2·40	2·48	0·59	0·99	0·62	0·92
21 Leicester	20·9	20·1	19·9	20·0	3·28	2·86	3·06	3·94	0·83	0·41	0·57	0·87
22 Bolton	22·5	22·2	23·7	24·0	3·25	3·50	3·46	4·64	0·49	0·77	0·70	0·76
23 Blackburn	24·2	25·8	23·7	23·2	3·51	4·50	2·97	4·06	0·98	1·44	0·42	0·35
24 Derby	18·8	18·0	18·9	18·2	1·94	1·98	2·07	2·06	0·66	0·53	0·45	0·51
25 Preston	26·7	27·4	26·2	26·3	4·76	5·17	4·47	5·99	1·21	1·16	0·84	0·83
26 Huddersfield	20·8	20·0	19·3	17·2	1·91	2·12	1·58	1·25	0·35	0·64	0·42	0·41
27 Birkenhead	20·2	19·9	20·5	20·5	2·39	2·60	2·42	2·81	0·71	0·88	0·58	0·54
28 Halifax	20·9	21·2	20·5	17·3	1·57	1·63	1·70	1·71	0·69	0·52	0·69	0·80

* The area of Manchester was greatly increased in 1890, and its density lessened, hence improved figures.

TABLE II.—Table giving for the twenty-eight large towns of England and for the several specified groups, the mean annual death-rates from the particular NOTIFIABLE DISEASES as indicated, for three periods of four years each, namely, 1882-5 and 1886-9 *before*, and 1890-3 *after*, the Notification Act was passed.

	Small-pox.				Scarlet Fever.				Diphtheria.				"Fever," chiefly Enteric.			
LARGE TOWNS.	1882-5	1886-9	1890-3	1893 alone	1882-5	1886-9	1890-3	1893 alone	1882-5	1886-9	1890-3	1893 alone	1882-5	1886-9	1890-3	1893 alone
Twenty-eight Towns ...	**0·099**	**0·028**	**0·020**	**0·067**	**0·459**	**0·319**	**0·261**	**0·291**	**0·167**	**0·209**	**0·292**	**0·426**	**0·311**	**0·219**	**0·198**	**0·240**
GROUP I	**0·118**	**0·033**	**0·015**	**0·046**	**0·481**	**0·301**	**0·266**	**0·316**	**0·191**	**0·225**	**0·339**	**0·532**	**0·296**	**0·192**	**0·170**	**0·214**
1 London	0·15	0·00	0·01	0·04	0·40	0·25	0·25	0·37	0·23	0·29	0·46	0·74	0·25	0·17	0·14	0·16
Ten Provincial Towns ...	**0·062**	**0·086**	**0·017**	**0·051**	**0·631**	**0·382**	**0·295**	**0·228**	**0·120**	**0·118**	**0·135**	**0·182**	**0·371**	**0·239**	**0·214**	**0·299**
2 Bristol	0·01	0·05	0·02	0·08	0·20	0·44	0·17	0·16	0·08	0·10	0·16	0·22	0·18	0·14	0·11	0·11
3 Wolverhampton... ...	0·05	—	0·00	0·01	0·42	0·14	0·17	0·31	0·06	0·12	0·05	0·06	0·15	0·18	0·22	0·33
4 Birmingham	0·13	0·00	0·04	0·15	0·45	0·16	0·24	0·14	0·12	0·14	0·12	0·13	0·19	0·15	0·15	0·20
5 Liverpool	0·09	0·02	0·01	0·02	0·54	0·54	0·51	0·45	0·15	0·16	0·13	0·12	0·70	0·37	0·32	0·53
6 Sheffield	0·04	0·56	0·01	0·01	1·03	0·58	0·41	0·27	0·06	0·09	0·18	0·18	0·28	0·22	0·21	0·27
7 Hull	0·07	0·03	0·01	0·04	0·64	0·21	0·13	0·16	0·10	0·05	0·08	0·11	0·37	0·18	0·26	0·47
8 Plymouth...	0·00	—	0·01	—	0·07	0·93	0·32	0·25	0·13	0·22	0·12	0·16	0·28	0·30	0·19	0·12
9 Brighton	0·02	—	—	—	0·33	0·11	0·07	0·10	0·10	0·19	0·17	0·28	0·20	0·13	0·11	0·13
10 Leeds	0·04	0·01	0·02	0·05	1·18	0·38	0·18	0·08	0·13	0·05	0·08	0·16	0·39	0·28	0·23	0·28
11 Cardiff	0·03	0·04	0·00	—	0·69	0·15	0·31	0·27	0·30	0·11	0·30	0·69	0·33	0·33	0·18	0·19
GROUP II	**0·032**	**0·008**	**0·056**	**0·218**	**0·322**	**0·222**	**0·248**	**0·313**	**0·100**	**0·088**	**0·105**	**0·112**	**0·307**	**0·265**	**0·221**	**0·284**
12 Bradford	0·01	0·00	0·14	0·52	0·24	0·35	0·35	0·32	0·05	0·05	0·07	0·11	0·24	0·18	0·15	0·22
13 Norwich	0·00	—	—	—	0·06	0·19	0·09	0·19	0·08	0·21	0·23	0·22	0·38	0·24	0·26	0·35
14 Nottingham	0·07	0·02	0·00	0·02	0·53	0·12	0·22	0·37	0·16	0·08	0·08	0·07	0·34	0·36	0·26	0·31
GROUP III	**0·054**	**0·016**	**0·028**	**0·093**	**0·420**	**0·405**	**0·251**	**0·209**	**0·098**	**0·188**	**0·195**	**0·179**	**0·362**	**0·297**	**0·278**	**0·307**
15 Sunderland	0·31	0·00	0·01	0·04	0·75	0·20	0·26	0·19	0·13	0·09	0·08	0·08	0·45	0·26	0·54	0·97
16 Portsmouth	0·00	0·01	—	—	0·14	0·12	0·12	0·20	0·40	0·27	0·19	0·17	0·69	0·41	0·28	0·31
17 Newcastle	0·22	0·00	0·00	—	0·70	0·20	0·15	0·12	0·09	0·17	0·22	0·16	0·44	0·21	0·14	0·13
18 Salford	0·01	—	0·03	0·11	0·49	0·79	0·35	0·20	0·11	0·34	0·48	0·29	0·40	0·45	0·43	0·49
19 Manchester	0·04	0·02	*0·02	*0·09	0·46	0·50	*0·37	*0·27	0·07	0·26	*0·33	*0·32	0·26	0·31	*0·30	*0·25
20 Oldham	0·02	0·03	0·14	0·48	0·28	0·52	0·20	0·12	0·08	0·26	0·11	0·13	0·21	0·19	0·16	0·19
21 Leicester	0·00	—	0·03	0·08	0·57	0·11	0·25	0·43	0·08	0·08	0·09	0·11	0·18	0·23	0·20	0·25
22 Bolton	0·05	0·00	0·01	0·06	0·12	0·38	0·30	0·29	0·06	0·12	0·11	0·10	0·27	0·26	0·26	0·31
23 Blackburn	0·00	0·04	0·01	0·06	0·37	1·08	0·13	0·04	0·01	0·02	0·02	0·02	0·59	0·31	0·26	0·24
24 Derby	0·01	0·00	0·02	0·07	0·31	0·16	0·10	0·14	0·02	0·09	0·17	0·07	0·32	0·27	0·15	0·23
25 Preston	0·01	0·13	—	—	0·59	0·30	0·36	0·24	0·11	0·22	0·14	0·13	0·50	0·52	0·35	0·46
26 Huddersfield	0·00	0·01	0·01	—	0·14	0·32	0·21	0·26	0·05	0·20	0·05	0·03	0·17	0·12	0·15	0·12
27 Birkenhead	0·04	0·01	0·00	0·01	0·28	0·47	0·11	0·12	0·07	0·11	0·11	0·15	0·33	0·30	0·36	0·26
28 Halifax	0·01	0·00	0·15	0·38	0·31	0·22	0·22	0·03	0·06	0·12	0·16	0·25	0·32	0·17	0·17	0·14

* The area of Manchester was greatly increased in 1890, and its density lessened, hence improved figures.

infectious, so that the general death-rate is affected by it to a considerable degree beyond what is due to zymotic diseases. But in towns under the system a contest of influences is continually being waged, for not only is there the baneful effect produced by making the medical man responsible for a duty which does not rightfully devolve upon him, but there is also in operation the beneficial effect of what may be called sanitation proper, which received a tremendous impulse forward in 1875 under Lord Basing, then Mr. Sclater-Booth. All that we can well profess to show, therefore, is that the dual system checks the decline in the death-rates that would otherwise go on until some unknown limit was reached. Observe, then, how in the first of our three periods of four years the general death-rate of the ten provincial towns of Group I was only 0·60 (per 1,000 living) better than that of Group III—in fact, in prior years, before Group III was tainted at all by the dual system, its death-rate was superior to that of the ten provincial towns of Group I. But in the second period (1886-89), during which Group III was wholly under the system, the death-rate of the ten provincial towns of Group 1, which remained to the end of this period without any system of notification, was 1·44 below that of Group III, although both had declined. In the third period, when nearly the whole of Group I was tarred with the same brush as Group III, there was a reconvergence of the death-rates, for the ten provincial towns of Group I had a mean general death-rate only 0·47 lower than that of Group III, and in 1893 they actually returned to their original position of inferiority, having a death-rate 0·52 higher than Group III. During the last of the three periods Leeds, under no system of notification, had a mean general death-rate far below that of the ten provincial towns or Group I taken together (Leeds included)—namely, 21·8, as against 22·57—but in 1893 22·2, as against 22·52. Liverpool, which many years ago spent several thousand pounds in amassing valuable evidence by which it successfully opposed the dual system, was, nevertheless, one of the first to adopt the Notification Act, with the usual result. Its mean general death-rates for the three periods were as follows:—26·8, 25·3, 26·7, and in 1893, 27·2, absolutely the highest and most disreputable on the list, beating even Preston with its 26·3. So much for the effect of the dual system upon the death-rate from all causes!

Taking next the total zymotic death-rates, including those from non-notifiable infectious diseases as well as those from diseases which are notifiable, we find that the dual system of notification does nothing towards lessening the death-rate from zymotic diseases taken as a whole. Thus, taking London as an example, we find that between the first and second periods, when the metropolis was without any system of notification, but depended on sanitation proper, a saving of life took place equal to 410 per million per annum on zymotic affections alone. But when the Notification Act came into force, the saving of life in this respect terminated, and there was instead an actual loss of life equal to 30 per million per annum during the last period, and rising to 310 per million in 1893. It is also clear that the towns longest under the system are those which suffer most, Group III. exceeding Group I. in its total zymotic death-rate at every point, but especially in the second period, when their conditions as to notification and non-notification were most contrasted.

But, after all, the crucial test is in the effect produced upon the death-rate from notifiable diseases. Notification has no *raison d'être* unless it helps to stamp out these. Its utility otherwise is purely academic, and even in this respect extremely doubtful, when the long list of cases of mistaken diagnosis is taken into account. So far the natural history of disease has not been advanced one inch by notification; on the contrary, the latter has frequently put us on the wrong scent, and thus retarded progress. Taking then, the death-rates from notifiable zymotic diseases, we find that they were—in the first period (1882-5), for the 28 towns as a whole, 1·036; for Group I., 1·087 (London, 1·03; ten provincial towns, 1·183); for Group II., 0·761; and for Group III., 0·934. In the second period (1886-89), for the 28 towns as a whole, 0·775; for Group I., 0·751 (London, 0·71; ten provincial towns, 0·825); for Group II., 0·583; and for Group III., 0·906. In the third period (1890-93), for the 28 towns as a whole, 0·772; for Group I., 0·791 (London, 0·86; ten provincial towns, 0·661); for Group II., 0·630; and for Group III., 0·753. For 1893 by itself the notifiable zymotic death-rates were—for the 28 towns as a whole, 1·023; for Group I., 1·108 London, 1·32; ten provincial towns, 0·759); for Group II., 0·926; and for Group III., 0·788. If it were not for the grim nature of the subject, there would be abundant food for mirth here, and one could laugh one's loudest, for, only to take the effect on the death-rate from notifiable diseases of the 28 towns as a whole, what do we behold during the last four years, as the result of all the labour and expenditure (not only in notification, but in still more costly isolation), and as compensating the community for all the irksomeness attending on the system? A saving of three lives per million per annum on the average, ending, however, with a dead loss of 248 per million in 1893! Contrast this with the grand saving of 261 per million per annum which had been effected before Group I. succumbed to the Act, and this in regard to diseases which are now notifiable alone. What a sorry figure does London cut! Before it was invaded by notification, the saving of life effected in regard only to diseases now notifiable had been 320 per million per annum, but since, there has been an average loss of 150 per million per annum, terminating in 1893 with no fewer than 610 per million! Thus, up to the end of 1892, London had made no progress in stamping out infectious diseases of the notifiable kinds, and in 1893 the tendency became grievously retrogressive. How long is this state of things to continue? The prevalence of influenza had certainly no direct effect upon the "notifiable," or even the "total zymotic" death-rate, for the deaths from that fell disease were not included under any of the seven heads above enumerated, but had a special column devoted to them on account of the exceptional character of the epidemic.

The tables include the death-rates from the four chief notifiable diseases taken separately, but these need not be further explained, since it seems sufficient, for the purpose of establishing my contention, to have shown that on notifiable diseases as a class the Notification Act has had no effect whatever, except to render them more deadly. But I may just mention that London has made no progress except retrogressive in regard to either small-pox or scarlet fever, and that the death-rate from diphtheria has hugely increased since 1889. I earnestly commend the tables to the careful study of all sanitarians.

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NOTES ON THE

THERAPEUTIC ACTION OF ORGANIC EXTRACTS.

By R. W. FELKIN, M.D., F.R.S.E.,
Lecturer on Tropical Diseases, Edinburgh.

In the Medical Press, page 410 (April 18, 1894) there is a paper entitled "Further Notes on the Therapeutic Action of Organic Extracts," by Dr. Charles Forbes. In it a paper of mine is referred to, and a misprint occurs which I should like to correct. My paper was read on the 8th of November, 1893, not on February 17th, 1894, and only an abstract of it was published in the February number of the *Edinburgh Medical Journal.* I make this correction because I think I may claim precedence for administering organic extracts (quite apart from thyroid extracts) by the mouth and by suppositories. Rectal injections were, I believe, made previous to my experiments, which began at the commencement of 1893, although I had previously worked at the subject, and used hypodermic injections long before this.

I have not yet administered orchitic extracts by the mouth, preferring, for obvious reasons, to employ suppositories or rectal injections of the fluid, or the extract placed in gelatine capsules and slipped into the bowel or vagina.

An abstract only of my paper was published, and I withheld for a time the publication of that part dealing with "morbid processes following masturbation," and also that part dealing with various complaints connected with the generative system caused by, *e.g.*, marital excess, masturbation, those morbid processes, induced by the use of "precautions," also the administration of the extracts in other cognate conditions. I wait awhile before publishing my results, which are in the main favourable to this class of cases.

I regret that it should be thought that I have at all tended to "add to the obscurity already preventing a comprehensive differentiation of these extracts," and I have to thank Dr. Forbes for calling attention to the apparent want of clearness in my paper. Had details of all the cases been given it would no doubt have been better, and I hope soon to remedy this defect.

May I refer for a moment to two cases of masturbation treated by organic extracts with reference to Dr. Forbes' suggestion (page 411). The first case was that of a young man, æt. 23, whose health was completely shattered by the habit. I gave him an orchitic suppository (B.W. and Co.) every other night for 14 days, then one once a week for six weeks. All his troubles ceased; he put on flesh, gaining 1st 10lb in two months; he could again follow his employment, and was able to relinquish the habit to which he had been addicted for five years. For the last six months he has only used one suppository a fortnight and remains well. He will now stop the extract.

The other case is that of a lady, æt. 28. She began the habit when eight years old, and has for the last ten years been a perfect martyr to it and its effects. I tried the orchitic suppositories in her case, but to my great disappointment she grew worse, and she had one or two sharp rises in temperature, and very severe attacks of giddiness. In despair I tried the suppositories of cerebral extract. She was at once calmed, and almost got over the habit. Instead of giving way often more than once a day she was able on the fourth week of the treatment to manage with only one failure. Since then, December, 1893, she has steadily improved, and now nine weeks have passed in comfort and without a relapse. A case like this is very encouraging, but it opens up the difficult question—Why did the orchitic extract fail here, and why did the cerebral extract succeed? I can only suggest in the meantime that in this case it was probably a central irritation induced the habit, and not any local cause, but of course there may be a more satisfactory solution of the problem.

I think it only right to mention here that with regard to orchitic and ovarian extracts I have found that their action is somewhat erratic, that is to say, that sometimes I have failed to improve a case with one preparation or with one supply of the preparation, whereas on trying a new preparation, or a new supply success has been obtained.

I do not at present attempt to explain how these organic extracts act, but as with regard to infectious diseases one looks forward to the time when prevention will be the rule of the day, so with the derangements of internal organs the administration of organic extracts will, I believe, in the future do much to prevent or to speedily cure disease. We know the action of the administration of thyroid in myxœdema, but we do not know why, as Dr. Branwell has so conclusively shown, it should cause improvement in psoriasis or in lupus, or, as Dr. Abraham has shown, in leprosy, but we may, I venture to think, surmise that besides possessing the definite and specific action which it undoubtedly does in myxœdema, the "internal secretion" of the glands or at any rate some substance obtained from it, exerts a marked influence on the organism.

Now, if this be the case in one instance, why not so in another? and although it may be right to expect that in time we shall find the exact use for the extracts, fluid or dried, of each internal organ—brain, marrow, spleen, liver, ovary, testicle, &c., yet in the meantime we are justified, it appears to me, in investigating the results of one or other of these extracts in more than one class of cases. The late Brown-Séquard pointed out the results of the hypodermic injection of cerebral and orchitic fluids in pseudohypertrophic paralysis and foreshadowed the possible results which might be obtained by such injections, showing that, although one might expect better results from the injection of cerebral extract in this disease, yet, as a matter of fact, better results were obtained by the injection of orchitic fluid. It is not yet explained why this should be the case.

To explain why I have used various extracts in the same class of cases, I may say that it is not always possible to have extracts, at any rate fluid extracts, of all the organs of the body at hand when wanted, nor is it possible to be able to investigate so large a field at once, so that during the first year of my experiments I kept to the extracts of two organs—the brain and the testicle. Since then, however, I have worked with others, and as I gain experience I hope to be able to differentiate more clearly the limits to which the administration of each extract should be kept. This, notwithstanding, I should not be at all surprised to find that there is *one* internal secretion, or I should, perhaps, rather say one definite element found in the various internal organs, which alone may in a wide range of diseases act with benefit. What that element is I have an idea, but only an idea, and cannot yet deal further with the subject.

Since the above was written I have seen a paper on Castration in Females, by Dr. C. H. F. Routh (Medical Press, page 435, April 25th, 1894) in which he also refers to my paper.

Further experience confirms what I have previously reported as to the advantage which may be obtained by the administration of the organic extracts after castration in women. I have recently had a case in which a woman who was suffering from intense irritability and nervous excitement, accompanied by delusions and hallucinations, has been apparently perfectly cured; but I refer to Dr. Routh's paper because of his remarks on eunuchs. In Africa there are various methods of castration in vogue, in one of which the whole of the testicle is not removed, and whilst the individual is incapable of procreation, yet he retains virile powers, and presents a totally different appearance to that of the man in whom both testicle and cords have been removed. This, I think, forcibly demonstrates the fact of an incidental secretion exerting no little influence upon the well-being of the organism.

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On the 17th inst., Dr. Gilbert Ward died at his residence, Bridge Street, Blyth, Northumberland, at the age of 90 years. He was nearly the oldest medical man in the kingdom.

Selected Prescriptions and Therapeutic Notes.

137.—Useful for Scabies:—

℞ Creolini, gr. viij;
Vaselini, ʒiss.

M. The affected parts to be rubbed thoroughly once a day.—V. de Lollis.

138.—A Good Injection for Leucorrhœa:—

℞ Pot. chloratis, ʒiij;
Tinct. opii, ʒijss;
Aq. picis, ʒix.

M. Two or three tablespoonfuls of this solution in a quart of hot water may be used as an injection morning and evening, to correct the odour of leucorrhœal discharges which ascompanies some cases of endometritis, polypus, fibrous growths, ulceration of the cervix uteri, and even simple vaginitis. The injection should last five or six minutes each time.—*Presse Med. Belg.*

139.—Application for Burns:—

℞ Lanolini, partes x;
Adipis benzoati, partes xx;
Aq. calais, partes xxx.

M. —Unna.

140.—For Neuralgic Dysmenorrhœa:—

℞ Ext. opii;
Ext. belladonnæ, āā gr. jss;
Quiniæ sulph, gr. xv;

M. Divide into twenty-five pills. One every three hours.—*Rivista Clinica e Terapeutica.*

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Clinical Records.

PECULIAR CASE OF FOREIGN BODY IN FOREARM.

Under the care of T. H. Donovan, M.B., B.Ch., Edgeworthstown.

P. M., farm labourer, æt. 40, consulted me on the 10th inst. about a foreign body that had been for a very lengthened period in his forearm. The history of the case is as follows:—Seventeen years ago, whilst assisting at the nuptials of a friend, he was striking a cork into a whisky bottle with his open hand, when the neck gave way and inflicted a severe wound in his palm. He treated the injury himself. The wound healed rapidly, the cicatrix of which is situated about three-quarters of an inch above and one quarter of an inch interior to the pisiform bone. About a year afterwards he found his wrist painful on moving it. This inconvenience lasted for about a month, and he then resumed work. About a year afterwards, he found a "lump" appearing at the proximal side of wrist. As this gave him no trouble, he continued working, and has been doing farm work ever since. However, about six months ago, he commenced to find great pain on moving his middle and ring fingers, and on examining the condition of things, he came to a correct diagnosis. He waited until the 10th inst., before consulting anyone, living in the vain hope that his friend of seventeen years would "cut its way through." When I saw him, the foreign body was distinctly to be felt lying between the flexor sublimis tendons, about two inches above the wrist. Having rendered the parts aseptic, I cut down and found a piece of glass about one-sixth inch square, lying between the two pairs of flexor sublimis tendons, its sharp edges attached to the deeper pair. I removed it. The wound healed by first intention, and the patient still clings (in a more comfortable manner) to his very interesting souvenir.

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Transactions of Societies.

THE HUNTERIAN SOCIETY.

MEETING HELD MAY 9TH.

The President, Mr. C. J. Symonds, F.R.C.S., in the Chair.

ADJOURNED DISCUSSION ON DIPHTHERIA.

Mr. St. Clair B. Shadwell said that he was Medical Officer of Health to one of the eastern suburbs, divided from London by the river Lea. The annual number of deaths from diphtheria had been few, and in 1870 and 1872 there had been no such deaths at all. Between 1873 and 1879 the number amounted to about 3 annually. From 1880 to 1886, (1880 being a memorable year in the history of the district, inasmuch as it was then that the present system of drainage was entered upon) the annual number of deaths averaged 10. In 1887 there was a sudden rise, equal to a death-rate of 1·5 per 1,000, and in 1888 of 1·7. Since that date the rate had gone down, and for some years it had been 0·6 per 1,000. The Medical Officer of Health for Plumstead held very strongly that the great cause of the spread was the ventilation of the sewers into the road. The speaker thought it was quite possible that water might sometimes serve as a vehicle, and referred to the case of a lad employed at one of the dairies, who contracted diphtheria, and was placed in a room, the floor of which had wide crevices, and beneath it was the water cistern. It was impossible to prove that the water was really contaminated, but the fact remained that seven other persons in that house caught the disease. The only domestic animal that appeared to him to have any share in disseminating the disease was the cat, and a few instances of this had come to his notice. Skilled opinion at present tended to regard bad smells as not having much to do with the causation of the disease. He then showed on the screen a rough plan of the district, pointing out how the disease had occurred in a particular street, and it looked really as if the system of drainage had something to do with its spread. In other parts of the district it had spread in the neighbourhood of certain schools, having been conveyed thither by one of the patients from the infected street. If anything was to be done to check the spread of the disease, there must be a definite understanding between the school and the sanitary authorities. Diphtheria might be conveyed a considerable distance, and he instanced a case in which it could be clearly traced from New York to Liverpool and further into the country.

Dr. Washbourn had never had the slightest difficulty in demonstrating the presence of the bacillus, and this in large numbers, in all recognised cases of diphtheria. The bacillus was only found in the membrane; it was, therefore, a local disease, for the bacillus never grew in the tissues or fluids of the body. The membrane which formed on the fauces was very different in appearance from that which formed in the trachea, and as it spread into the smaller bronchi it gradually changed into a thick exudation. Dr. Sidney Martin had been able to separate certain albumoses and organic acids which, when injected into rabbits, produced death, preceded by paralyses such as were met with in the human subject after diphtheria. Dr. Washbourn then described the method of making cultivations of the bacillus from the membrane. This was a very simple matter. A patch of membrane was washed with sterilised water, and then a piece was hooked off with sterilised platinum wire, and sown on the surface of some blood serum. The tube was put in an incubator, and within 12 hours a diagnosis could most certainly be made. If the case were one of diphtheria, there developed on the surface of the serum a number of large white colonies of the diphtheria bacillus; when a little of the culture was spread on a cover glass, dried, and stained with methyl blue, the bacillus could be seen with high power. It consisted of rods, clubbed at the ends and taking the stain irregularly. It had been assumed that the "pseudo-diphtheria bacillus" was only a modification of the ordinary diphtheria bacillus. In favour of this view was the fact that the ordinary virulent bacillus could be rendered non-virulent by certain methods of cultivation. In 45 children suffering from various diseases of the throat other than diphtheria, the pseudo-bacillus had been identified in 15, and the examination of the fauces of 49 healthy children showed it to be present in 26. It had been suggested that the non-virulent bacillus might undergo an increase of virulence in the presence of a certain inflammation, and this view would explain the occurrence of many outbreaks of the disease. Membranous exudations often occurred in scarlet-fever, but this was not diphtheria, for the bacillus could not be found, and clinically this exudation differed also, and was not followed by paralysis. Another class of cases were those of real diphtheria without membrane. He referred to the case of three brothers in the same house, all of whom were attacked with sore throat. The first two had simple redness of the fauces, but showed the diphtheria bacillus, and the third shortly afterwards had a typical attack of membranous diphtheria. As to the duration of infection: fourteen days after the disappearance of the membrane virulent bacilli had been found on the tonsils. One might get a membranous exudation in the throat of pigeons, which, though contagious, was not diphtheria.

Dr. **Hingston Fox** showed diagrams to illustrate the mortality from diphtheria during the past 35 years in London, as recorded by the Registrar-General. Starting with a death-rate of 284 per million in 1859 and subsequent years, a long period of quiescence followed between 1864 and 1882 (only 80 per million in 1872), since which there had been a rise, considerable in 1888 and 1889, and still more in 1892 and 1893, until last year the mortality reached 750 per million inhabitants. If diphtheria had an epidemic cycle, it must be one of long period. The mortality from scarlatina was altogether on a larger scale, attaining in epidemic years as in (1870) even 1,875 deaths per million. It bore no relation to the diphtheria death-rate, and had been low of recent years. Measles also bore no such relation: this disease showed a curious tendency to be prevalent in alternate years. Enteric fever was the only specific disease bearing an apparent relation to diphtheria, and this was one of inverse prevalence; during the recent epidemic the enteric curve had been depressed. The inverse relationship, in geographical occurrence, of these two diseases had been clearly shown. A second diagram displayed the seasonal prevalence of diphtheria which was, like scarlatina, increasing in the autumn and declining in January, only to a less marked extent. On the third chart, the distribution of cases over different ages and sexes was marked out, showing, of course, the selection mainly of the early years of life, and the slightly greater liability of females to be fatally affected. The gradual change in the disease, leading it to become more prevalent in towns and less exclusively in the country, its great variability, and association with apparently simple tonsillitis, and its having no constant skin rash, suggested that it was yet unstable, and had not developed to the stable position of other specific fevers.

Dr. **Glover Lyon** said that at one of the fever hospitals all cases of sore throat among the nurses or staff had been treated early by local applications during thirty-five years without one death. The mere number of deaths, to the extent of double that in former epidemics, did not prove that we were in a very much worse state, because the improved diagnosis must be taken into account. With regard to typhoid fever, it did not seem probable that there was any connection between the two. The extra exactness of diagnosis in typhoid fever, and the care in its treatment, had reduced its mortality.

Dr. F. J. **Smith** referred to three cases. He treated each with a different local application, and all had recovered.

Mr. **Thorp** had long used a combination of phenol, turpentine, and strong liquor ferri perchloridi locally.

Dr. **Walter Carr** asked whether a membrane in the throat proved not to be diphtheritic could be pronounced not infectious, and, therefore, in no need of isolation.

Dr. H. J. **Sequeira** said he had had experience at a fever hospital of three or four hundred cases. The mortality with or without treatment was between 30 and 35 per cent. The use of local treatment or not did not seem to make any difference.

Dr. **Arthur Davies** observed that the empirical method of treatment by attacking the membranes had a solid scientific basis, the bacillus being in the superficial part of the membrane.

Dr. **Goodall** said that if the larynx was implicated the case was one of diphtheria. It was good treatment to get rid of the membranes as fast as they could, applying the spray, or, better, washing out the mouth with a Higginson's syringe. He had never sent a child out under six weeks—after a bad attack much longer. He had never had a case sent back from the same house, though this was tolerably frequent in scarlet fever. Adults might go out at the end of a month, but should be warned against kissing their children.

Dr. **Washbourn** said the bacillus was present not only in the membrane, but also in the adjacent parts, and this would explain how it was that the membrane returned after removal.

Dr. **Newton Pitt**, in reply, referred to the energetic steps taken in New York, where an official doctor examined free of charge membrane from any patient, sending down two sterilised tubes to receive the specimen: within twelve or fifteen hours a message was sent to the medical men whether or not it was a case of diphtheria. In two out of three cases of membrane no bacillus was found. In Paris, if the bacillus were not found the children were sent back to their homes.

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HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, May 3rd.

The President, Mr. **George Eastes**, in the Chair.

HÆMORRHAGE INTO THE PLACENTA FOLLOWED BY DEATH OF FŒTUS AND MISCARRIAGE.

Dr. **Boxall** showed the product of a miscarriage at 4½ months from a patient, æt. 43, who was subject to so-called "habitual abortion." She had been pregnant six times. The first pregnancy terminated prematurely at 7½ months, the child being born alive, the others usually at four or five months. When the patient first came under observation two years ago there were evidences of long standing disease of the mucous membrane of the womb. It was decided in consultation to curette the uterus. Soon after the operation she became pregnant again. On that occasion she carried to the sixth month. On each occasion except the first there was evidence of premature death of the fœtus. Surmising disease in the afterbirth, Dr. Boxall expressed a desire to examine it. It was found that every cotyledon of the placenta contained an effusion of blood into its substance. This condition was probably the outcome of pre-existing disease of the lining membrane of the womb, which, though temporarily benefited, had not been cured by the operation. In this case there was no evidence or indication of syphilis either in husband or wife. While not denying the influence of syphilis in terminating the pregnancy prematurely in some cases, Dr. Boxall, speaking from experience of cases which had been under his own direct observation, was more disposed to regard syphilis, even when but recently acquired, as a cause of premature labour, of stillbirth, and of tainted and weakly offspring, it was not a frequent cause of abortion in the early months of pregnancy, though sometimes such cases did undoubtedly occur. In regard to the condition observed in this afterbirth, though he had carefully examined and noted the naked eye characters of some hundreds of placentæ, in a considerable proportion of which cases there was indisputable evidence of syphilis in both mother and child, he was not yet able to say among the various conditions observed what constituted a syphilitic placenta, at any rate as far as naked eye evidence was concerned extravasations, thrombosis, clots and cysts of various kinds occurred with equal frequency in the placenta of the healthy and of the syphilitic. To his mind it was clearly unwarrantable to found a diagnosis of syphilis solely on the occurrence of abortion or even of repeated abortion. In the first place endometritis with or without the presence of fibroid overgrowths was a common affection apart from syphilis, and in itself accounted for a large number of abortions, let alone extraneous influences, such as over-exertion, not to mention falls, blows, or even strong mental emotions. In the second place, as about 50 per cent. of child-bearing women sooner or later miscarried, if a diagnosis of syphilis, as some seemed to imagine, were warranted solely by the occurrence of abortion, it would, if followed out to a logical conclusion, lead to the unpleasant reflection that no less than half the mothers of our race were the subjects of syphilis.

CANCER OF THE COLON AND ITS TREATMENT.

Mr. **BLAND SUTOON** said that surgeons were in the habit of falling into methods of operating, perfecting that method which gave the best results. It was very necessary occasionally to formulate the facts upon which any such method was based. He said that there were clinically two kinds of colic cancer, firstly, one in which the mucous and submucous coats of the bowel became infiltrated with the malignant growth leading to a constriction of the gut, as if a tape had been tied round it, this was less malignant, and occurred later in life than the next variety; secondly, the "tuberous" form in which a definite tumour was found, and in which the growth infiltrated all the coats of the bowel, and then blocked up the lumen of the gut, this form occurred usually between the ages of 30 and 40. Both kinds were histologically the same, but this clinical distinction between the varieties was very important. Mr. Sutton then described the symptoms of the disease, and explained the "spurious diarrhœa." He said that the gut above the stricture became very dilated, and the fluid portions of its contents trickled through until a more solid piece of fæcal matter suddenly blocked up the orifice, then frequently a part of the growth sloughed away and a very copious evacuation took place. The temporary blocking of the orifice explained the apparent constipation, which so often alternated with the diarrhœa. The curious lethargic condition of the patient, with fœtid breath and deranged mental condition during this constipation was referred to, and shown to be due to the stored-up fæces. The causes of death in colic cancer were next discussed. These were three in number: 1. Death from poisoning from the contents of the bowel, 2. Death from perforation either above the stricture or in the cæcum leading to the escape of the contents of the bowel into the peritoneal cavity. 3. Death due to perforation into the inter-muscular planes of the abdominal walls—perhaps through the meso-colon leading to extensive suppuration and sloughing. The diagnosis of colic cancer—the disease never betrayed itself until obstruction occurred, hence the whole clinical aspect of the disease was conjectural, in some cases it might be possible to feel a tumour through the rectum, vagina, or abdominal walls. Mr. Sutton then described the method which he employed in the treatment. The anœsthesia should at first be not deep, then an exploratory incision in the middle line of the abdomen was made, and the cavity of the abdomen explored with the finger until the seat of disease was found. This could be done by following up the empty gut, beginning at the sigmoid flexure. In this way it could be ascertained where the colotomy should be done, *i.e.*, in which portion of the colon. The preliminary incision was then closed, and the operation of colotomy was done. He believed that the lumbar operation (after the preliminary operation referred to above) was the operation of the future. He deprecated so-called "chance" colotomy, that was colotomy done without being certain where the disease actually was situated, as it often happened that surgeons did first a left colotomy, and found the gut empty, then turned the patient and did a right colotomy, and might then even have to do a median operation in the end. Mr. Sutton then quoted cases which showed the importance of this preliminary exploration, and mentioned the following advantages of his method:—1. It prevented an unnecessary colotomy. 2. It eliminated the presence of a pelvic tumour which might be causing the obstruction. 3. It made certain the fact that one was dealing with a case of colic cancer.

The **PRESIDENT** attributed the peculiar mental condition of many of these patients to the absorption of toxic substances through the ulcerations found in the distended bowel above the cancerous disease. He had seen a large fæcal extra-peritoneal abscess opened during lumbar colotomy, which had been caused by perforation of the colon at a spot where it was not covered by peritoneum. An exploratory incision, such as that advocated by Mr. Sutton, would lead to avoidance of errors in respect of the proper site for operation. In cases of distended stomach and of vomiting, he recommended the emptying and washing out of the stomach by a long œsophageal tube before administration of an anæsthetic for abdominal exploration, and he considered it safer to use ether by inhalation as the anæsthetic, at any rate, in advanced cases, rather than employ hypodermic injections of cocaine for the production of local anæsthesia at the site of the surgeon's incision. He was in favour of dividing the operation into two parts, opening the bowel later on, if the patient could wait.

Dr. **ALEXANDER MORISON**, referring to the mental phenomena observed in cases of intestinal obstruction, said that he believed that in a certain number of these cases, the phenomena in question were exaggerated by the cumulative effects of belladonna given alone or in conjunction with opium. He thought belladonna generally out ran opium.

Dr. **BOXALL** had often had the opportunity of observing in lying-in women the peculiar fact, still awaiting a complete explanation, that fæcal accumulations as long as they are left undisturbed, are comparatively innocuous, but as soon as a successful attempt is made to dislodge scybala from the bowel, unpleasant symptoms often accompanied by fever, and not infrequently by urticarious skin eruptions, are apt to ensue.

Mr. **BEALE** thought that the symptoms following fæcal accumulations were due to absorption into the blood of albumoses produced during the life of micro-organisms. There was, in all probability, an extensive, though not deep, ulceration of the mucous membrane of the bowel, which was round the scybala, and thus the poisonous material easily entered the blood-stream.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, APRIL 17TH.

The President, Prof. J. **ALFRED SCOTT**, in the Chair.

EXHIBITS.

DR. **W. H. THOMPSON** exhibited a fresh fœtus with malformation of the posterior part of the head and of the neck.

Dr. **STORY** wished to know did he consider the specimen as an exaggerated instance of spina bifida, in which the non-closure existed in the occipital region?

Dr. **NIXON** suggested that a careful dissection should be made.

Dr. **THOMPSON** briefly replied.

Dr. **NORMAN** showed microscopic preparation of a sarcoma of the kidney.

Mr. **F. ALCOCK NIXON** read notes of a case of head injury illustrating some points in cerebral topography. The patient suffered from concussion and compression of the brain. There was inflammation of the membranes at the base, implicating the 7th, 8th, and 9th nerves. Blood clots occupied the auditory and speech centres. The difficulty of an accurate diagnosis arose from the co-existence of inflammation and pressure symptoms, the latter predominating, and to a great extent obliterating many of the symptoms which would have been present in a case of pure meningitis and cerebritis.

Dr. **STORY** asked were any external injuries visible. It would be extraordinary if with such extensive intracranial injury no external marks were to be seen.

Dr. **NIXON** replied that he had examined the scalp with care, and could not find any external sign of injury. On cutting into the scalp, *post-mortem*, he found a clot in the occipital region corresponding to the internal injury,

Dr. **R. H. WOODS** exhibited a specimen showing tertiary syphilis of the larynx. The patient from whom it was taken contracted venereal disease at the age of twenty, and a year later was tracheotomised in the Richmond Hospital for stenosis of the larynx, caused by gummatous infiltration of the false vocal cords. After some weeks' treatment and rest the swelling subsided, the tube was removed, and the patient discharged. In spite of the cautioning he received on his dismissal, he drank heavily, and exposed himself by sleeping out of doors, with the result that a few weeks later he was brought to hospital almost asphyxiated. Tracheotomy was again performed, and the tube left permanently in. Twelve months later he died from acute pneumonia. The larynx at its junction with the trachea was so stenosed as scarcely to admit the passage of a goose quill. There was no ulceration.

The Section then adjourned.

France.

[From our own Correspondent.]

Paris, May 20th.

Epididymitis.

Dr. Rollet gave, a few days ago, an interesting clinical lecture, at the hospital for specific diseases in Lyons, on the nature and treatment of blenorrhagic epididymitis which I consider well worth reporting :—

How does blenorrhagia produce epididymitis? Before answering the question, two theories must be rejected, that of sympathy of the reflexes, which was the opinion of Brown-Séquard and his school; that of retention of the sperm in the seminal ducts, as adopted by Després, but which was unable to stand the test of experimental facts, as the obliteration of the deferens canal in animals did not produce orchitis.

Another explanation which might be considered more plausible was that of metastasis. The idea was accepted for a long time, and in late years more or less abandoned; but to-day, thanks to modern research on toxic principles, the theory of metastasis has been more firmly established.

As to the anatomo-pathological interpretation of blenorrhagic epididymitis, the most natural consists in considering the complication as the result of the propagation of the virus by continuity of the mucous tissue, as witnessed in metro-salpingitis. Before now Postello compared the fimbriated extremity of the Fallopian tube to the epididyme, and in our own day Bernutz proved the great analogy which existed between blenorrhagia of the Fallopian tube and epididymitis. The lymphatics were considered by Sappey to be the tracts selected by the virus; but that idea did not find many partisans.

What is the specific agent which determines the complication of epididymitis in the cause of a gonorrhœa? Is it the gonoccoccus itself or the toxic principles which it secretes? If the recent researches of M. Hugomenq and Eraud, of Lyon, are correct, the affection would be caused by a microbe, different from that of blenorrhagia, but which can be found side by side with the gonoccoccus, and when present is a sure indication of threatened epididymitis; when absent, the blenorrhagia may be considered as a benign affection.

Consequently, and to prevent this painful complication, the urethral secretion should be cured as rapidly as possible.

Heisler found that the extension of the blenorrhagia to the posterior portion of the canal occurs during the first week in 20 per cent. of the cases—consequently, after that period the whole length of the urethra should be washed out with antiseptic solutions. Permanganate of potass has been tried with much success; but gallo-bromol, at 40 per 1,000, is particularly indicated in the most painful form of the malady.

If the epididymitis declares itself in spite of all treatment, the injections must not be suspended, as the virus might attack the second organ, and thus render the individual sterile. The orchitis itself can be treated internally and externally; internally by either salicylate of soda, a drachm and a half daily, as practised by Hendersore and Dr. Castel, or tincture of pulsatile anemone, 10 drops three times daily, as recommended by Dormand. The action of this agent is not as constant as that of the first-named. The external treatment is not so easy to determine on account of the numerous agents employed hitherto—tincture of iodine, chloroform, purphenic acid, collodion, mercurial ointments, &c. All these remedies have been more or less tried with very varied results. In the lecturer's mind refrigeration was about one of the best methods for relieving the pain, produced by either the application of ice to the inflamed part, or the spray of chloride of ethyle. However, this latter agent should be used with caution, as the skin of the scrotum is very sensitive. Reclus recommended the application of compresses of warm water. M. Rollet has been using for some time back with considerable satisfaction, guaiacal, which he applies by means of a brush over the surface daily; not more than one gramme or twenty drops is used each time. The pain produced by the agent is very slight and of short duration, while that appertaining to the malady disappears in about two hours and the fever falls also. The patient need not remain in bed if furnished with a good suspensory bandage. To resume, the best treatment in the lecturer's opinion of epididymitis is, salicylate of soda internally and guaiacol externally, and a suspensory bandage.

Germany.

[From our own Correspondent.]

Berlin, May 16th.

THE SURGICAL CONGRESS.

The afternoon sitting of the second day of the Congress was taken up with

Investigations into the Infection of Wounds,

The subject being introduced by Hr. Schimmelbusch, of Berlin. The experiments related showed that any virus entering the sytem through a recent wound found its way into the central organs of the system—lungs, liver, brain, and spleen—in an incredibly short space of time. In 90 per cent. of experiments with the most varied excitors of disease the infection was thus carried into the centre of the organism, and so far beyond the reach of any local antiseptics in from 5 to 10 minutes. It may be noted that the site of the experimental inoculation was the tails of mice and rabbits, and it was found that the best results were obtained when these were amputated as soon as possible after such inoculation. Burns and wounds from caustics, and such as were covered by a scab were not easily inoculated. Bacteria inoculated into the cornea of a living rabbit grew in a radiating manner; in the cornea of a dead one, on the other hand, the growth was more massed together.

Dr. Messner, of Munich, then reported on his experimental studies into the treatment of infected wounds. He infected wounds in rabbits with pus cocci and then washed them, a part in neutral saline solution, and others in a 3 per cent. solution of carbolic acid. The first group of animals all died in from 8 to 14 days; those of the second remained sound. The speaker claimed that his experiments pointed decidedly to the superiority of antiseptic over mere aseptic treatment, and that the latter had of late years unfortunately taken precedence of the other. It was believed by the aseptics that carbolic acid damaged the tissues.

Dr. Hermann, of Paris, said that during the past two years he had made a series of experiments bearing on this point. He made subcutaneous injection of a 3 per cent. solution of carbolic acid into rabbits, and an hour later inoculated them with 0·1 ccm. of a pure cultivation of staphylococcus pyog. alb. It was ascertained that although it required 1 ccm. of such a cultivation to kill an animal that had *not* received the carbolic acid, 0·1 or one-tenth the quantity killed when the animal had the carbolic injection previously. He believed, therefore, that carbolic acid should be used with caution, as it predisposed to suppuration. The speaker then repeated the experiment, using a sterilised ¾ per cent. saline solution in place of this carbolic acid. The results were the same as in the preceding experiment, the control animal in this case also showing no trace of suppuration in the wound. Carbolic acid itself, therefore, could not then be considered injurious, but it was the saturation of the tissues with fluid that predisposed to suppuration. The speaker, therefore, recommended the continued employment of carbolic acid, as it destroyed disease germs with certainty when it came into contact with them.

On the third day, the first business was a discussion on

Early Movement of Fractured Limbs in Ambulatory Dressings (Gehverbande).

Prof. v. Bardeleben introduced the subject. He said the treatment of fractures of the lower extremities had, as was known, changed very much during the last few years. Whilst it was a general principle formerly to keep a fractured limb completely immovable until repair had taken place, and in fractures of the lower extremity to keep patients fast for weeks, the opposite principle had obtained lately of allowing patients to walk about as soon as a suitable walking dressing (Gehverbande) was applied. The first step towards this swing of the pendulum was made by the French surgeon, Seutin, by the introduction of a pendant dressing by which some movement was permitted. About seven years ago, Feodor Krause had so arranged the plaster of Paris bandage in fractures of the leg that patients were able to walk, and he even actually allowed them to walk about soon after the bandage was applied. In some few individual cases, experiments had been made earlier. The speaker himself, thirty years ago, in springing from a carriage, fractured his ankle and dislocated his foot, and was able to go about the first day, and never laid up during the whole period of the recovery. But he had not the courage to repeat the experiment, and it was not till the summer of 1891 that experiments were made in the Charité under his direction by Staff-Surgeon Korsch, and since Easter, 1892, all fractures of the leg had been treated in this way.

During the last two years 116 fractures of the lower extremities had been successfully treated with walking dressings or splints. Eighty-nine of these were of the lower leg (12 compound fractures), 22 of the thigh (5 compound). The advantages of ambulant treatment were manifold. The patient did not require to stay six or eight weeks in bed, but was able to go about on his own broken limb a few days after the injury; he could perform the necessary functions without assistance, could devote himself to his business and his family, and decubitus and wasting of muscles were avoided. The whole of the organism felt the favourable influence of all this—the appetite, digestion, and sleep were those of the healthy individual. This ambulant treatment was of especial importance in the case of the aged and drinkers; the first class never had their frequent bronchial catarrhs made worse, nor any hypostatic pneumonia, and the second escaped their delirium tremens. The fractured bone healed more rapidly than when kept at rest. Of course, the dressing must be effective. In fracture of the thigh the chief point of support must be the tuber ischii, in the lower leg the condyles of the tibia. It must not be an excuse for inattention, as the greatest care was requisite. If there was much swelling it was better to wait three or four days, but when the dressings had been applied earlier no harm had resulted. If much swelling was present, however, the dressing generally had to be re-applied, as it became slack when it subsided. In compound fractures an aseptic condition of the wound would not, of course, be lost sight of. If these points were kept in view no particular danger need be expected in treating fractures in the way Korsch and his successor Allen explained the technique of the treatment. A gelatine plaster of Paris bandage was now used in the Charité, with iron bands when necessary to give the required firmness. A morphia injection was desirable before the application of the dressing, but no anæsthetic. The first attempts at walking should be made with a go-cart, on the principle of that used in teaching a child to walk. All the cases began to walk the day after the leg was thus put up, and they persevered until they could walk with crutch and stick, and later on with a stick only. A single putting up was generally sufficient. Amongst the patients exhibited was a labourer who had been run over 10 days before, and had sustained compound fracture of the femur and tibia. He got out of bed the first night under the idea that he was going to a dance. He was now able to get about quite "munter" with a crutch and stick.

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Austria.

[From our own Correspondent.]

Vienna, May 18th.

Carcinoma.

Professor Mosetig showed a patient to the Gesellschaft who suffered from carcinoma of the gall-bladder, which he was removing by means of pyoctanin pencils locally, and aniline internally. Under this treatment the patient seems to be greatly improved in his general condition.

Paralysis of the Prostate.

Prof. Hofmokl showed a young woman, æt. 27, on whom he had operated for incontinence of urine. A year ago she was suddenly attacked without any cause, shortly followed by pain in the bladder with paræsthesia of the extremities. The nerves from the cerebellum were normal, patellar reflex increased, while the functions of the bowel were unimpaired. If the bladder were filled mechanically with a catheter, the water dribbled away slowly, showing paralysis of the detrusor muscles. He resolved to perform Gersuny's operation of twisting the urethra which he did to the extent of 180° with the hope of producing a mechanical barrier this was crowned with success. The patient can now retain her urine for six or eight hours which she removes by a catheter.

Prof. Frisch remarked that in many of the cases reported by Gersuny the bladder leaked for several weeks after the operation and the urine could not be retained till the urethra was twisted 360°; to which Hofmokl replied that in his case paralysis of the detrusor muscle was present and did not require such resistance, which he considered was overcome by 180°.

Teratoma or Multilocular Cyst.

Prof. Hofmokl showed a child six months old with a large tumour over coccyx. When born, the swelling was no larger than a hen's egg, but since birth has grown larger than two fists. It is elastic, and has an internal feeling of another body which is movable, but attached to the coccygeal bones; compression has no effect in reducing it, neither does it produce convulsions. He believes this to be a teratoma, which Hirschsfeld designates subcutaneous parasites.

Weinlechner considered the swelling to be a multilocular cyst, the hard part within the large swelling appearing to him as an adventitious cyst. He thought the rational treatment in this case would be puncture and injections of iodine.

Paltauf thought that many of these cystic swellings should be considered teratoma. They frequently occur with gliomatous contents.

Tinnitus Auris.

Kaufmann showed a boy, æt. 14, in whom a noise in both ears was present subjectively and objectively, probably due to the action of the tensor veli with the movement of the uvula. Beyond this the child was normally healthy. Prof. Dittel said that he has often had the same sound produced without this suggestive movement of the uvula or absence of the osseous tube.

Prof. Gruber observed that the sound was only produced with each movement of the jaw, which frequently occurred in the case of clonic cramps in certain muscles.

Similar sounds could also be produced by the force of will and habit. He related several cases which had come under his notice where the sound was produced at his own suggestion. His treatment in the case of clonic cramp was a nutritious diet and general attention.

"Naturforscher-Versammlung."

Preparations are now in progress for this meeting here in September for which the large salon of the Musikverein has been secured. Three plenary meetings have been arranged, and the whole divided into forty sections, for which the Rector of the University has appealed to the Minister of Education and obtained the use of all the University rooms. Excursions to Kahlenberg, Greifenstein, Semmering, &c., have been planned. There will also be an exhibition of ancient relics in medicine over which Theodore Puschmann, Professor of Medical History in the University, will preside.

Billroth's Klinik.

Prof. Czerny, of Heidelberg, has been appointed to fill the Chair of Surgery vacated by Billroth.

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SOUTH AFRICAN MEDICAL NOTES.

A correspondent sends us the following items, which will be read with interest by those having friends in the Colony:—

Death of Dr. Cloete.

Widespread regret will be felt at the death of Dr. Dirk Cloete, which took place at Alphen, Wynberg, on Monday. Dr. Cloete had, during the past few years, resided at Pretoria, where he had become exceedingly popular among a wide circle of friends. Some time ago he was prostrated with a severe illness, but he sufficiently recovered to be able to travel to Wynberg, it being hoped that the change of air might do him much good, if not complete his restoration to health. Unfortunately, these hopes have not been realised, death taking place yesterday afternoon (19th April, 1894). It may be added that Dr. Cloete attended the course of study of Medicine at the Edinburgh University for 3-4 years, and graduated as M.B. and C.M. in August, 1884, and then returned to the Cape and joined Col. Warren's Expedition into Bechuanaland, and eventually settled down at Pretoria.

Treatment of Consumptives in South Africa.

Dr. G. S. Clarke contributes a sensible article to the *South African Medical Journal* on the "Treatment of Consumption in South Africa." He has some scathing but absolutely accurate remarks about snobbish little Bloemfontein, which, he says, claims a yearly number of victims. The point to which he alludes is the pecuniary inability of many patients to enjoy either good food, fresh air, or common hospitality. Arriving there with the little fund of capital (often subscribed by friends at home) nearly exhausted, the invalid's first anxiety is to get to work; but others have been before him, and invalid labour is at a discount. The sum which at home would have kept him in comfort secures him only the plainest food and a bed in a small room, often with two or three others. All the illusions and hopes formed at home are soon dead, and the patient quickly follows. Perhaps, on the other hand, work is obtained, and the hours which should be spent in the open air are spent in a close store, the breakdown soon comes, and the result is the same.

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The Operating Theatres.

MIDDLESEX HOSPITAL.

Undescended Ovary.—The case operated on by Mr. **Bland Sutton** was that of a girl, æt. 19, only about 4 ft. 3 in. in height; a year before her left kidney had been explored and its cortex incised by him for suspected calculus, the prominent symptom being at that time profuse hæmaturia. No stone was then found, nor anything to account for the hæmaturia; but some months later she complained of pain in the left iliac fossa, and on examination, a peculiar elongated cylindrical body could easily be felt at the brim of the pelvis exactly in the position of the left ureter. Its position, hardness, and tenderness inclined him to believe that this body was a calculus impacted in the ureter, and it was with this view that the present operation was undertaken. The abdominal wall was incised exactly over the swelling, which turned out to be an ovary two inches and a quarter long, and in shape like a cucumber, resting upon, and in the same direction as, the ureter. The corresponding Fallopian tube lay beside the ovary; there were no evidences of inflammation either on the ovary or in its vicinity. Its pedicle was transfixed and secured with thin silk in the usual manner, and the organ removed. The right ovary and tube were normal in shape and position, and the uterus was also normal. The opportunity was also taken to examine the left kidney, which was found to be perfectly healthy, showing that the previous exploration had produced no deleterious effect on that organ. The wound was closed in the usual manner. Mr. Sutton said that the case was one of exceptional rarity. He had never before met with the condition save in malformed fœtuses, and even under these last, non-descent of the ovary was usually associated with malformation of the uterus. It was curious, he remarked, to find that this misplaced ovary retained its fœtal cucumber-like shape; he also observed that he had no explanation to offer of the extreme infrequency of non-descent of the ovary, whilst retention of the testis in the loin was a comparatively common condition; he thought also that it would be still more rare for such a condition to require surgical interference.

The ovary removed was subsequently microscopically examined and found to present normal ovarian follicles and ova.

Bilateral Nephorraphy.—The same surgeon operated upon a woman, æt. 30, who had been placed under his care for what was regarded as some obscure form of abdominal tumour. After watching her for some days in the ward it was found that she sometimes had a distinct tumour in the right iliac fossa, and sometimes in the left. It soon became clear that these suspected tumours were excessively mobile kidneys, and as the woman's urine was natural in quantity and quality there were no reasons for suspecting any disease of the kidneys. Her pelvic organs were natural, and she had never been pregnant. When the kidneys were much displaced they were the sources of much inconvenience and pain. The patient was, therefore, advised to have the kidneys sutured. The right kidney was exposed through an incision in the loin, and after cutting through the transversalis fascia the operator found that he had opened into a tunnel in the connective tissue which had been formed by the up and down excursions of the kidney. Some notion of the mobility of this kidney may be formed by the fact that its upper extremity was situated below the level of the incision; the lower end of the kidney could be felt in the neighbourhood of Poupart's ligament. A silk suture was passed through the muscles and made to transfix the posterior border of the kidney, the organ was then drawn upwards to the wound and fixed by means of the suture. The muscles were separately sutured with gut, and the skin and subcutaneous tissue united by waxed silk. The patient was then turned upon her right side, and the left kidney exposed: it was found to be displaced in the same manner as the right. An identical mode of treatment was adopted. Mr. Sutton said that he was not much in favour of nephorraphy save under exceptional conditions. In the present case the mobility of the kidneys exceeded anything he had before witnessed, and the inconvenience it caused was such as to prevent the woman from earning her living; therefore operative interference was a necessity. He observed that he felt some misgiving as to the propriety of dealing with both kidneys at the same operation, because the renal functions are sometimes temporarily suspended after these operations, but in this case he was sure, from repeated observations on the urine, that so far as their secretory powers were concerned these kidneys were in excellent condition.

It is interesting to record with regard to this case that a few days after the operation a hæmatoma formed in the capsule of the right kidney; this, as Mr. Sutton pointed out, was probably due to the fact that the patient was turned upon her right side whilst the left kidney was sutured. This condition necessitated a subsequent opening of the wound and removal of the clot. With this exception the patient is making a satisfactory convalescence.

It is reported that Professor von Esmarch has performed 20,000 important operations.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 23, 1894.

THE DIPHTHERIA QUESTION.

The interesting discussion which recently took place at the Hunterian Society, if it has not added to our knowledge of the important subject of the etiology and causation of diphtheria, serves, at any rate, the useful purpose of showing how we stand. It is thereby rendered painfully evident that our knowledge—clinical, pathological and bacteriological—of this disease presents huge gaps in every direction—gaps which years of patient investigation and observation will possibly be required to fill. We are, indeed, hardly certain so far that we have grasped the very nature of diphtheria; that is to say, what diphtheria is and what it is not. It is certain that other organisms than the typical bacillus of Loeffler are capable of determining membranous forms of inflammation of the throat. The presence of membranes in the throat is not, therefore, trustworthy evidence of the diphtheritic nature of the affection in particular cases. If the inflammatory process tends to involve the larynx that fact is stated to be strong presumptive proof of its diphtheritic nature, but that information comes too late in the course of a particular case to be of much service from a therapeutic point of view. Again, there is every reason to believe that cases of sore throat unaccompanied by membranous formation are not necessarily non-diphtheritic; in fact, it is a common experience for several members of the same family to have sore throats, one or more becoming typical diphtheritic, while the others never reach that stage. Why this should be so it doth not yet appear. This is a most important point, because the evidence goes to prove that diphtheria may be communicated by persons who themselves have never exhibited the clinical symptoms held, in the light of present knowledge, to characterise diphtheria. Unfortunately, bacteriology does not afford the assistance in diagnosis which one was entitled to anticipate. To begin with, bacteriological researches are delicate and tedious processes which cannot be expected to render much service in the hands of the busy practitioner. To afford either positive or negative evidence of practical value such investigations require to be carried out by experts. Then, again, bacteriological experts are not altogether certain as to their results, and they are not agreed among themselves on the interpretation to be placed on such results. The presence of the incriminated bacillus is not universally admitted to be absolutely indicative of diphtheria, and its absence is even less conclusive, for reasons which are too obvious to need mention. Dr. Sidney Martin's recent researches seem to prove as clearly as purely bacteriological researches can do, that the elaboration of the diphtheritic toxines takes place in the false membranes, yet clinically we know that removal of the membranes does not procure the relief, either immediate or remote, that one would expect under these circumstances. Indeed, if there be one thing as to which experts are agreed it is as to the inefficacy of any method of treatment. Hospital medical officers reluctantly confess that the mortality remains about the same whether an active local treatment is enforced or whether the sufferer is left severely alone. This may, perhaps, be partially explained in the case of hospital patients by the fact that most of them reach the hospital in a despairing condition. In any event, it would be a dangerous heresy to authorise the belief that local treatment is useless, because many a practitioner would gladly avail himself of any legitimate excuse for abstaining from applications which involve no small risk to the operator and a vast amount of discomfort to the victim. No one who has conscientiously carried out a local treatment on antiseptic lines will doubt for an instant that on general principles such measures must necessarily have for effect to minimise the toxic effects of the absorption of the foul products of post-diphtheritic ulceration. That, in spite of such precautions, the mortality, especially in young people, in whom the ordinary difficulties of local treatment are notably increased by their native unreasonableness, should still be high, can excite no surprise in view of the impossibility of obtaining access to all the diseased areas. It is a clinical fact that the less accessible the lesions the graver is the prognosis, as, for instance, in nasal diphtheria. The non-success of treatment, therefore, does not vitiate the conclusions founded on the results of bacteriological research. We cannot, however, make much headway with prophylaxis until we are in possession of a ready means of establishing the diagnosis in suspicious cases, for as matters at present stand these continue to spread the contagion without let or hindrance. Already in schools in epidemic times, one is fain to exclude every child presenting any throat lesions whatsoever, in order to make sure that infection shall not be introduced. The hygiene of schools, too, demands far more consideration than it has as yet received, for it is through and by these aggregations of highly inflammable material that the disease is propagated. Compulsory elementary education is largely responsible for the increasing extension of the disease, and some means must be found of combating its ravages, seeing that education cannot be foregone even for such a purpose. The relationship of diphtheria in domestic animals to the spread of the disease in man, is another of the highly obscure problems which investigators have to unravel. We are assured that the membranous throat affection which is at times rife in poultry, is an affection distinct from diphtheria as it presents itself in the human subject, but the last word has not yet been said on the polymorphism of bacilli, and it is probable that many surprises are reserved for us in this direction. The only sure thing after all is the lesson that all cases of sore throat must be regarded with suspicion, especially among the young, leaving it to experts to decide in the dim and distant future whether or not the membranous sore throat met with in association with scarlet fever and measles is or is not diphtheria, whether, and if so when, false membranes may be regarded as evidence of the diphtheritic nature of the disease, and what is the best method of treatment.

PROFESSIONAL SYMPATHY FOR MEDICAL MEN.

All professional men are more or less exposed to vexatious actions at law brought against them by persons who have everything to gain and nothing to lose by the transaction. But of all professional men, those who practise medicine are apt to suffer most, both pecuniarily and in social standing. The reason for this is self-evident. Apart from the costs of a trial, which make so heavy a demand upon the hard-earned income of a practitioner, the latter is haunted with the most gloomy and disturbing reflections of the manner in which the public will receive the result of the action. However strong and unassailable his position may be, these are some of the sources of mental worry which are apt to overwhelm him, pending the trial of the case. Then, until the trial can take place, all his practice, as it were, has to be conducted under a social cloud, the whole neighbourhood discussing the probability of his innocence or guilt. Some patients, it may be, take the opportunity of transferring themselves to other medical men, leading to the inference that reports so freely bruited about must be more or less truthful. With, therefore, practical evidences of his practice falling off, and being harassed with worries of all kinds, it is plain to understand how heavy must the lot of a medical practitioner be under circumstances like these. It should also never be lost sight of that, however much the judge and jury at the trial may pronounce in his favour, and vindicate his honour by showing their disbelief of the calumnious statements asserted against him, nothing will ever be able to repay him for the anxieties, troubles, and misery of which the trial was directly the cause. Nothing will enable him to forget that all the misery to which he was compelled to submit was brought upon him through no fault of his own. As a public duty, and for their own protection, medical men have no other course open to them than to defend vexatious actions promoted against them by patients or others with whom they have had professional relationships. It is, therefore, under painful circumstances of this nature that those of our *confrères* who have passed through the trying ordeal of successfully defending an action may reasonably expect to receive some marks of sympathy from the profession. Two cases of the kind have lately occurred which seem especially to call into existence a practical display of professional sympathy. We allude to the case of Dr. Griffiths, of Swansea, and that of Dr. Tait, of Highbury. It will be remembered that Dr. Griffiths was made the co-respondent in an action for divorce, which lasted for many days. A more cruel, heartless, and unfounded accusation, as the evidence showed, was never before brought against a medical man. Dr. Griffiths was triumphantly proved innocent of the charges of which he was accused, and, so far as the judge and jury were able to do so, his honour and reputation were thoroughly vindicated. With respect to Dr. Tait's case, the facts have been so recently reported that it is scarcely necessary for us to refer to them beyond pointing out that the action was one of malpraxis without a shadow of a foundation in fact. Dr. Tait had no difficulty in proving the worthlessness of the charge, and the care and attention which he had given to the patient. These two cases, as we have said, seem distinctly to call for some recognition at the hands of the profession with a view to the diminution of the heavy burden which Drs. Griffiths and Tait have lately had to bear. Practical sympathy by means of contributions to the funds which have been opened to defray the costs of the trials will be the best method of showing how the profession realises the cruelty of the position in which two of its members have been placed. We trust that a large sum in each case will be raised, and that medical practitioners throughout the kingdom will in this connection be mindful that *bis dat qui cito dat*. Dr. Griffiths has incurred at least a loss of £1,000, and, relatively, Dr. Tait's loss will be just as heavy. In both these trials the interests of the profession were upheld by Dr. Griffiths and Tait, and undeniably the result of each action, favourable as it was to the plaintiff, will be likely to prove a strong deterrent to other enterprising persons in the future who may feel disposed to put the law in motion against medical men.

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THE PROGRESS OF SURGERY.

In glancing over the "Operating Theatres" in the last two numbers of this journal one cannot help being struck by the enormous strides which have been made in operative surgery during the last thirty years. Here we have a case of abdominal obstruction undergoing three separate operations (all of which opened the peritoneum) making a rapid and complete recovery. What would have been the fate of such a patient a quarter of a century ago? The woman would in all probability have been treated with calomel and opium, together with leeches, fomentations, &c., and the abdomen only opened as an absolutely last resource when the patient was almost moribund; and, again, supposing Littré's operation to have been performed without giving relief, would the surgeon have had the courage to cut into the abdomen on the other side, and, not even then finding the obstruction, to carefully hunt through the small intestines? Probably not; and especially as the patient most likely would have been by that time *in extremis*. Nowadays the surgeon opens the abdomen with impunity, handles its contents with perfect safety, relieves the condition which causes the symptoms, and the patient gets perfectly well unless malignant disease happens to be present. Portions of bowel are resected, the stomach is opened, the gall bladder operated upon, splenectomies are not rare, colotomies, nephrectomies, and nephrotomies are very common, not to mention the long series of operations on the ovaries, Fallopian tubes, uterus, &c. In the 1869 edition of a well-known text-book on Surgery it is written that "gastrotomy is probably nearly as fatal as the disease for which it is undertaken, no case in which this operation has hitherto been performed for internal strangulation having recovered." How different is the record at the present time, and yet 1869 is only twenty-five years ago! Again, in the same work may be read, with regard to inguinal colotomy, that, "as the peritoneum must of necessity be wounded, an intense and frequently fatal peritonitis is the inevitable consequence." At the present time, peritonitis in its slightest form is quite of an exceptional occurrence after abdominal operations. It may well be asked whence comes this marvellous improvement in surgery, and especially in abdominal surgery? How is it that the peritoneum, that bugbear of former surgeons, which they hardly dared to look at, much less handle, can be treated by modern operators in so safe a manner? It would not be fair to say that the surgeons of the present time are so far superior to their predecessors as operators that the improvement is due to increased skill, for in the old days the surgeons obtained some marvellous results under what we now know to have been most unfavourable conditions. No! the great things which are done in surgery at the present time are mainly due to the absolute security which is procured by the use of cleanliness and antiseptics. The surgeon's, as well as the assistant's hands and arms, the part of the patient operated upon, the instruments, all are perfectly clean. Again, in abdominal cases, how thoroughly the belly is washed and flushed out, not necessarily with an antiseptic solution, many operators prefer plain though sterilised water. Perhaps anæsthetics and antiseptics have shorn surgery of some of its brilliancy, for in the old days it was a great point for the surgeon to operate quickly; but at the present time it may be truly said that surgery is not only very much more *conservative* with regard to the part operated upon, but also infinitely more *preservative* with regard to the patient's life; for whereas formerly operations were very often only undertaken as last resources, they now form part of the rational treatment of the case. This is well exemplified by the case referred to, in which but a few years ago the abdomen would only have been opened as a last resource, instead of this being done at once as a matter of course.

Notes on Current Topics.

Precautions against Cholera.

The continuance of the epidemic of acute diarrhœa in Lisbon is creating uneasiness among Continental authorities. Our contemporary, *El Siglio Medico*, is devoting special articles to the subject. The writer, Señor Decio Carlon, whose name is familiar to readers of this journal, states that at last the Government are showing a healthy activity in the matter. Sanitary inspectors, honorary and paid, are appointed to guard against the invasion of the disease at all the passes of the frontier of Portugal. What the effect of an outbreak of cholera in Spain would be, may be judged from the report of Dr. Shakespere to the U.S.A. Goverment on the sanitary state of Spanish towns. He writes: "Ordinary rules and customs that govern people in other countries are strangely absent in this land. In most villages, towns, and cities, the main streets, not alone those that are retired, but the more public as well, are made the receptacles for refuse at all times, and at Aranjuez, during the epidemic of cholera there in July, 1889, in houses where those ill of the disease had families to nurse them, and were allowed to remain, the cholera dejecta was thrown into the streets and into the back-yards! In Toledo, in two instances, the bedding and furniture of patients who had died of cholera were bought by second-hand dealers, put into their shops, and offered for sale! Most of the houses are very old; they are crowded together in dark, narrow, tortuous, dirty streets, with small, filthy back-yards, in which are sometimes the wells, though just as often they are sunken in the earth floors of the houses. In the small towns and villages there are no cesspools nor closets, as the streets are used for such purposes, and are made receptacles for every sort of refuse. In larger cities one sees in the vestibule of a handsome house a large circular stone sunk in the floor, and on inquiry, one finds that this stone is the cover of the common cesspool of the house." Madrid is, from a sanitary point of view, the best provided city in Spain. The Lozoya canal brings water from a distance of thirty-two miles, and the sewage falls into the Janiaro twelve miles from the capital. In promoting these works, and urging their accomplishment, the principal credit must be given to *El Siglo Medico*, which for the past forty and one years has been a fearless and able advocate of every reform in medicine, preventive and curative, in the Peninsula, nor has its labours been unrecognised. As a mark of special honour for the scientific work of the journal, its editor, Señor D. Matias Serrano was not long since raised to the peerage, as the Marquis de Guadalerzas. In this respect, the Spanish Government has given a good example to other European nations.

A Thermometer removed from a Male Bladder.

It is well known that foreign bodies of curious types may be sometimes found in the female bladder, for the female urethra, owing to its structure, does not much interfere with the wilful insertion of hair-pins and other such substances. The case, however, is very different when the male urethra is concerned. Experience teaches that it is not common for the surgeon to be called upon to remove a foreign body which has been intentionally introduced into the male bladder. However, a curious instance of the kind has just been recorded by Le Dentu. A young Breton, aged 26, was admitted under his care into the hospital with a history of having suffered for ten years from bladder symptoms. Micturition was frequent and painful, and the urine contained blood and a large quantity of pus. Exploration of the bladder with a sound revealed the presence of a calculus, the precise size and relations of which it was impossible to ascertain owing to the extreme irritability of the bladder. A supra-pubic cystotomy was performed, and when the bladder was opened a long and thin almost immovable calculus was found. An endeavour was made to extract the calculus entire, but this was unsuccessful; accordingly a pair of strong forceps was introduced into the bladder and the foreign substance was broken in half; the fragments were then easily removed. Subsequent examination showed, as had been suspected during the course of the operation, that the calculus had formed around some foreign body, and further investigation revealed that the latter was a thermometer, the length of which was ten centimetres. The patient made a good recovery. The interesting feature of the case, about which, however, the author says nothing, is the circumstances under which the thermometer came to be inserted into the bladder. It is curious, too, that for ten years the patient had never came under the care of a surgeon who had detected the presence of the foreign body.

The Gold Cure in Canada.

The College of Physicians and Surgeons of Quebec recently prosecuted a "Father Murphy" for having conducted an unlawful practice under the name of the "Gold Cure Institute." His defence was that the "Institute" was worked by a duly registered practitioner; but the evidence showed that this was only a "cover," and that the gold-curing injections were actually done by the Reverend Father and his subordinates. His reverence was accordingly fined 50 dols., or to go to prison for 60 days.

The Elections at the Royal College of Surgeons, Ireland.

The Examining Board was elected last Thursday, and we have little change in the Court to record. The Anatomico-Chirurgical Court remained unaltered, save that Mr. Myles succeeded Mr. Thomson, who retires in order to seek the Vice-Presidency of the College. There have been one or two unimportant changes in the Dental Court, and the Preliminary Court remains as before. The Examining Board is now constituted as follows:—Anatomy and Surgery: Messrs. Barton, Myles, W. Stoker, and Sir W. Stokes; Physiology, Histology, and Biology: Prof. Scott; Pathology: Mr. Patteson; Midwifery: Dr. S. Mason; Ophthalmology: Drs. Benson and Maxwell; Dentistry: Messrs. Barton, Burgess, Nevill, Reeves, Studeley, and Wall; State Medicine: Messrs. Pratt, Flinn, Patteson, and W. Malcolmson; Midwifery Diploma: Messrs. Goulding, Mason, and O'Donovan; General Education: Messrs. R. J. Montgomery and Robt. Morton. The election of a Court for the Conjoint Examinations with the Apothecaries Hall was deferred. The list of candidates for Council closed yesterday (Tuesday) at too late an hour to allow of our naming exactly the competitors. So far as we know, the whole of the outgoing Council seek re-election, except Mr. Myles, who, having been elected an Examiner, cannot do so. His abstention leaves a vacancy which would in ordinary course be filled by the return of Mr. Hamilton from the Presidential Chair to a Council seat, but there will be several other candidates. Dr. A. H. Jacob, whose name is sufficiently known in the College, will be one. Mr. Sherlock, of Westland Row, will seek a seat to represent not only the Fellows generally but the Dental speciality, which has at present no representative in the Council. Dr. Auchinleck, Professor of Forensic Medicine and Physician to Mercers' Hospital, will also be a candidate.

Chemists and Death Certificates.

An extraordinary and barefaced violation of the law by a chemist's assistant, with regard to death certificates, engaged the attention of the Coroner for Mid-Surrey, Mr. Braxton Hicks, on Friday last. This had its origin in connection with the death of Mrs. Lampert, the wife of an ironmonger residing at Merton. The husband stated that his wife had been attended by one, Haynes, whom he knew as assistant to Dr. Coffin ! of Holborn, and, on the day of her death, his daughter went up to Coffin's shop, and stated the serious condition the mother was then in, and induced Haynes to return with her to Merton. In the meantime, the mother died, and, after seeing the body, Haynes wrote out a death certificate, produced before the coroner. Mr. Lampert subsequently discovered that Haynes was not a duly qualified man, and that in consequence of the suddenness of his wife's death, an inquest would have to be held. The following particulars, as illustrating the laxity of administration and utter disregard of the law, came out in evidence:—Edward Haynes stated that he carried on the business called "Doctor Coffin's Medical Botanist Consulting Room," at 134 High Holborn. Dr. Coffin had been dead twenty-seven years, and a Mr. Brookes, a Cambridge University man, was now the responsible owner of the business. Witness was his manager. He became a qualified chemist in October, 1891, but he had managed the business some time before that. He had been attending Mrs. Lampert for four years, giving her medicine and advice, for which he was paid. He considered her to be suffering from weak lungs, and he diagnosed her as being consumptive. He arrived at that conclusion by sounding her. After her death he wrote out the certificate produced, signing it "Edward Haynes, A.P.S." He knew that the initials "A.P.S." was only a chemist's qualification, but he believed chemists all over the country gave certificates. The witness subsequently admitted having had no medical training at all. Dr. Thomas Brushfield, who made a post-mortem examination, ascribed the cause of death to heart and kidney disease, following hæmorrhage from the lungs. The Coroner, in summing up, said he disbelieved Mr. Haynes when he stated he thought he had a right to give the certificate. His opinion was that Haynes knew he was sailing near the wind and thought he would risk it. To give the jury some idea of Mr. Haynes' knowledge of diseases he would mention that he spelled "phthisis" with a "y." The jury returned a verdict in accordance with the medical testimony, and censured Mr. Haynes for giving a certificate, one of their number remarking that it was a lamentable thing that such documents should be issued in so loose a manner. The Coroner very properly said he would report the facts to the proper authorities with a view to further proceedings being taken, and we presume the last of this case has not been heard. We, therefore, defer further comment; we may, however, add, for the credit of our profession, that the so-called "Dr." Coffin was never a member of it.

The Mutilation of Landscapes.

Lord Rosebery deserves the thanks of the community for raising his voice against the hideous American method adopted by advertisers of quack nostrums and other purveyors of proprietary articles of fixing boards in conspicuous situations in the midst of sylvan scenery throughout the country. Experience shows that certain pill concoctors have been the worst offenders in this respect, one being English, and the other American. In an interesting letter, however, which we have received from the English agent of the latter manufacturer, we are informed that the practice will be discontinued, and that as soon as the contracts with the farmers on whose land the boards have been fixed, run out, the offending and unsightly structures will be removed. This deference to public opinion affords us undisguised pleasure to chronicle.

Mr. Frederick Treves having resigned the post of Examiner on the Board of the Royal College of Surgeons, England, there will be an election to fill the vacancy on the 14th prox. Candidates, who must be Fellows of the College, should send in their applications to the Secretary before the 6th prox.

Vomiting under Anæsthetics.

The causation of vomiting under anæsthetics, and particularly under chloroform, has not as yet been satisfactorily explained, and it is somewhat vaguely attributed to the toxic effects of the drug employed. Others, again, see in this particular manifestation an indication of idiosyncrasy on the part of the patient, and it may possibly have something to do with the production of this inconvenient and troublesome symptom. At the same time it seems out of place to talk of idiosyncrasy in connection with a symptom which is so general as almost to be universal, the more so as it does not occur with any remarkable uniformity even in the same individual; at any rate, so far as the intensity goes. One observer claims to have noticed that sickness is most marked after anæsthetisation in persons who are peculiarly addicted to sickness on the high seas; but the experience of other trustworthy observers is sufficient to show that this explanation does not always hold good. The most curious thing about the sickness is that it may be well marked at one administration and be conspicuous by its absence at a subsequent anæsthetisation, although, so far as one can judge, the conditions are the same. The sickness is not only troublesome, but is attended by a tangible risk; indeed, the risk of asphyxia consequent on the passage into the larynx of regurgitated food is one of the dangers inherent to the induction of anæsthesia. Anyone who would devise a plan of averting this gastric disturbance would earn the thanks not only of anæsthetists, but of the patients, whose post-anæsthetic comfort is notably interfered with in consequence thereof.

Is the Council of the Royal Society a Clique?

The mere breath of suspicion that a body holding so important a position in the world of science as that of the Council of the Royal Society should be actuated by motives other than those which were eminently straightforward in their dealings with the applicants for the Fellowship, is by no means a pleasant matter to contemplate. Of course, it is easy to understand that at each annual election there must be many cases of disappointment among the candidates who do not happen to have found favour with the Council, and quite possibly, too, some fail to be "selected" whose claims to the distinction are more worthy than those possessed by some of the successful candidates. Presumably, however, this latter contingency is one which only seldom arises. Nevertheless, the proof that it may, and does, occur is to be found in the fact that certain well-known scientific men have failed to secure their election to the Fellowship. Over and above, however, these matters of detail, it has been reported that the Council's deliberations are not entirely free from the influence exerted by the strong representation possessed by one of the older Universities, and that the candidates for election nominated by the representatives in question have always the greatest chance of being successful. It follows, therefore, that if this influence be predominant it could only be employed to the detriment of the claims of other candidates who had not the advantage of its support. If, then, these be the facts, it would appear that the question which gives the title to this paragraph, should be answered in the affirmative. This trade unionism in science is repulsive, and unworthy to be practised by leaders of science.

The Volunteer Commemoration.

Active steps are being taken in Devon to commemorate in the county, in a public and permanent form, the service rendered to the nation by Dr. Bucknill in starting the first Rifle Volunteer Corps (in Exeter), in 1852, and so founding the Volunteer force of the country. Lord Clinton, the Lord Lieutenant of Devon, is to preside at a public meeting to be held at Exeter on the 25th inst., and the movement is being supported by all the leading men of the county. The views which we expressed a short time ago in The Medical Press and Circular, to the effect that some public recognition of Dr. Bucknill's services should be carried out, are now within a measurable distance of being adopted. The medical profession cannot but feel some gratification in the reflection that the conception of, perhaps, the most popular national movement of the present century owed its origin to two of their number. It may be trusted that in the list of Birthday honours, the publication of which may be expected this week, the name of Dr. Bucknill will be included.

Bromethyl as an Anæsthetic.

Bromethyl has for some time past tended to grow in favour with French surgeons, although it must be confessed the reasons advanced for the choice of this new and as yet imperfectly-tried anæsthetic hardly appear to justify the enthusiasm which certain of them profess in respect of its administration. Its suffocating effects when administered alone and undiluted tend to make patients restive, though it is stated that if given in small doses to begin with this effect is not complained of. The more usual plan is to commence the anæsthesia with a preliminary whiff or two of chloroform, in which case it is difficult to see what particular advantage attaches to the substitution of anæsthetic No. 2, for it leaves the risks associated with chloroform narcosis intact, and the sickness which so often follows the inhalation of the latter drug unchanged. So far, the only two deaths which have occurred in Paris from bromethyl comprise two cases in which chloroform was first given, so that it is difficult to state confidently which of the two was the lethal agent. As is usually the case with new drugs, there is a great conflict of opinion and experience as to its merits. While some regard it as an admirable innovation, others as unhesitatingly condemn it. There is a praiseworthy reluctance on the part of professional anæsthetists in this country to try experiments, and this we are fain to encourage even at the risk of overlooking for a time the advantages which may possibly attach to other bodies of what we may call the anæsthetic series.

The Salters' Company has permanently endowed five additional beds in Guy's Hospital at an annual cost of £250.

Medical Missions.

Very little appears to be known of the work done by Medical Missioners in Foreign Countries, India, Africa, &c., and those who are engaged in this field affirm that they, by the nature of their calling as medical men, have opportunities of spreading Christian principles among Mohammedans, Moslems, and Buddists which are denied to the clergy of various denominations. The initiation of the movement is stated to be due to Mr. Wm Welton, a Suffolk surgeon, who was the first to be ordained for the work forty-five years ago, he selecting China, the most unpromising of fields, for his venture. Now there are twenty-five medical missioners belonging to the Church of England alone, besides those sent out by other religious bodies. At a meeting held in London last week the Rev. Dr. Elliott said that he had spent 6½ years at Gaza, a most fanatical Moslem town, where other Christian work was forbidden, and he had been freely allowed to preach Christianity to his patients, whose numbers sometimes reached 180 a day. When he went to Gaza there was not another medical man, with either British or Turkish qualifications, in a population of 28,000. There were only quacks, who beat girls black and blue for hysteria, and gave as a panacea for serious fevers the water with which the name of Allah was washed off a dish on which it had been written. Scientific treatment came as a revelation to the people of all classes, and had a wonderful effect in breaking down prejudice. Another speaker said it was a remarkable fact that even the Jews in Jerusalem braved the excommunication of their rabbis and went to the Christain doctors of the London Jews' Society rather than to the hospitals amply equipped and freely opened by European Hebrews, such as the Rothschilds. Dr. Eustace, of Quetta, said that the works of medical missionaries suffered from insufficient equipment but was otherwise most successful. Medical representatives from the Punjaub and from Kashmir, also addressed the meeting, and much enthusiasm appears to have been exhibited by the success of the movement.

Sir Joseph Lister at Glasgow.

In another column our Scotch Correspondent refers to the address delivered last week to the medical students of Glasgow University by Sir Joseph Lister. The enthusiastic reception which Sir Joseph received on the occasion was nothing more than what was to have been expected. With Sir Joseph's world-wide reputation, and the position to which he has attained in the field of science, it was only natural that the welcome of his *alma mater* should have been distinguished by a sincerity and warmth worthy of one of her most eminent sons. The name of Joseph Lister, as long as the world lasts, will be indissolubly bound up with the advance of surgical science, for probably no man in his time has ever accomplished so much, or, indirectly, contributed so largely to the relief of human suffering and the saving of life. The history of the antiseptic treatment of wounds is the history of a treatment in which the process of evolution is most aptly illustrated; but in all the developmental changes associated with it, Sir Joseph's was the guiding hand which was concerned. We are glad to hear that steps are being taken to collect subscriptions for the purpose of presenting Sir Joseph with his portrait, and, in view of this object, circulars are being issued to all the members of the Glasgow University.

The Savings of a Chinese Leper.

A curious report comes from Philadelphia. A Chinese leper who had been an inmate of the Philadelphia Hospital for several years recently died, and among his effects were discovered bank notes to the amount of £26, which represented his savings. A consultation was held by the authorities for the purpose of deciding the course which should be pursued with respect to the disposal of the notes. Ultimately the notes were forwarded to Washington, and were there cremated, inasmuch as it was not deemed proper to allow them to go into general circulation. Are there no bacteriologists in Philadelphia, or is there no one at Washington who could have pointed out that the notes could have been rendered sterile, and that there is no evidence showing that the infection of leprosy can be conveyed in the manner inferred?

The Dispute at Queen's College, Cork.

The investigation of the late unfortunate differences between the Professors and the President, which we referred to a fortnight since as likely to become the subject of an official inquiry, took place last week. The complaints resolved themselves into a statement that the President was in the habit of assuming authority which he did not possess, ignoring the Professors and the Council, refusing to record or pay any attention to their resolutions and making appointments over their heads. The judgment of the Visitors, delivered by Mr. Justice Holmes, was one of guilty against the President, and he was directed to abstain from such undue assumption of authority in future. At the same time, the complainants were lectured for their inharmonious attitude towards the President, and some of their complaints were dismissed as frivolous.

A Fatality at a London Hospital.

Accidents, of course, are liable to happen, even in the best of regulated institutions, and in the most unexpected manner. An instance of an unfortunate occurrence of the kind has been reported to us in connection with St. Thomas's Hospital. One of the female patients last week, who had been an inmate for some time, in the temporary absence from the ward of the nurse on duty, jumped out of bed, ran to the surgeon's table, snatched up a bottle of nitric acid, and, before anyone could interfere, swallowed the contents of it. Death followed shortly afterwards. In all probability no blame could be attached to anyone for this lamentable occurrence. But we would suggest that it would be more expedient, in view of future contingencies of the kind, that the poisons bottles should be placed under lock and key in all cases in which it is necessary to keep them in the wards. So far as the testing of the urine is concerned it is an open question whether or not it would not be a useful plan to have the samples from each ward sent to a particular laboratory in the hospital, where the necessary examinations could be made, and by this plan do away with the present system of examining the urine in the ward, in which, of course, the usual tests must be kept. Some such arrangement of this description appears to us to be well worth considering.

The Greenwich Workhouse Epidemic.

Owing to the alleged choleraic epidemic of last autumn amongst the inmates of the Greenwich Workhouse, the Board of Guardians instructed their architect, Mr. Dinwiddy, F.S.I., to examine and report upon the old system of drainage, and advise upon its amendment, and he recommended the abolition of the old sewers, and the construction of an entirely new system of drainage and sanitary fittings. The Local Government Board, after due investigation, has now approved the scheme in its entirety, and given the necessary authority for a loan to meet the outlay, and the work will shortly be put in hand by the Guardians.

A Disgrace to the Metropolis.

The columns of a London morning newspaper have been largely occupied during the past week with a discussion on "Human Vivisection in Hospitals." We merely mention the fact to show how sadly deficient in enlightenment the public still must be in respect to the advance of medical science when an editor of a London newspaper will publish articles and letters on the subject, which, in point of sentiment and display of ignorance, would be a disgrace to a contemporary whose editorial offices were situated in Slocum-cum-Podgum.

An inquest was held at the Tewkesbury Rural Hospital touching the death of Harold Rumsey, æt. 16, who died at that institution on the 18th inst. He was suffering from a diseased hip, and an operation being necessary a mixture of chloroform and ether was administered by Dr. Wrangham in the presence of Drs. Turner, Liston, and Devereux. At the close of the operation the patient suddenly ceased to breathe, and, in spite of efforts to restore animation, breathing was never re-established. The quantity of the anæsthetic administered was small. A post-mortem examination revealed the cause of death to be syncope, and a verdict to that effect was returned.

Among the persons summoned at the South-Western Police-court for neglecting to comply with the Vaccination Act was a Socialist who protested in vehement terms against being prosecuted. But Socialists, like other persons, have to obey the laws of the country, and some sound advice upon this subject was conveyed to the defendant by the magistrate while giving the order for vaccination to be performed within fourteen days.

Dr. Edwin Goodall, Pathologist to the West Riding Asylum, author of a recent scientific handbook on the "Microscopical Examination of the Brain," has just been appointed Medical Superintendent of the Joint Counties Asylum, Carmarthen.

Sir Thomas Crawford, K.C.B., late Director General Army Medical Department, has been unanimously elected Chairman of Council of the Irish Medical Schools' and Graduates' Association, for the usual period of three years, vice Dr. Mapother whose term of office has expired.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

Sir Joseph Lister in Glasgow.—There was a crowded attendance of students and others present in the Union Hall of Glasgow University on the evening of the 17th inst., when Sir Joseph Lister, Bart., gave an address under the auspices of the Medico-Chirurgical Society. The lecturer said that just a quarter of a century had elapsed since he last addressed the students of the University of Glasgow. Then it was in the dear old college in High Street or in the Royal Infirmary. Now they were met in the fine Union Hall beside the stately pile of the new college. Though so many years had passed, and the outward surroundings were so different, he did not feel like a stranger. Some of his former colleagues were present, and he saw before him many, whose studies it was one of his privileges to guide, who had since risen to positions of extensive usefulness and even high eminence in their noble calling. However little he might have contributed to such results, he could not but feel proud to have been their teacher, and was delighted to meet them again. Sir Joseph then said he would like to say a few words on that all-important subject, the practice of antiseptic surgery. After referring at some length to the use of carbolic acid as an antiseptic, he ventured to commend to them this simple mode of purifying the human skin, so, in the same way, with the hands—that it was not necessary so to purify them that if a portion of the nail were to be cut off and put into a cultivating liquid there would be no chance of microbes developing. Experiments of this kind, he assured his hearers, were made, and often brought antiseptic surgery into contempt. All that was necessary and needful was to purify the hands, the instruments, and all accessories so that they might not be the means of communicating mischief to the wound they were making or dressing by the admission of "gross dirt" and for the prevention of such he advised the use of a 1 in 20 solution of carbolic acid.

Conviction of Asylum Attendants for Assault.—At the Paisley Sheriff Court, on the 17th inst., Elizabeth Reith, Christina Robertson, and Isabella Marshall, recently attendants in the Riccartsbar Asylum, Paisley, were charged with having, on the 1st May, assaulted Jane Murphy or Manson, an inmate, by seizing hold of her, throwing her down on the floor, holding her face downwards, and beating her on the naked body with a piece of wood. Prisoners pleaded guilty, and the first named was sentenced to forty days, and the two latter to thirty days' imprisonment each. It was stated to the Court that the assault was witnessed by another attendant, who reported the matter to the governor. The Asylum Committee of the Parochial Board thereupon gave instructions to place the matter in the hands of the authorities, being determined to put down such conduct.

Outbreak of Small-Pox at Coatbridge.—There is an outbreak of small-pox in Coatbridge at present, and it is causing considerable alarm and anxiety to the sanitary authorities, as daily fresh cases crop up which, on being sent to the hospital, are succeeded by fresh ones. On the 16th inst., two fresh cases were removed to hospital, and on the 17th three new cases were reported from the Whifflet district. The source of the disease has been traced to Glasgow. Strenuous efforts are being made to cope with and stop the further progress of the epidemic, but as yet with no apparent result, as a case has been imported by a joiner from Coatbridge into Airdrie, which is very near Coatbridge. It is feared that, even although this first case has been at once sent out of the district, other sources of infection may be at work.

Glasgow Ear Hospital.—The annual meeting of the subscribers and friends of this hospital was held on the 9th inst. Dr. Barr reported that 1,043 new patients, representing 5,000 consultations, were treated during the year, including 56 cases in the indoor department. Thirty-one operations under anæsthetics were performed. There had been a larger class of students during the winter than usual, 54 names having been enrolled. Dr. Barr awarded the Directors' prizes to Mr. William Stewart Cook, B.Sc., and Mr. John Gillan.

Testimonial to Dr. Miller, St. Rollox.—Dr. Miller, who has been practising medicine in St. Rollox for the last thirty-five years, was presented a few days since with a testimonial, consisting of an illuminated address and a purse of 110 sovereigns. The address stated that a large number of his friends and patients regretted that the state of Dr. Miller's health necessitated his going to New Zealand to seek a more genial climate. Dr. Miller thanked the donors, and said that the beautiful address would be prized as an heirloom.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

"UNIQUE CONDITION OF HERNIA."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Cotterell's suggestion in your last issue with regard to the possible nature of the sacless hernia described in my case ("Operating Theatres" in Medical Press, May 9th), is a very natural one. The same idea arose in my own mind at the time, that the muscular viscus might be bladder, but I drew the hernia out from the wound to a sufficient extent to ascertain that it was a tube, and that it could be traced outwards and backwards in the direction of the iliac fossa. This should have been stated in the report. Had I felt any doubt as to its identity with intestine I should have had a catheter introduced into the bladder to decide the point.

I am, Sir, yours, &c.,
William Anderson.

Harley Street, London.
May 19th, 1894.

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COUNTER-PRESCRIBING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Sir W. Benjamin Richardson must have received a rude shock to his recently-propounded scheme if the case reported in the newspapers last week was brought to his notice. Although the practice of prescribing, and even visiting the patients of medical men, by chemists is so widespread and universal, yet I fancy that the magnitude of the evil is but dimly recognised. It is only in those rare instances where a death occurs that the prescribing part of the chemist's business is brought into prominence, and he becomes the object of a mild censure from a coroner's jury. In the extraordinary case which came before Mr. Coroner Hicks last week, one of these pretenders had actually attended a consumptive patient for four years, during the first twelve months of which period he had not even qualified as a chemist! For his unqualified services he charged at the rate of half a guinea a visit, an amount in excess of what many a highly-qualified University graduate would have ventured to ask. His knowledge of disease and its treatment had been picked up, by his own admission, under an unqualified chemist, who appears to have run a medical botanic depôt for a number of years.

Now, Sir, I would submit that the safety of the public, no less than the interests of the medical profession, demands the instant suppression of that cruel social parasite, the prescribing chemist, and not his registration, as Sir B. W. Richardson suggests. The medical man, in the event of a proved malpraxis, is subject to heavy penalties. Surely the law of the land should be so framed that the malpraxis of an unqualified chemist should be met with vastly greater punishment. Let it be remembered that every act of his in the direction of prescribing or of treatment necessarily constitutes of itself, and by its very nature, a deed of malpraxis.

An enormous amount of venereal disease is treated, or mal-treated, by chemists, as well as diseases of the skin, of the eye and for that matter, of every branch of medical and surgical practice. Nothing, indeed, is sacred from his greed and his pretentious assumptions. Every single act of the kind implies a distinct robbery of medical men, who have spent much time and money in acquiring an adequate knowledge of a profession, which, alas, too often affords them in return nothing more than the bare possibilities of a struggling and precarious existence.

In conclusion, I would ask what the Apothecaries Society, assuming that the newspaper reports of the case above alluded to are correct, was about when it allowed the training of a botanic depôt to qualify for its diploma?

Trusting you will open your columns to a correspondence on this subject, which is one of the utmost importance to the profession at large,

I am, Sir, yours, &c.,
Indignans.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A correct diagnosis is at the basis of all rational treatment, medical or otherwise. The first step, before prescribing for a patient, is to ascertain what is the matter with him. Now this is precisely what the retail chemist cannot be expected to undertake. Given an exact diagnosis, an experienced and intelligent chemist might very possibly be able to indicate an appropriate remedy—if one there be—but his education does not render him more apt at identifying diseases than "the man in the street." To talk of legitimising counter-prescribing is, therefore, preposterous unless to the usual pharmaceutical course be added a course of clinical medicine.

To tinker symptoms—which is all even the most intelligent chemist can do—is to risk treating diphtheria as simple sore throat, typhoid fever as summer diarrhœa, and pyosalpinx as dysmenorrhœa, &c.

To seek to render it penal, on the other hand, is impracticable because public opinion would run counter to any such proposal. All we can ever hope for is that actual damage, due to presumptuous ignorance, shall be made to create a civil liability.

I am, Sir, yours, &c.,
Alfred S. Gubb,
M.D. (Paris).

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"THE CLERICAL LUNACY CASE."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As you have recently published some letters from correspondents on "What Constitutes Unsoundness of Mind?" and you last week made some very potent remarks on the "Clerical Lunacy Case," the ridiculous state of the law on insanity is again thereby demonstrated. I ask, therefore, to be allowed, in illustration of this, to mention a trumpery case instituted in a County Court. The County Court Judge allowed an appeal, and further it eventually spins itself into a question of such legal magnitude that it was tried in the House of Lords, the ex-Law Lords and the Chancellor giving their judgment. But let us suppose the legal machinery was so badly organised here that it was allowable for the whole of these proceedings to be rescinded by a jury without any legal training whatever. What respect could the ordinary run of lawyers have for their Law Courts? and how, therefore, is it possible medical men can respect them? A case being certified by two medical men as insanity, its removal to an asylum, a kind of court of appeal consisting of the Visiting Commissioners, &c., reviewing the proceedings, and, finally, the highest authority on insanity, and, as in this case, Drs. Bailey, Savage, and Maudsley, giving judgment, after which these proceedings are *liable* to be rescinded by twelve gentlemen who may have had no training whatever on the subject they are called upon to adjudicate. To say the least, such proceedings are, as lawyers call it, highly "vexatious," and to say the most, they are a source of great public danger, and notwithstanding the late Lord Westbury's celebrated dictum to the effect that any ordinary man of the world is as good a judge of insanity as anybody. This dictum appears to me to be refuted by experience, because in a text-book I prize, a case is related where an insane person was submitted to the judgment of a jury, and the person was about to sign his discharge, they having concluded he was not insane, and the escape was so hair-breathd, and the public risks so appalling, that it almost reminds one, as in funeral obsequies, of hearing a rapping in the coffin ere the earth is closed in. I say in the case I recite the person about to be discharged signed himself "Christ"!

I am, Sir, yours, &c.,
Clement H. Sers.

Queen's Road, Peckham, S.E.
May 17th, 1894.

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THE TREATMENT OF FRACTURE OF THE PATELLA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Is the use of "Malgaigne's hooks" being revived in the treatment of fracture of the patella? The answer to this question would appear to be in the affirmative, judging from the remark of a London hospital surgeon. He had been summoned by a practitioner for the purpose of suturing a fracture of the patella, but on his arrival proceeded to bring the fragments together with "Malgaigne's hooks," and in reply to the practitioner stated that his colleagues at the hospital to which he was attached had adopted this method of treatment in preference to the operation of suturing, and that he himself had found it very useful. It must be news to a good many operating surgeons to learn that there is a hospital in London at which the treatment of fractured patellæ has reverted to the old, and what has been described as "barbarous," use of "Malgaigne's hooks," despite the improvements which have been introduced in the mode of their application. Probably the question to which most surgeons would like to have an answer would be, Why has this reversion to an old type of treatment taken place? For obviously, so far as the results are concerned, the operation of suturing far surpasses every other method of treatment. Even in the detail of the economy of time effected by this procedure, the patient gains very extensively. After the operation in these cases, the rule is for the splint to be removed at the end of fourteen days, and for another fortnight the patient is allowed to kick his leg about in bed. At the end of six weeks the patient is able to walk out of the hospital with, in all probability, bony union at the seat of fracture. Plainly, no results with any other form of treatment of fracture of the patella can compare with these! It goes, however, without saying, that strict antisepticism is imperatively called for in the operation of suturing the patella, and presumably no surgeon would undertake the operation unless he were confident of his capacity to act in exact accordance with the principles of Listerism.

I am, Sir, yours, &c.,
Antisepsis.

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"HOSPITAL ABUSE AND THE REMEDY."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—That the remedy for hospital abuse is to be found in the endorsement of all hospital tickets by private practitioners as "M.D." suggested in *The Echo*, and as referred to in your "Notes on Current Topics" in this day's issue of The Medical Press and Circular, is strongly, and further, plainly indicated in the "Bye-laws, and Regulations of the Royal College of Physicians of London," a copy of which I now quote from. Bye-law No. 175 reads thus "No Fellow, Member, or Licentiate of the College shall officiously, or under colour of a benevolent purpose, offer medical aid to, or prescribe for, any patient whom he knows to be under the care of another legally qualified Medical Practitioner." Now, I have it on the authority of a hospital physician that a good half of those frequenting hospital out-patient departments, are there whilst in this position with reference to their medical attendant, and without any request from him to the hospital physician to give an opinion or take over the case.

The argument that these gentlemen are not bound to inquire into the matter, but must take all who come with tickets of admission, "will not hold water." It follows therefore, that there are at this moment hospital physicians by the score who are continually violating a Bye-law of the College relating to Fellows, Members and Licentiates of the same; and are consequently in danger of being reprimanded, or fined £10, or declared no longer Fellows, Members, or Licentiates of the same, and thus of forfeiting all the rights and privileges they enjoy by having their names "expunged from the List of Fellows, or Members, or Licentiates as the case may be."

All this law-breaking, with its consequent dangers, might be entirely avoided by taking private practitioners into their confidence and requesting them to send to hospital "by endorsement" such cases as are suitable for treatment there.

The gain to hospital physicians and surgeons would be greater by far than to private practitioners, whilst "hospital deficits" would become things of the past.

I am, Sir, yours, &c.,
C. R. Illingworth, M.D., D.P.H.

May 16th, 1894.

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DIFFERENTIATION OF TYPHOID AND TYPHO-MALARIAL FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—With your permission, I draw the attention of your readers to the following differences between typhoid and typho-malarial fever drawn up by Dr. F. L. Sim, of Memphis, Tennessee. Dr. Sim is Professor of the Practice of Medicine, and Dean of the Faculty of Medicine of the Memphis Medical College.

The statement copied occurs in a paper read before the Tri-State Medical Association of Mississippi, Arkansas, and Tennessee. He writes:—

1. "The fever we have in this part of the country every autumn and called typho-malarial, is not an acute infectious disease; typhoid fever is.
2. "Typho-malarial is probably due to pathological changes, the result of long continued exposure to malarial influences; or theoretically, to one or more of the six or eight parasites found in the blood of patients suffering from malarial fevers—to some of these quinine is said to be non-toxic. Typhoid is due to a specific poison.
3. "The incubation and duration of typho-malarial are much less fixed than that in typhoid.
4. "The temperature range of typho-malarial is less uniform and regular than that of typhoid.
5. "Diarrhœa is often wanting in typho-malarial, and rarely absent after the first week in typhoid.
6. "The typho-malarial tongue never evidences the gravity of the disease that the typhoid tongue does.
7. "I have never seen sordes on the teeth, gums, lips, and in the roof of the mouth, in typho-malarial; I have frequently in typhoid.

8. "I have never discovered the typhoid eruption on the persons of typho-malarial patients. It occurs in eighty-eight per cent. of typhoid patients.

9. "Bronchial and pulmonary symptoms are rare in typho-malarial, common in typhoid.

10. "The nervous symptoms in typho-malarial are absolutely wanting in comparison to their constancy and gravity in typhoid.

11. "The gut pathology of typhoid fever, as discoverable by the symptoms, exists in a much smaller percentage of cases in typho-malarial than in typhoid.

12. "By the intestinal dejecta, typhoid fever is disseminated; there is no evidence that this is true of the dejecta of typho-malarial."

The Mississippi Valley gives unrivalled opportunities for the study of typhoid and typho-malarial fever, and no man has better means of comparing them than the Editor of your contemporary, the *Memphis Medical Monthly*, Dr. F. L. Sim.

I am, Sir, yours, &c.,
George Foy.

May 14th, 1894.

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WOOD WOOL MATTRESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In this age of antiseptics we cannot be too clean, and it has always occurred to me that hair mattresses were not free from suspicion as sources of contagion; we know that they are largely used in our hospitals, and we have no reason to believe that they are new when bought as the stuffing may have been in use many times before, though the outside may appear spotlessly clean.

Hair mattresses are expensive, less so, probably than the old and now generally condemned feather bed, upon which so many of our ancestors breathed their last, but nevertheless, too costly to be discarded for slight stains or even slight saturation with discharges; now if a comfortable mattress could be got which could be relied on as containing antiseptic contents and at the same time comparatively much cheaper than the generally used and doubtful hair-stuffed article, I consider a great thing for our poorer patients would have been accomplished, and this ideal mattress is to be found in one stuffed with wood wool. The wood wool mattresses are cheap, they are clean, and they are very comfortable when placed on the ordinary hospital spring bed, and as regards their antiseptic contents they are above suspicion. Every medical man of experience in this country knows what wretched bedding is provided for paupers in many of the unions, and that the county asylums are not without reproach in in this respect. In doing away with straw beds and providing themselves with wood wool, many of the unions have done well, and I trust that more institutions will shortly provide themselves with this cheap and cleanly article, and thus remove from our wards these hair-stuffed foci of disease.

I am, Sir, yours, &c.,
R. R. Leeper, F.R.C.S.I.

Rathdrum.
May 2nd, 1894.

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Literature.

PIERSOL'S NORMAL HISTOLOGY. (a)

There is a freshness of style and treatment to be found in this excellent text-book that will cause it to become a favourite alike with student and practitioner. The wood cuts are numerous, original, and very clearly printed. In places where differences of opinion exist as to the function or constitution of a structure the author gives the views held by the different schools and then modestly advances his own. In a book of this kind it is not always easy to steer clear of the Scylla of brevity on the one hand and the Charybdis of too great detail on the other. In the present case, however, the author appears to us to have struck the happy mean as nearly as possible. The development of the tissues has been touched on sufficiently to awaken an intelligent interest in the appearances of the fully developed structure. We can confidently recommend this as a really meritorious text-book.

LEGG ON THE URINE (a).

In this, the seventh edition of Dr. Legg's "Guide to the Examination of the Urine," the wide subject is treated in the comparatively limited compass of 136 small pages. The result is that in many instances clinical usefulness has been sacrificed to condensation. Many subjects interesting to the practitioner are entirely omitted. The three subjects of the greatest importance to the clinician in connection with the urine are "albumen," "urea," and "sugar." The sections devoted to their consideration by Dr. Legg are certainly too short, and some of the observations are misleading. In connection with albumen testing by boiling it, &c., it should have been pointed out that if purposely or accidentally one or two drops of nitric acid be added to urine containing albumen previous to boiling, no precipitate at all results, the albumen having been converted into a form of nitrate of albumen which is not coagulable by heat. A frequent source of error in urine testing, the precipitation of urea by nitric acid, should have been noted and the distinctions between this precipitate and albumen emphasised. "Copaiba taken internally causes a precipitate to appear in the urine with nitric acid in the cold, and so imitates the coagulation of albumen." It should have been added that this precipitate disappears on heating. The statement that "the presence of casts in the urine is a sure sign of disease in the kidney" is misleading, as casts may be found in the urine when certain substances passing through the kidney give rise simply to irritation, as is often found in jaundice, after the ingestion of phosphorus, cantharides, and certain other irritating diuretics. For the estimation of urea two processes are described, viz., Southall's, and Russell and West's. Gerrard's process is much more accurate and convenient than either. In a book intended for the bed-side some notice should have been taken of "functional or physiological albuminuria." Some of the illustrations from photographs are not very well defined, the others, the old ones, are good. While we consider the descriptions of certain of the processes too bald, and while many clinically important subjects are omitted, the book, so far as it goes, constitutes a reliable bed-side guide to urinary analysis and the symptomatology of urine.

DONKIN'S DISEASES OF CHILDHOOD (b).

This clinical work, based on the writer's twenty years' experience acquired at hospitals for children, contains much valuable information, put before us in a clear and concise manner.

As the author states in his preface, the reader's general knowledge of the diseases discussed is assumed, and the points more particularly pertaining to childhood emphasised, but in some instances, at all events, throughout the work we think that this assumption has been carried too far, and in the description of the treatment of some diseases almost peculiar to children, completeness has been most unfortunately sacrificed to brevity.

Some of the sections, however, are exceptionally good, and in that on Febrile Diseases, the articles on Diphtheria and Rubella are well written, particular attention being rightly drawn in cases of the latter to the great difficulty of diagnosis. The main conclusions of an Investigation of the Clinical Society of London on the periods of incubation and contagiousness in these Febrile Diseases is contained in an appendix to this section, and is likely to prove useful to the practitioner. The book we may add is a practical one not burdened with numbers of quotations from other writers, and not hampered by minute details of individual cases. The author appears to have studied his own cases critically and well, he gives the records of his own observations, and does not hesitate to express his opinion very plainly on several popular methods of treatment.

(a) "A Text-book of Normal Histology, including an account of the Development of the Tissues and of the Organs." By George A. Piersol, M.D., Professor of Anatomy in the University of Pennsylvania, Philadelphia 429 pp. London: Baillière, Tindall, & Cox. 1894.

(a) "A Guide to the Examination of the Urine." By J. Wickham Legg, F.R.C.P. Seventh Edition, revised and enlarged by H. Lewis Jones, M.A., M.D., M.R.C.P. London: H. K. Lewis. 1893. Foolscap 8vo. pp. 136. 3s. 6d.

(b) "The Diseases of Childhood (Medical)." By H. Bryan Donkin, M.D. Oxon, F.R.C.P., Physician to the Westminster Hospital and East London Hospital for Children at Shadwell, &c. London: Charles Griffin and Co., Limited.

He may be congratulated on having put the Diseases of Childhood before his readers in an interesting and instructive manner.

AIDS TO OTOLOGY. (*a*)

The general practitioner who cannot manage sufficient time to read a large treatise on diseases of the ear, and for senior students going up for examination, this little book—one of the best of this excellent series—will be very useful. Of necessity the statements are very brief, but they are clear and practical; and fully ninety-nine per cent. of the cases that crop up to the general practitioner, or are submitted to the candidate for examination on this subject, find a place in Dr. Stewart's book which is a veritable aid to otology.

A DICTIONARY OF APPLIED CHEMISTRY. (*b*)

Everything must come to an end in time, and Prof. Thorpe concludes his important work by a third ponderous volume of 1,085 pages. It takes us from "Oak Bark" to "Zymurgy." We think we can hear many of our readers exclaiming what is zymurgy? Well our readers had better look in the dictionary, *i.e.*, Thorpe's, not Johnson's. To the experimentalist a science dictionary is always an unsatisfactory work. The necessary, scanty, and sketchy information which must necessarily be found therein gives but little satisfaction to the experimentalist, but the writer after some two years experience of the previous volume of this work is compelled against a mental predilection, to bear testimony to the wonderful store of information which have been so judiciously arranged in Thorpe's work. It contains many important monographs upon subjects from special contributors. However good these may be as essays upon important points, they could not constitute much to the utility of such a work, were it not that the constructor and editor is a thoroughly practical man, who grasps the requirements of his readers. Prof. Thorpe has done himself justice in this respect, and laid the scientific chemist under no small amount of obligation. *Apropos* of contributors, as a sign of the march of the scientific training, a lady contributor, Mrs. A. H. Green, has written an elaborate article upon tea. This lady has evidently gone far beyond the physiology of afternoon teas, and a valuable monograph dealing with botany, cultivation, preparation, chemistry, and analysis of tea is the result.

Some of the most important articles are upon essential oils, fixed oils, vegeto-alkaloids, opium. The article upon opium sums up as follows:—The physiological action of opium when smoked is clearly quite different from what it is when taken into the stomach. The writer also notes that the opium, containing least morphia is most prized for smoking. It would seem that, notwithstanding the serious views held of the effects of opium smoking by both the Chinese Government, and amongst Europeans, the habit is not more injurious than the use of other stimulants in Europe. Opium in the East performs the same functions that alcohol does in the West, and as far as can be ascertained, with about the same good and evil effects.

The article upon theormostats will no doubt be consulted with considerable interest by the bacteriologist and the scientist generally. The completion of this important work reflects great credit upon the publishers as well as the editor. Good paper, good type, and abundant care in the revision of the work are plainly evident, and the care expended in illustration where necessary is well shown in the article last mentioned.

(*a*) "Aids to Otology." Second Edition of Epitome of Ear Diseases. By W. R. H. Stewart, F.R.C.S.E., Aural Surgeon to the Great Northern Central Hospital, Surgeon to the London Throat Hospital, late Surgeon to the Throat Hospital, Golden Square, and Surgeon in-Charge of the Ear and Throat Department, North-West London Hospital. London: Bailliere, Tindall, & Cox, King William Street, Strand. Edinburgh: Livingstone. Dublin: Fannin & Co. Glasgow: Stenhouse.

(*b*) "A Dictionary of Applied Chemistry." By T. E. Thorpe, B.Sc. assisted by eminent contributors; in 3 vols. London: Longmans Green, and Co. 1893.

Obituary.

INSPECTOR-GENERAL DR. H. A. BRUCE.

By the death, a few days since, of Dr. H. A. Bruce, Principal Inspector-General H.M. Forces, and late of the Bengal Medical Service, one of the oldest officers of that service has passed away at the ripe age of 86. Deceased studied at the University of St. Andrews during the two sessions 1823 and 1824, and in 1825 he migrated to Edinburgh, taking the diploma of the Royal College of Surgeons in 1828, and the M.D. Edin. in 1829. In 1830 he was appointed to the Bengal Medical Service, and rose through all the administrative grades of that service to its head. Dr. Bruce saw much active service in the earlier part of his career in India. At the outbreak of the Mutiny in 1857, he held a staff appointment at Cawnpore, but his health had been failing, and just before the outbreak he was sent to England on medical certificate. It is believed that he was the last officer who left the station, and so unconsciously he escaped the massacre; for with two exceptions not a man, woman, or child of the whole garrison escaped the murderous hands of the Nana. On his return from England in renewed health, after twenty months' absence, he was promoted to the administrative branch of the service as D.T. Inspector-General of Hospitals at Ambala, in the following year as Inspector-General of the Upper Provinces, and in 1864 he was raised to the rank of head of the service as Principal Inspector-General. In 1866 he returned to England, when he retired, after thirty-five years' service, to a quiet spot on the Firth of Forth, where he died 28 years after.

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Medical News and Pass Lists.

A Royal Present.

With a perspicacity which characterises the doings of that enterprising firm, Messrs. Burroughs, Wellcome and Co., the International Congress which recently took place at Rome was made the opportunity to present to His Majesty the King of Italy a portable field medicine chest, fitted complete throughout with tabloids, and in every respect similar to those supplied by the firm for the great expeditions. The gift has, we understand, since been acknowledged by His Majesty in a very cordial manner, in which he expresses his appreciation of the chest "designed with intelligent care and attention."

A Medical Man Fined for Contempt of Court.

The inquest on the body of a man named Cooper, a shoemaker, who was shot by a man named Winters, who afterwards committed suicide, in Goldsmiths-row, Hackney-road, was considerably delayed by the action of Dr. O'Regan, who declined to hand over the revolver with which the crime was committed. The inquiry had to be adjourned, and Dr. Regan then produced the weapon. He asked for his fee as a medical witness, but instead was fined £1 by Mr. A. Hodgkinson, the deputy coroner, for his conduct in the matter. The doctor said that he should appeal against the coroner's decision, and has done so, with the result that he has been informed by the Treasury Commissioners that they decline to remit the fine.

Royal College of Surgeons of England.

The following candidates for the Fellowship passed the first professional examination in Anatomy and Physiology at a meeting of the Board of Examiners on Thursday, 17th inst.:—Messrs. Wm. M. Stevens, M.R.C.S. Eng., L.R.C.P. Lond., and Claude C. Chidell, M.R.C.S. Eng., L.R.C.P. Lond, University Coll., London; William E. Plummer, Guy's; John A. Spear and John P. Maxwell, St. Bartholomew's; Arthur H. Evans, Westminster Hospital; and John J. Waddelow, M.R.C.S. Eng., L.R.C.P. Lond., King's Coll., London. Nine others were referred back to their professional studies for six months.—The following candidates passed on Friday, the 18th inst.:—Messrs. Albert E. Walter, Middlesex Hospital; John D. Russell, University Coll., London; Arthur G. Butler, Guy's; and Harold M. Cooper, St. George's. Twelve others were referred back to their professional studies for six months.

The Conversazione at the Medical Society, London.

The President and Council of the Medical Society were "At Home" on Monday evening last, and a large number of the Fellows and their friends foregathered in response to the invitations to the one hundred and twenty-first *conversazione*. The proceedings commenced by the delivery of the oration by Dr. William Ord, F.R.C.P., the subject being "A Doctor's Holiday." After the usual vote of thanks, the President's reception took place, and then the scientific aspect of the meeting soon began to assume a "smoky" appearance, the result, not particularly of any special meteorological condition, but rather the effect of the company present endeavouring to indulge in a little recreation. At 10 p.m. Mr. Robert Ganthony gave a "variety entertainment," and a selection by the Bijou Orchestra in the Hall aroused the scientific echoes of the building.

Health of Ireland for the Past Quarter.

According to the Registrar-General's return for the quarter ending Saturday, March 31, in the Dublin Registration District there were registered during the thirteen weeks 2,542 births, being equal to an annual rate of 29·1 in every 1,000 of the population. The rates were—for London during the same period, 31·3 in every 1,000; in Glasgow, 33·0; and in Edinburgh, 25·9 in every 1,000. Deaths: The deaths registered in the Dublin District afforded an annual ratio of 31·5 in every 1,000 of the population. The average rate in the first quarter of the last ten years was 32·2 per 1,000 persons; thus the rate (31·5) for last quarter was 0·7 under the average for the March quarter. The rate for London during the quarter was 21·1 in every 1,000, in Glasgow 21·6, and in Edinburgh 18·4. The deaths from zymotics in the Dublin District were 382, being 6 over preceding quarter, 90 in excess of the average for the first quarter of the ten years, 1884-93, and 127 over the number for the first quarter of last year. The annual rate per 1,000 of the population, represented by the deaths from these diseases during last quarter, is 4·4, being 1·0 over the average rate for the corresponding quarter of the last ten years, and 1·5 over the rate for the first quarter of 1893. Nearly one-fourth of the total mortality from zymotic diseases was caused by whooping-cough, the deaths from which amount to 93, or 35 over average. The deaths from influenza and its complications were almost as numerous as those from whooping-cough, amounting, as they did, to 87, against an average of 27. It will be observed that the increase in the deaths from these two causes, whooping-cough and influenza, more than covers the excess in the general mortality from zymotic diseases as compared with the average for the March quarter. Deaths from enteric fell last quarter to 32, which number is 43 under that for the corresponding quarter of last year, and 9 under the average for the first quarter of the ten years, 1884-93. The hospital returns also show a large decline in this disease, the total number of admissions for the quarter being 115, or 156 under the admissions for the preceding three months, and showing a decrease of 59 or 34 per cent. as compared with the number for the first quarter of last year. The deaths from diseases of the respiratory system (exclusive of phthisis) are 677, or 25 per cent of the deaths from all causes. The provincial death-rate during last quarter in the Dublin District and fifteen of the principal urban sanitary districts of Ireland was 29·0 per 1,000 persons. Small-pox: No deaths from small-pox were registered fn any of the fifteen districts. Measles caused an annual rate of 2·4 per 1,000 in Belfast, where 79 deaths from the disease were registered during the preceding quarter. Typhus: There were only 8 deaths from typhus recorded, being 10 under last year. Whooping-cough, which has been for some time prevalent in Belfast, caused 87 deaths in that city during last quarter, which number is equal to an annual rate of 1·3 per 1,000 of the living at all ages.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 30, Bombay 37, Madras 35, Paris 22, Brussels 19, Amsterdam 20, Rotterdam 26, The Hague 15, Copenhagen 21, Stockholm 18, Christiania 27, St. Petersburg 28, Moscow 38, Berlin 17, Hamburg 17, Dresden —, Breslau 24, Munich 25, Vienna 24, Prague 32, Buda-Pesth 32, Trieste 29, Rome 20, Turin 23, Venice 18, Cairo 48, Alexandria 43, New York 22, Brooklyn 18, Philadelphia 19, New Orleans 20.

Edinburgh University Passes.

The following is the list of the candidates who have passed the First and Second Professional Examinations last month, along with the names of two candidates who have been awarded the Thomson Bursary and the Vans Dunlop Scholarship:—

Old Ordinance—*First Professional Examination.*—William Anderson, F. J. H. Bateman (B.A.), J. B. Boyd, C. W. Breeks, A. J. W. Buchanan, Joseph Cæsar, C. J. Caddick, Selwyn Champion, M. N. Chadhuri, E. V. Collins, Matthew Corry, T. M. Coutinho, G. L. K. Finlay, J. V. Fox, W. C. H. Forster, W. H. Goldie, James Grieve, S. J. Grinsell, W. J. H Hislop, J. T. Hurst, A. H. James, F. F. Kerr, John Mackenzie, Marcus Mackenzie, M. W. Manuk, B. N. Mullen, E. J. Nichols, D. J. C. Oliver, F. W. Rigby, N. H. Ross, D. C. Sethna, John Stevenson, G. R. Twomey, Mohamed Varis, R. H. Walter, J. O. Williams, and W. E. Williams.

New Ordinances.—D. V. M. Adams, A. J. T. Allan, V. G. Alexander, J. R. Anderson, E. P. Bauman, William Bell, H. L. S. D. Belasco, Stanley Branch, William Burns, (M.A.), A. E. Burroughs, David Clow, R. V. Cowey, Robert Crawford, Robert Cumming, L. W. Davies, R. J. Dick, W. H. Dickinson, J. E. Dods, C. L. Dunn, W. S. Eaton, Duncan Forbes, A. Fordyce, J. S. Fraser, A. T. Gailleton, Alexander Goodall, J. H. Gordon, William Gorrie, J. T. P. Heatley, Rowland Hill, Patrick Kinmont, F. O. Lasbrey, E. W. Lewis, J. S. Low, W. C. M'Kechnie, R. W. Mackenna, W. W. Maxwell, James Miller, J. D. S. Millo, L. H. B. Mills, W. J. Nutter, F. M. Parry, H. R. Phillips, Robert Pugh, J. A. Raeburn, J. M. Reid, Thomas Rogerson, R. F. M. Scott (with distinction), W. M. Smith, Edgar Somerville, G. H. Stewart, William Tarr, Henry Taylor, W. B. Thain, A. H. Thompson, G. E. Twigge-Molecey, W. E. Wallis, W. C. Wilson, Alic Wood, A. G. Worrall, and G. J. Young.

Second Professional Examination.—James Allison, H. H. Balfour, James Bannerman, N. D. Bardswell, W. J. Bell, G. J. Blackmore, J. B. Blaikie, A. S. Brass, H. S. Brockway, Daniel Brough, Scott Carmichael, H. C. Colman, A. J. Copplestone, W. J. C. Coulthard, John Crawford, R. W. Cunningham, James Davidson, J. M. Dawson, M. V. Dee, D. F. Dewar, Arthur Dickson, A. F. Evans, David Evans, William Evans, F. W. B. Fitchett A. W. Fletcher, J. A. Forrest, W. C. H. Forster, G. B. French (with distinction); Frederick Gardiner, J. W. Geddes, W. E. Gibbons, F. M. Gibson (B.Sc.), John Gilchrist, J. D. Gilruth (M.A.), Lewis Grant (M.A.), D. J. Graham, W. T. Grant, James Gray (M.A.), Rhodes Haygarth, C. M. Hector, George Henderson, G. P. Henderson, J. H. Henderson (B.A.), J. J. Hewison (M.A.), J. T. Hewetson, A. L. Husband, F. R. Jones, George King, James Kirk, J. H. Lamb, H. A. Leebody, G. R. Leighton, R. M. Leith (with distinction), W. J. Lewis, William Lillie, G. R. Livingston, J. R. Lord, A. M. Love, W. L. Lyall, Alexander MacCarthy-Morrogh, John M'Donald, W. M. Macdonald, W. C. W. M'Dowell, T. H. Macfie, John Maciver, D. M. Mackay, Charles MacLaurin, John Macmillan, J. L. Marjoribanks W. R. Mander, J. S. Martin, James Massey, G. H. Masson, Joseph Mason, R. A. Milne, J. R. Muir, J. G. P. Murray (with distinction), A. G. Naylor, S. D. Ogilvy, T. T. Ormerod, Richard Owen, A. D. Peill, W. J. Pentold, W. H. Price, G. L. Procter, R. B. Purves, J. K. Raymond, E. S. Reid, E. G. Richards, Hugh Richardson, Thomas Roberts, R. S. Rodger, R. L. Roe, L. C. Saldanha, A. T. Sampson, E. W. K. Scott, J. G. C. Scott, T. M. Scott, T. B. M. Sherwen, C. M. Simpson, E. M. Skeete (B.A.), J. E. W. Somerville, James Stenhouse, Alexander Steven, J. B. Stewart, John Stoddart, J. C. Stuart (with distinction), A. C. Sturrock, M.A. (with distinction), D. C. Sutton, H. F. L. Taylor, F. S. C. Thompson, W. H. Thomson, David Waterston, James Watt (B.A.), H. G. Waugh, G. A. Welsh, L. A. Williams, G. H. Wilson, and A. D. Yule (with distinction).

The following candidates have passed in Anatomy and Physiology:—

John Ballantyne, Edwin Bramwell, John Bruce, W. J. Buchanan, W. H. Carse, J. H. Dixon, H. O. Dougall, A. W. Easmon, A. M. Fleming, Thomas Gibson, W. G. C. Geekie, William Hewison, W. H. Hill, J. F. Lindsay, A. P. Low, Stuart M'Donald, A. D. Macpherson (M.A.), M. W. Manuk, F. H. Merry, William Mowat, J. S. Norwell (B.Sc.), A. L. Owen, A. J. Park, W. T. Ritchie, W. H. Robb, David Rodger, J. T. Shirlaw, F. O. de Souza, G. E. Stewart, Robert Thoruton, Andrew Wallace, A. E. White, and G. F. Whyte.

The Thomson Bursary, in the subjects of the preliminary examination, has been awarded to Mr. James Masson.

Navy Medical Service.

The undermentioned candidates, who competed on the 7th inst. and following days at Examination Hall, Victoria Embankment, for appointment as Surgeon in the Royal Navy, have been granted commissions:—

	Marks.		Marks.
F. E. Rock, M B... ..	2,854	T. W. Philip, M.A., M.B.	2,224
T. T. Jeans, M.B. ..	2,685	R. S. Bernard	2 214
N. J. Smith	2 547	L. Kilroy	2,211
R. A. Kiroy, B.A. ..	2,527	F. J. Barter, B.A., M.B ..	2,144
J. H. Pead, B.A., ..	2,466	J. Morratt, M.B.	2,142
G. R. MacMahon, B.A., M.B.	2,381	S. H. Birt	2,138
R. T. Gilmour	2,378	M. H. Knapp	2,122
H. C. Arathoon	2,356	R. D. Jameson	2,111
B. G. Heather	2,259	H. S. Burniston, M.B. ..	2,091
L. E. James	2,256	A. A. J. McNabb, M.B...	2,076

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

RE "THE OLDEST MEDICAL MAN IN EUROPE."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to your annotation under the above heading I beg to say that in the list of members of the Royal College of Surgeons, England, the name of W. Salmon, Penllyne Court, Glamorgan, will be found, diploma bearing date 1809, *vide* Calendar of College, issued under July 7th, 1893. As we may safely presume that Mr. Salmon was at least 20 years of age when admitted, it is to be assumed that he is now set. at in or about 105. Therefore Dr. De Boissy, being aged only 101 years, must now haul down his colours and admit that Britannia rules not only the waves but the ages as well.

I am, Sir, yours, &c.,
T. B. C.

London, May 18th, 1894.

Q. R.—There is nothing for it but to pay! *Dura lex sed lex.*

TUMOURS REMOVED BY LETTERS PATENT!

BY the legal revocation of a so-called patent, last week, one less of those wonderful nostrums, which heal everything and cure everybody has ceased to trouble "the weary who are at rest." It was in the Chancery Division of the High Court of Justice, before Mr. Justice Kekewich, that the Pharmaceutical Society of Great Britain presented a petition for the revocation of a patent which had been taken out by one David Wilkinson, of Ripley, Derbyshire, for the removal of tumours, abscesses, and other useless excrescences. His Lordship made an order in accordance with the prayer of the petition, and the defendant retired.

DR. R. P.—There is doubtless a "medical aspect" to the London Streets and Buildings Bill, but we fail to see that this is any justification for inflicting upon us four columns of prose directed thereto. Everyone recognises the value of air and light, and, to quote a Rabelaisian simile, it is like endeavouring to elicit a sigh from a dead donkey to expect to excite any general interest on a foregone conclusion.

DR. BRUCE FERGUSON'S case of vertigo from tobacco is marked for early insertion.

A SUGGESTION IN RHYME.

A CORRESPONDENT sends us the following:

Tiny protozoa
Such as Clarke can see,
May be *causa vera*
Of malignancy.

DR. CRAIG.—We have the matter in hand, and hope to be able to deal with it next week.

MR. C. N. S.—Thanks for report, but the circumstances and all that concerns the case are so out of date that we could not refer to it at this period.

"DUCKING DAY."

ON the 17th inst. a coroner's jury at Plymouth returned a verdict of manslaughter against William Luscombe and Samuel Hine, two lads living at Loddeswell. In that village May Day is known as "Ducking Day," it being the custom for the boys, whenever they have the opportunity, to throw water over the passers by. Luscombe and Hine, from behind a hedge, threw a bucket of water at Dr. Twining, Medical Officer of Health, as he was driving through the village, to whose death, in consequence of the injuries he received from being thrown from his dog-cart, we have recently, with regret, referred.

DR. ALFRED SWANN'S letter is unavoidably held over.

Vacancies.

Bridgwater Infirmary.—House Surgeon. Salary £70 per annum, with board and residence. Applications and testimonials to the Hon. Secretary on or before June 15th.

Brislington House Private Lunatic Asylum.—Assistant Medical Officer (unmarried). Salary £250 per annum, with furnished apartments, board, and washing. Applications and testimonials to Dr. Bonville Fox, Brislington House, near Bristol.

County Lunatic Asylum, Lancaster.—Assistant Medical Officer (unmarried) also to act as Pathologist. Salary £100 per annum, increasing to £1[illegible]0, with board, &c. Assistant Medical Officer (unmarried). Salary £100 per annum, with board, &c. Clinical Assistant. No salary, but board, &c. Dispenser (unmarried). Salary £50 per annum, with board, &c. Applications and testimonials to the Medical Superintendent.

Earlswood Asylum for Idiots, Redhill, Surrey.—A fully qualified Practitioner (married preferred). Salary £500 per annum, with furnished residence, &c. Applications and testimonials to the Board of Management, 36 King William Street, E.C., on or before June 12th.

Flintshire Dispensary.—Resident House Surgeon. Salary £120 per annum, with furnished house, &c. Applications and testimonials to the Secretary on or before June 5th.

Jaffray Suburban Branch of the General Hospital, Gravelly Hill, near Birmingham.—Resident Medical and Surgical Officer. Salary £150 per annum, with board, residence, and washing. Applications and testimonials to the House Governor on or before May 29th.

Liverpool Stanley Hospital.—Assistant Honorary Surgeon. Applications and testimonials to the Hon. Secretary on or before May 31st.

Stamford, Rutland, and General Infirmary.—House Surgeon (unmarried). Salary £100 per annum, with board, lodging, and washing. Applications and testimonials to the Chairman of the Special Committee on or before May 25th.

Victoria University.—University College, Liverpool.—Medical School.—Applications are invited for the George Holt Chair of Pathology. Endowment £375 per annum, together with share of fees. Also the Derby Chair of Anatomy. Endowment £375 per annum, together with share of fees. Applications and testimonials to the Registrar on or before June 2nd.

Appointments

BELL, T., M.D., B.Ch.Dub., Medical Officer for the Warrenpoint Dispensary District.

CULROSS, J., M.B., C.M.Glasg., Medical Officer of the Workhouse, Newton Abbot.

DOUGLAS, C. E., M.D., C.M.Edin., Medical Officer of Health for Cupar, Fife.

DURANT, W. J., M.B., B.S.Durh., Surgeon to the Hospital for Diseases of Women, Newcastle-on-Tyne.

FOSTER, J. R., M.B., M.S.Edin., Resident Medical Officer to the Cardiff Workhouse.

JONES, J., M.R.C.S., Surgeon to the Dewsbury and District General Infirmary.

LEATHAM, R. R., B.A., M.B., B.Ch., R.U.I., Assistant Resident Medical Officer to the North-West London Hospital.

MOLLOY, W. J., and MCAVOY, H., Senior and Junior House Surgeons to the Jervis Street Hospital, Dublin

MULLALLY, W. T., M.D., M.Ch., R.U.I., Dipl. San. Scie., R.C.P.I., an Hon Physician to the Ballarat District Hospital, Australia.

NESS, R. B., M.B., C.M.Glasg., Honorary Physician to the Royal Hospital for Sick Children, Glasgow.

NICOLL, J. H., M.B., C.M.Glasg., Honorary Surgeon to the Royal Hospital for Sick Children, Glasgow.

ORCHARD, J. S., M.D., C.M.Aberd., M.R.C.S., Visiting Physician and Surgeon to the Chorlton Workhouse.

PENNY, E. J., M.D.Brux., M.R.C.S., Medical Officer and Public Vaccinator for the First Sanitary District of the Tonbridge Union.

SARJEANT, J. F., M.R.C.S.Eng., L.R.C.P. Lond., Resident Medical Officer to the North-West London Hospital.

Births.

CRAMPTON.—May 14th, at Bond Street, London, the wife of T. H. Crampton, L.R.C.P.I., L.R.C.S.I., of a son.

DALISON.—May 16th, at Puddlestown, Dorset, the wife of Bernard E. Dalison, M.B.Ed., of a daughter.

JACOBSEN.—May 15th, at Ashwell Baldock, the wife of G. Oscar Jacobsen, M.R.C.S., L.R.C.P.Lond., of a son.

PRICKETT.—May 12th, at Oxford Square, the wife of Marmaduke Prickett, M.D., of a daughter.

RUSSELL.—May 13th, at Plås Alltran, Holyhead, the wife of William Fox Russell, M.B., Trinity College, Dublin, of a son.

SCOTT.—May 10th, at Fitzwilliam Square, Dublin, the wife of Dr. J. Harrison Scott, of a son.

SMYLY.—May 13th, at the Rotunda Hospital, Dublin, the wife of W. J. Smyly, M.B.Dub., of a daughter.

WEBBER.—May 13th, at Sutton Valence, Kent, the wife of Edward S. Webber, M.B.Cantab., of a son.

WILSON.—May 19th, at the Clock House, St. Leonard's-on-Sea, the wife of A. S. Wilson, M.B., D.P.H., of a daughter.

Deaths.

BROWNE.—May 17th, at Tulse Hill, Myra, eldest daughter of Robt. F. Browne, F.R.C.S.

DICKSON.—March 22nd, at Tarnagulla, Victoria, Australia, suddenly, Benjamin D. Dickson, B.A., M.D., T.C.Dublin.

GRAHAM.—May 12th, at Asfield Villa, Chamberlain Road, Edinburgh, Archibald Graham, M.D., H.E.I.C.S., late Deputy-Inspector-General of Hospitals, Bombay Army, in his 95th year.

HAMPSHIRE.—May 18th, at Jersey, F. Knowlton Hampshire, M.B., M.R.C.S., late Surgeon to the Straits Settlements, aged 50.

LEEPER.—May 16th, William Waugh Leeper, M.D., J.P., of Loughgall, aged 72.

SMITH.—May 10th, at Winnipeg, Manitoba, of scarlet fever, Walter Heywood, eldest son of Heywood Smith, M.D., of Harley Street, London, aged 21.

STONE.—May 14th, at King's Road, Wimbledon, Thomas Madden Stone, late of the Royal College of Surgeons, aged 79.

WARD.—May 17th, at his residence, Blyth, Northumberland, Gilbert Ward, F.R.C.S Eng., in his 90th year of age.

WEIR.—May 17th, at St. Mungo's, Great Malvern, Archibald Weir, M.D., F.R.C.S.Ed., aged 65.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

Vol. CVIII. WEDNESDAY MAY 30, 1894. No. 22.

Original Communications.

IS OPHTHALMIA SPREAD BY WASHING AND BY WASHING UTENSILS?

By SYDNEY STEPHENSON, M.B.,

Surgeon to the Ophthalmic School, Hanwell, W.

That ophthalmia may be communicated to healthy persons by the use of infected washing utensils is not an altogether modern view. As long ago as 1808, in his treatise *On the Purulent Ophthalmy*, James Ware[1] wrote as follows:—"The most natural explanation appears to me to be that this particular disorder is only communicable by actual contact; that is, by the application of some part of the discharge which issues, either from the tunica conjunctiva of an affected eye, or from some other membrane that secretes a similar poison, to the tunica conjunctiva of another person. That such a mode of communication did prevail in several of the regiments, in which the disorder raged with the utmost malignancy in the last year, is, I believe, admitted both by the surgeons who belonged to those regiments, and by the medical inspectors who were appointed to inquire into it. I can aver that the same effect has been produced by a similar cause in schools and in nurseries. In both of which, from inattention to a rule which I believe of much importance, though too little regarded, of hindering the hand basins and towels, which have been used by persons who have this disorder, from being employed by others, before they have been thoroughly cleansed, the ophthalmy has been communicated to nearly twenty in one school, and to the nurse, and several of the children in more than one family."

Ware has been quoted fully, as it would be difficult, even in the light of modern scientific knowledge, to state more clearly the usual mode of propagation of this contagious malady.

Three years later, Dr. Charles Farrell,[2] who saw much of the disease among the British soldiers in Egypt and in Sicily, expressed himself clearly on the matter. He remarked that "as it was necessary to prevent the communication of the morbid matter of the eye from one patient to another, each man was provided with a washing basin, and was strictly enjoined not to touch those belonging to others."

Writing in 1820, Dr. John Vetch,[3] Principal Medical Officer to the Ophthalmia Military Hospital, said:—"In the Army, such an ophthalmia has extended to whole regiments, without any appearance of the disease among the inhabitants of the neighbourhood, and . . . . the free intercourse that subsists among the men, as to washing in the same water, using the same towels, and sleeping more than one in a bed, readily accounts for the rapid extension of the disease." Vetch also remarked:—"In these barracks, as I have already observed, crowded to excess, the bedding, the water in which the soldiers wash themselves, and the towels which they use in common, presented so many ways of bringing the virus into action, that sleeping or waking, it was nearly impossible that its contact could be avoided."

Since the times of Ware, Farrell, and Vetch, many authors have adopted a similar attitude with regard to the spread of ophthalmia. Thus, in 1844, Lawrence[4] spoke of the necessity of isolating patients suffering from that disease, and of allowing an affected person to use none but his own cloths, sponges, and utensils. In 1854, Mackenzie,[5] dealing with the prevention of ophthalmia amongst soldiers, made this significant remark. "Barrack towels must afford a constant medium for the communication of this disease; they ought, therefore, to be discarded, and every man furnished with a towel for himself." In 1869, again, J. Soelberg Wells[6] wrote:—"The attendants must be warned that the discharge in catarrhal ophthalmia is contagious, and that sponges, towels, &c., used for the patient must be kept carefully apart, and not employed for any other purpose."

Recent writers are almost unanimous in their views as to the agency of faulty washing arrangements in the spread of ophthalmia. Thus Berry, Frost, Sandford, Juler, Dastot, De Schweinitz, and Von Arlt draw attention to the subject. Mr. Brudenell Carter[7] expresses his opinion in no uncertain way when he says that "experience seems to show that a practical community of washing arrangements is one of the most ordinary channels for the propagation of ophthalmia." Stevenson and Murphy, in their monumental work on *Hygiene and Public Health* (1893), advance a similar view. "The use of the same towel and basins, and an insufficient water supply are," they say, "the principal means by which the disease is spread, and their use may prove a danger not only to others but to the man himself by re-inoculation." The well-known Vienna Professor, Dr. Ernest Fuchs,[8] also, is emphatic upon the matter. "It has been positively ascertained," he writes, "that many epidemics have been caused by means of washing water and towels."

Those who have had to deal with ophthalmia in the Parochial Schools of the Metropolis have, almost without exception, insisted upon the danger of common washing. Dr. Mouat,[9] who reported to the Local Government Board in 1873, wrote as follows:—"The washing arrangements of the schools, however carefully watched and conducted, with basins and towels as at present supplied, are not such as to preclude the possibility of discharges from diseased eyes being brought into contact with those which are healthy. All children should wash at running taps, and the use of basins be discontinued in every school."

A year later, Dr. J. H. Bridges,[10] at that time Poor-law Inspector, added the following weighty testimony:—"The lavatories in pauper schools acquire special importance, because if imperfectly arranged they may be a very formidable means of propagating ophthalmia and other infectious complaints. When half-cured or convalescent children are mixed with the rest, the use of the same water or the same towel has, there can be no doubt, been a frequent source of infection." Much importance must be attached to this expression of opinion on the part of Dr. Bridges, who not only took great interest in the question of ophthalmia during a long official experience, but also enjoyed abundant opportunities of collecting evidence as to how the disease was spread.

Mr. Nettleship, however, seems to hold a different opinion. In his classical *Report on Ophthalmia in* *the Metropolitan Pauper Schools* (1874) he states that he has failed to trace any constant relation between the lavatory and washing arrangements, on the one hand, and the ophthalmic state of the schools, on the other; that those arrangements were well carried out, both in the institutions with the least and in those with the greatest amount of disease. After a careful review of the evidence, he is not disposed to attribute much importance to water as a vehicle for contagion, and he is further of opinion that the share taken by towels in this respect is less than many people suppose.

Any views coming from so distinguished an authority deserve careful attention. At the same time, one must not forget that the statistical method, on which he appears to found his conclusions, is surrounded with pit-falls. One fallacy may, perhaps, be pointed out, viz., that the greater the amount of the disease in any given school the more attention would naturally be devoted to the sanitary administration. We may thus explain the seeming anomaly that at Hanwell, where much ophthalmia existed, the supply of clean towels and of water was practically unlimited—unlimited, in short, because of the disease. After all, Mr. Nettleship's words amount, when analysed, to little more than a carefully guarded and qualified expression of opinion; and his failure to associate defective washing arrangements with the spread of ophthalmia cannot by any means be accepted as proof that the two conditions are not related in fact. His statements possess a negative value only. Anyway, it should be noted that Mr. Nettleship does not allow any theory of the kind to interfere with his views upon the point of prevention. His words are decisive enough on that score. "I hasten to add," he says, "that I should on no account allow the slightest relaxation of vigilance in respect to washing and bathing. I should make an abundant supply of clean water and towels, both for daily washing and for bathing, essential."

Thus far we have been dealing with individual opinions, rather than with ascertained facts.

At first sight it may, perhaps, seem curious that few observations, experimental or otherwise, have been recorded to show the connection between washing arrangements and ophthalmia. This omission is doubtless due to the fact that actual proof is not easy to obtain under ordinary circumstances; indeed, as regards the specific agency of water, it must necessarily be of an inferential nature. Towels, sponges, basins, and water form, after all, merely one of many means by which the seeds of infection may be scattered, and it would be difficult, if not impossible, to prove that in any given case they and they alone were to blame. Any conclusions in that direction must generally be arrived at by exclusion, rather than by other methods.

Towels and sponges would seem, *prima facie*, to be more likely agents in the spreading of disease than water; that they are so in point of fact is shown by a certain amount of direct evidence. For instance, the following case, which occurred in 1804 during an epidemic of ophthalmia in Chelsea Military Asylum, is recorded by Sir Patrick Macgregor.[12] A nurse, engaged in washing the eyes of a lad with ophthalmia, inadvertently applied the sponge that she had used to her right eye. This circumstance she mentioned to the other nurses, but she took no means to prevent infection. Eight hours after her eye began to feel uncomfortable, and next morning the disease was fully established. The eye was eventually lost. Another striking case is narrated by Delpech.[13] A young woman washed her eyes with Goulard water and a sponge, both of which articles had been previously employed by a youth suffering from gonorrhœa. Shortly afterwards she was attacked with violent ophthalmia, which speedily led to loss of sight. Tyrrell[14] records the case of a woman who occupied a room with her son, a young man, some 26 years of age, who had contracted a similar infectious disorder. She used a towel that had been contaminated by the young man, and in consequence contracted purulent inflammation of the eyes, which ended disastrously in three days.

Other instances of a similar kind are scattered throughout the literature of ophthalmia, and there can be little doubt that purulent disease has been commonly spread by indiscriminate use of towels, sponges, and other articles of that kind. It becomes impossible to deny that what is true of purulent ophthalmia may not be also true of any contagious eye disease accompanied by discharge.

It has been already remarked that evidence as to the actual agency of water in the spread of infection must be nearly always inferential rather than direct, suggestive rather than conclusive; in other words, that proof positive of such a connection cannot generally be obtained.

Vasani, at the commencement of the present century, succeeded in communicating ophthalmia to a dog by dipping it into water in which the eyes of two other animals labouring under the disease had been repeatedly washed. A similar kind of experiment was carried out by Van Roosbroeck,[17] who caused some patients suffering from purulent ophthalmia to bathe their eyes in a limited portion of water. The fluid was then divided into three parts, one of which was submitted to the action of heat, to another chloride of lime was added, while the third was neither heated nor treated chemically. Eyes afflicted with pannus were then innoculated. It was found that, while the first and second of the portions produced no effect, a single application of the untreated liquid never failed to induce the original malady. These experiments may be accepted, I think, as positive evidence of the existence of water-borne ophthalmia.

Piringer attempted to show that contagious discharges lost their infective properties when diluted with a sufficiency of water. According to his investigations, the most virulent pus is rendered inactive by the addition of 50—100 parts of water. It is more than doubtful, however, whether mere dilution would render impotent the germs to which purulent ophthalmia is certainly due. If we regard water as merely distributing the poison, it is less likely that a much diluted drop would contain any of the virus necessary to set up inflammation in an eye that it might reach. Nevertheless, Piringer's observations render still more difficult an already complicated subject, and cannot be disregarded when considering the question of transference by water.

It is quite possible that in some instances disease may spread not so much through the water as by means of infective particles that cling about the washing basin. But this is a mere refinement, and in practice it matters little which of the two methods might come into play. It will be sufficient for our present purpose to show that the common use of water or of washing basins is a source of danger.

Professor Snellen[15] has pointed out that one of the chief reasons for the continued prevalence of trachoma among the Jews of Amsterdam is connected with their ceremonial ablutions. The women, it appears, periodically bathe in common tanks, plunging their heads beneath the water. As many of the bathers suffer from chronic ophthalmia, Snellen says that this ceremonial observance becomes a frequent source of infection, contagious particles being conveyed by the water from eye to eye.

Dr. J. A. Marston,[16] has related some interesting and fairly conclusive instances in which the disease was spread through the agency of water. It appears that the malady was at one time so prevalent in the convict prison at Gibraltar that among the inmates of a particular dormitory one man alone escaped the infection. Being of a cleanly disposition, this individual never washed in the ward, but postponed his ablutions until such time as he could obtain pure water and plenty of it.

The facts of a second case are as follows. "The military prison was in a very crowded state, so that many prisoners had to be confined in the cells at Upper St. Elmo. These prisoners were not marched down to the lavatory of the prison, but washed out of two tubs, the water not being changed for each man, so that from 20 to 40 men washed in this water. A prisoner (Private S., 15th Regiment) was one of the first to suffer from ophthalmia, and the affected men of the Royal Artillery stated that they had washed in the water used by Private S. Until their then present attack they had never suffered from 'weak' eyes."

Perhaps, however, Marston's most conclusive case is the one to be now narrated. It may be given in the author's own words.

"A married officer, holding an important staff appointment, and residing in one of the largest and best houses in Valetta, sent for me to see one of his children suffering from ophthalmia. I was surprised to find that the child had vesicular lids, and still more so when I discovered that nearly the whole family had indubitably vesicular lids, mostly in a latent stage. The English nurse was affected, also the baby. I next discovered that a native wet-nurse had *lids advanced to a chronic and confirmed stage of the disorder*; the baby slept with her. The children were frequently bathed in the same water. An officer of the same department who had arrived but a few days at the station, was temporarily put up in the quarters of this affected family. His nurse and child occupied the same *day, but slept in a separate room*, and used *separate washing utensils*. They were perfectly free from the disorder. These facts leave no doubt in my mind that the native wet-nurse's lids were the *fons et origo mali* in the house."

The sole ambiguity in the foregoing case lies in the use of the term "vesicular lids." If by that expression Marston meant the contagious affection known nowadays as trachoma, there can be little doubt that his interpretation of the facts was the correct one.

Dr. A. Leith Adams[18] has published some analogous cases, of which the following may perhaps be quoted:—"One company of the 22nd Regiment was quartered, in 1864, in huts in an outwork of Floriana, Malta; there was no ablution room, and the only water supply was procured in buckets from a cistern distant about 200 yards in the ditch below. Now in this company there was a man who had suffered from granular lids, which were still discharging scantily with the mucous membrane in that thickened and abnormal state which may last for months or years after the disease has to all outward appearances been cured. In the course of a few weeks afterwards several cases of granular disease occurring among the men necessitated a careful inquiry into the probable cause or causes, when, in addition to what has been stated, it was shown that there had been a custom at early, or 'rouse parades,' in order to get through the morning ablution with dispatch, for sometimes six to eight men to wash in the same water, and dry their faces with each others towels." Adam adds: "I have numerous other examples tending towards a probability that ophthalmia is frequently communicated among soldiers in this way."

My own personal experience has furnished me with a number of instances where it was highly probable that ophthalmia was spread by water. Two such cases may be related, of which the first occurred some years ago under the following circumstances.

Two patients lay in the same ward. One of them was labouring under an attack of purulent ophthalmia, while the other was awaiting operation. The latter (whose eyes had been previously healthy) developed the disease, and it was then discovered that both had washed, on more than one occasion, in the same bowl and water, although separate towels had been used. The water, in this instance, seemed to have served as the medium for contagion: ophthalmia was the antecedent, ophthalmia the consequent.

By those who believe in aerial infection, my inference will perhaps be regarded as fallacious. As a set off to that hypothetical objection, I may add that during an extensive experience I have never seen anything to lead me to believe in the existence of air-borne ophthalmia. At the Ophthalmic School, which admits every kind of ophthalmia, no instance of contagion borne in that way has been observed. The institution has been occupied for four years, yet not a single nurse has contracted the disorder. None of the teachers, moreover, who are necessarily in close contact with the patients, have been infected. Lastly, I am aware of no instance in which disease has spread from child to child in any other way than by contagion, *i.e.*, by actual transfer of morbid particles. Had the disorder been capable of transmission through the air, it must surely, according to the law of averages, have attacked many of the individuals who, though exposed, have enjoyed complete immunity. The fact is significant that the precautions taken have been based upon the theory that ophthalmia is spread by the conveyance, direct or indirect, of specific discharges from eye to eye.

Shortly stated, the facts of the second case were these. A number of children occupied a detached building, which was divided into two portions, each possessing separate washing, sleeping, and day-room accommodation. Portion A was occupied by patients convalescent from ophthalmia, while B contained cases of the acute disease. The two groups of children were kept wholly apart. Acute ophthalmia broke out among those quartered in section A, and attacked in the first instance two patients who were ascertained to have stolen round and used the lavatory belonging to the other side. According to the statements of the two children, they had dried their faces with their own towels, which with curious perversity they had carried with them on the occasion of their surreptitious visit.

It may be objected that the disease which attacked the inmates of section A was the result of relapse, and that it had nothing whatever to do with infection. While admitting that such may have been the case, I cannot fail to regard the coincidence I have related as both striking and suggestive. It almost looks as if the children, in their mischief, had unconsciously planned the details of a roughly conditioned scientific experiment.

In the last instance which I shall mention it becomes difficult to say whether water or towels or both were instrumental in spreading the disease. The facts of the case are as follows. Towards the end of 1893 my advice was sought concerning an epidemic of ophthalmia among the inmates of a provincial school. The disease, of muco-purulent type, was practically confined to the girls and infants who washed in common at an insufficient number of fixed basins. The boys occupied another part of the establishment, and had their own lavatory. They suffered little, and that not until late in the history of the epidemic. Inquiry elicited the fact that in the first instance the disease had been brought into the school by an infant, and I feel confident that it was afterwards spread among the other girls and infants by means of the towels and washing basins which they used in common.

In addition, then, to the opinions of many distinguished writers, both ancient and modern, some amount of direct evidence exists to show that contagious eye disease is spread by defective washing arrangements.

Epidemic ophthalmia, it is well known, finds its *habitat* among closely congregated communities of persons. It affects, for instance, schools, orphanages, barracks, ships, penitentiaries, workhouses, and prisons, where it gives rise to infinite anxiety, annoyance, and expense. As regards schools, indeed, it has been shown that the malady attacks those of the highest as well as those of the lowest social standing. Quite recently the fact has been insisted on that some of the best public schools of this country are liable to occasional outbreaks of the malady, and Mr. Jonathan Hutchinson has emphatically stated his opinion that the disease is the same in the rich as in the poor. The unfortunate condition, both past and present, of many parochial schools in this respect is familiar to every reader of the newspapers, and need be mentioned only in this place.

The two foregoing propositions may be regarded, then, as established. They are, first, that the contagion of ophthalmia is often spread by imperfect washing arrangements, and, secondly, that the disease is apt to occur among any congregation of persons. The obvious conclusion is that absolute precautions should be adopted with regard to washing arrangements, so as to eliminate that common source of danger. Contagion may be conveyed in many ways, some of which are so obscure and difficult to trace that it becomes almost out of the question to deal with them efficiently. When we turn, however, to its transfer by faulty lavatory arrangements, we find ourselves on firmer ground. It is possible, for example, to provide against one and the same towel being used by more than one person; it is possible to erect such apparatus for washing and bathing as to render the use of water by more than one individual a physical impossibility.

The limits of this communication do not allow of detailed description of these arrangements and contrivances. The fact may, however, be added that such methods are in everyday use at the Ophthalmic School, Hanwell, W., and also at some other metropolitan institutions. In my own experience at Hanwell I have always found that they answer their end admirably, and they should, I think, be supplied for all communities of persons living together under a common roof.

1. "Remarks on the Purulent Ophthalmy that has lately been Epidemic in this Country." 1803.
2. "Observations on Ophthalmia." London, 1811, p. 97.
3. "A Practical Treatise on the Diseases of the Eye." By John Vetch, M.D., London, 1820.
4. "A Treatise on Diseases of the Eye." 3rd edition, London, 1844.
5. "Mackenzie on Diseases of the Eye." 4th edition, 1854.
6. "A Treatise on Diseases of the Eye." London, 1869.
7. "St. George's Hospital Reports." Vol. vi, 1871-72.
8. "The Causes and the Prevention of Blindness." By E. Fuchs. English translation by Dr. R. E. Dudgeon, 1885, p. 165.
9. "Ophthalmia in Metropolitan Pauper Schools." Report by Dr. F. J. Mouat. Appendix to Third Annual Report of the Local Government Board.
10. "Ophthalmia in Metropolitan Pauper School." By Dr. J. H. Bridges, 1874.
11. "Report on Ophthalmia in the Metropolitan Pauper Schools." By Edward Nettleship, F.R.C.S., 1874, p. 127.
12. "Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge." London, 1812. Additional Remarks on the Purulent Ophthalmia. By Sir P. Macgregor, p. 58, *et seq.*
13. "Chirurgie Clinique." Vol. i, p. 318.
14. "Tyrrell on the Diseases of the Eye." Vol. i, p. 63, *et seq.*, London, 1840.
15. "Appendix to Dudgeon's translation of Fuchs, p. 287.
16. "Beale's Arch. of Medicine." Vol. iii, 1862.
17. "Traite Theorique et Pratique des Madadies des Yeux.' Vol. ii, p. 294. Gand, 1853.
18. "Army Medical Reports." 1869.

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London Post-Graduate Lectures

PHTHISIS AND LIFE ASSURANCE.

By E. SYMES THOMPSON, M.D., F.R.C.P.,
Consulting Physician to the Hospital for Consumption, &c., Brompton.

In the early days of life assurance the medical selection of lives was not attempted. The first life assurance society, "The Amicable," was founded in 1708, and existed for years before a medical officer was deemed needful. The same premium was paid by each applicant, whatever his age or however insecure his health. In process of time it was found desirable to exclude manifestly unhealthy applicants; hence it became necessary for the proposer to appear before the board. Some of the directors were shrewd in their judgments of the value of a life, but it soon became apparent that medical inspection was required for the selection of "first-class" lives.

The Clerical, Medical, and General Assurance Society led the van and began to receive "morbid lives" at an enhanced rate, the exceptionally strong medical element on the board enabling the office to conduct this responsible branch of insurance work with success. In some offices "invalid lives" make up a large and successful portion of the business of the office, whilst a few offices continue to refuse all but first-class lives.

As phthisis gives rise to 12 per cent. of the total mortality, it deserves the most careful attention from medical officers. The fact that among insured lives the mortality from phthisis is 8 per cent. shows that selection effects a material (4 p.c.) reduction. As the mortality from consumption occurs mainly in early manhood, it is essential for the stability of the office to detect and deal justly with this class. Half the mortality from phthisis among the assured occurs before the age of 40, and three-quarters before 50.

With degenerative disease, *e.g.*, gout, the risk is not a "diminishing," but an "increasing" one. The degenerative type is apt to involve descendants of the same sex; whereas phthisis involves both sexes, being especially marked among the sons of consumptive mothers. The conclusions drawn by Dr. Reginald Thompson from investigations at the Brompton Hospital, showing the very high mortality among the male descendants of consumptive mothers are not strongly confirmed by statistics obtained from selected assured lives. Paternal phthisical inheritance involves an excess of 23 per cent. above the expected deaths; maternal inheritance 25 per cent.; and, strange to say, maternal mortality in childbirth an extra risk of 28 per cent.

Statistics of the Mutual Office show that the death of collateral relations from phthisis has not been found to increase the risk or to alter life expectancy. Weismann's observations would prepare us to expect the death of brothers and sisters, uncles and aunts, and specially grand-parents, to have exercised a perceptible effect. It is probable, however, that a susceptibility or extra vulnerability is inherited rather than the disease itself; constitutional delicacy in the parent leading to susceptibility in the offspring.

Modern views as to the contagion and communicability of the tubercle bacillus tend to minimise the influence of inheritance, but the truth of heredity in phthisis is sustained by statistical evidence.

Among the symptoms of consumption, Dr. Symes Thompson showed that hæmoptysis was very serious in its effects. The class of cases accepted at the Equity and Law Assurance Society with an extra rating on the ground of hæmoptysis proved a very unfortunate class. Again, asthma, with its resulting emphysema and dilated heart had not been adequately covered by extra rating.

The difficulty of obtaining evidence to justify the acceptance of cases of phthisis in the first, second, and third stages was pointed out. A few instances were recorded in which such cases had been safely accepted with extra rating for short periods under the "endowment" or "limited payment" systems. A case of chronic cavity, with fibroid change at the apex of the lung, was detailed in which it was determined to accept the life, at a considerable extra rating, all premiums to be paid up in seven years. After the lapse of six years, the proposer being in good health and the evidence of lung disease less marked, it was determined to accept another proposal for ten years.

It may not be easy in insurance practice, when the opportunities for the examination of a case are limited, to make a prognosis with adequate confidence to justify the acceptance of a life in which there is serious organic disease. It must be remembered, however, that, with the advance of pathological knowledge, with accurate clinical methods and acquaintance with the natural history of disease, a prognosis may be made with such precision as to justify the acceptance of the risk.

In valvular disease of the heart the extra risks have been justly assessed, and in very many instances such lives have been safely assured. The same is true in regard to lung disease, and as experience increases such lives will be rightly received.

If each annual payment covers only a proportionate part of the sum assured very insecure lives may be insured without undue risk.

The statistics of the Washington Life Office show that medical selection has but little influence in diminishing risk after the first year. Of 353 deaths from phthisis during the first year of assurance.11 per cent. died ; second, 22 ; third, 24 ; sixth to tenth, 17 ; above ten years ,14. In English offices the results are much less unfavourable. The "New Mortality Tables" about to be prepared by the English offices will make plain many questions now obscure or unanswerable.

Sir Richard Quain stated at Cardiff, recently that the mortality in London had fallen since 1849 from 29 per 1,000 to 19, and the new experience would doubtless prove more favourable than that hitherto accepted as the basis of actuarial calculation.

Various medical forms used at different offices were considered. The elaborate and complex forms in use by the American offices may possibly draw out useful information from the various doctors in the U.S. and elsewhere to whom they were sent, but it was found best in England to apply only to highly qualified medical men, to ask them to fill up a short and simple form and to say clearly whether they recommended the life for acceptance or not.

A medical examiner should act in the closest sympathy with the actuary, but in his relations with the agent should exercise a discriminating caution.

The faculty of making reliable forecasts and accurate generalisations was a rare one. To adjust a suitable extra rating to meet a definite disease was comparatively easy, but to assess the degree of deterioration in a case of vague and ill-defined disorder was exceedingly difficult.

The chief medical officer was often obliged to "refer back" imperfect reports, to correct erroneous ones, and to be very watchful in taking note of omissions. Thus he was able to exercise a control over the selection of lives and greatly to enhance the value of reports which, when taken alone, could not be safely accepted.

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WHICH SHALL WE PERFORM,— CRANIOTOMY, CÆSARIAN SECTION, OR SYMPHYSEOTOMY?

By ROBERT P. HARRIS, A.M., M.D.,
Philadelphia.

There are many obstetricians at the present day, and their number is gradually upon the increase, who are opposed to craniotomy upon a living fœtus, and believe that the unborn infant has a much greater claim to be respected in the alternative of its mode of delivery than has in the past been accorded it. They regard this destructive operation as a relic of barbarism and believe that the mother should be subjected to some additional risk in order to preserve its life. With this end in view great efforts have been made in latter years to render the Cæsarian operation less dangerous to the life of the mother; and the much condemned one of symphyseotomy has been shown to have a legitimate claim upon our attention. It is very certain that these two operations can be performed with very little risk to the lives of the women, and that of the two, the section of the pubes has the lesser risk to the mother, while that of the abdomen and uterus saves the larger proportion of the children.

The possibilities of the two operations are best shown by the Cæsarian deliveries of Leipzig (1882-93), and the symphyseotomies of Italy (1886-93) all in Naples, but four. The number in each instance happens to be 54. The Cæsarian operations lost 3 women and 3 children, and the symphyseotomies 2 women and 6 children. Hospital success is far greater at the present day than that attained in private practice. If we honestly wish to know the capabilities of symphyseotomy we must examine the records of Profs. Morisani and Novi, of Naples, who have perseveringly tested it during 28 years. The claim that opening the pubes is apt to be followed by a want of union is entirely set aside by the results attained under pelvic fixation in Italy and the United States. As we have had 47 operations in this country we feel that we can speak from experience upon this point. The old claim that the pelvic conjugate gains so little in the operation that it cannot be of any practical value is entirely set aside in practice by the results with the forceps before and after section; theory is one thing here, and practice is another; the separation of the pubic bones gives in some cases much additional space.

Symphyseotomy is not as simple an operation as sometimes has been claimed, and the operator should handle both knife and forceps with skill. The subosseous incision of Naples, and adopted here, is far preferable to the direct incision of the French school, and is much more easy to dress after with a restraining apparatus. To make the prognosis favourable the patient should not have had a prolonged labour. Your country has never made a fair test of this operation, which is more of an alternate to the forceps and craniotomy than is the Cæsarian section. When you have had 10 symphyseotomies in England, performed under favourable prognoses, you may begin to talk of the method, from home evidence, and to reason understandingly upon its merits as a substitute for fœtal destruction. If these operations should be timely and performed with due care and skill, we have no fear as to their result in making the method satisfactory. New York City has had 10, and all of the women and children were saved except the first, mother and fœtus, operated upon *in extremis*. Ask any of her operators what he thinks of this method of delivery, and you may expect a favourable recommendation of it.

It is a very nice point to determine in some cases whether a fœtus known to be alive can be saved under symphyseotomic delivery or not, and whether under the feeling of doubt it will not be safer to perform the Cæsarian operation, and thus save it. This is very advanced obstetric surgery we admit, but I have twice advocated it in consultation; the proposal was adopted, and the women and children were saved. Personally, I have little fear of the Cæsarian operation, as the last eleven cases in which I was consulted, all recovered. Predetermined operations are rarely fatal in good hands in this country, and we are pleased to find that the fear of puerperal cœlio-hysterotomy is being very much reduced in Great Britain, through the successes of Prof. Murdoch Cameron, of Glasgow.

As home experience evidently has a most convincing effect in the British Isles we are anxious to get symphyseotomy fairly tested in London, believing that it will meet with favour, as it has here. Six members of the Philadelphia Obstetrical Society have operated sixteen times, and of these six, one has operated four times, and three others three times each, all in Maternity Hospitals. You cannot convince these obstetricians that symphyseotomy is not a valuable introduction, that there is any danger of its having a short-lived existence, or that opening the pubes carries a risk of producing lameness. By going back a century we can find arguments enough against the operation, but as we are in search of facts to encourage and to teach its present capabilities we are content to go back to January, 1886.

Note.—I spell "*symphyseotomy*" with an "*e*" as is done in Italy, France, and Germany, taking the term from the genitive.

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Selected Prescriptions and Therapeutic Notes.

141.—For Chloasma :—

℞ Hydrarg. perchlor., gr. x ;
Ammon. chloridi, ʒj ;
Sp. vini. rectificti, ℥j ;
Aq. hamamelid- dest., ℥iij.

M. A compress moistened in the solution is kept applied to the affected surface for a period of four hours. This produces a blister and the discoloured epidermis is replaced by one free from pigment.—John V. Shoemaker.

142.—For the Diarrhœa of Children :—

℞ Tinct. camph. co., ♏ xvij ;
Bismuthi subnitratis, ʒij ;
Syr. limonis, ℥ss ;
Mist. cret., ℥iss.

M. Shake well, and give one teaspoonful every three or four hours, to a child one year old.

143.—Useful in the Enteritis of Children :

℞ Ol. ricini, ʒj ;
Pulv. acaciæ, gr. xx ;
Sacch. albi., ʒss. ;
Tinct. camph. co., ♏ iv ;
Aq. anethi, ad ℥jss.

M. A teaspoonful every four hours for a child of one year.

144.—For Fœtid Feet :—

℞ Acidi salicylici, gr. xxx ;
Pulv. amyli, ʒv ;
Pulv. talci, ad ℥iij.

M. Dust in the socks.—J. C. Wilson.

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Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, May 25th.

The President, Mr. Hulke, in the Chair.

ANNUAL MEETING.

The election of officers for the ensuing session was then proceeded with. Mr. Hulke was re-elected President, and Mr. Gould and Dr. Hale White secretaries.

The annual report showed the society to be financially in a flourishing condition. In consequence of the great interest shown by the members of the Society in the exhibition of living specimens, the Council proposes to devote the whole of at least three evenings each session to this branch of the Society's work. These meetings will commence at 8.30 o'clock and will close at 10. Members of the Society will be allowed to give notice to the Secretaries of their intenton to exhibit living specimens up to four days before the meeting, and a list of the specimens to be exhibited will be sent by post to every member in the United Kingdom. This change necessitated certain alterations in the laws and provisional regulations which were duly agreed to.

Dr. Churton on a case of

PANCREATIC CYST WITH DIABETES—ATROPHY OF PANCREAS—REMARKS ON TREATMENT OF THE CYST.

A man, æt. 35, was admitted into the Leeds General Infirmary on Nov. 28, 1892, complaining of pain in the abdomen and back, and intestinal rumblings. The epigastrium was prominent, and the pyloric third of the stomach, evidently pushed forward by a tumour behind it, splashed on palpation. The whole left hypochondrium was dull. The transverse colon was separated from the stomach by a dull area of varying width. The urine contained sugar ; its sp. gr. was 1033 ; its quantity was not yet markedly increased. The patient had become mentally and physically rather slow and weak ; his face and lips were pale. His family was not a robust one ; he himself had never been strong, but his three children were alive and well. He had never had any abdominal injury ; had been markedly dyspeptic for three years, and six months before admission, when there was influenza in his family, he had shivering, nausea, and pain in the epigastrium for several days, supposed to be caused by gall-stones. Exploration in the 8th left intercostal space in mid-axillary line found fluid of a dirty olive colour, containing very little ordinary albumen. A slight circumscribed peritonitis followed the puncture ; on its subsidence in a few days the patient was transferred to Mr. E. Ward for operation. Having made an incision in front, Mr. Ward drew off the fluid through a trocar, and then, having enlarged the opening in the cyst, passed his finger through the cavity to its posterior wall below the last rib, made an incision at that part for drainage, and closed the cyst and the wound in front. Dr. Arthur Clarkson, Demonstrator of Physiology in the Yorkshire College, gives the following (epitomised) analysis of the fluid : Slightly alkaline ; sp. gr. 1015 ; deposits red blood cells and leucocytes, the latter in the greater quantity ; some broken or ill-formed plates, doubtful cholesterine, serum-albumen, peptone, blood, pus, and mucin, but no sugar nor bile, found by chemical testing. Spectrum of methæmoglobin. No trypsin ; no fat-splitting nor milk-curdling ferments ; a starch-converting ferment (amylopsin) is present. The patient returned to the medical ward on Jan. 30, 1893, and was there treated with pancreas-extract, or liq. pancreaticus, and various kinds of diet, including grapes, one-third of a pound daily, which appeared to considerably increase the quantity of sugar in the urine. In February there was a trace of acetone in the urine. In March the discharge from the sinus, which had been clear and watery, became again purulent, but remained small in quantity until September, when it was increased, and there were signs of re-accumulation of pus behind the stomach. Purpura appeared on the feet and legs at this time. For two or three months he had been an out-patient, and improperly and insufficiently fed. Mr. Ward enlarged the sinus, liberating much pus ; but the suppuration afterwards, in spite of further incisions, spread behind the peritoneum, invaded the ureters and kidneys, and at length the patient died on Jan. 7, 1894. The pancreas was a mere mass of fibrous tissue, in which no trace of gland-tissue could be discovered by the microscope. In the duodenal end there was a very small cavity, apparently the remains of the former cyst. The duct could be slit up for about an inch and a quarter from the junction with the bile-duct in the papilla, when it stopped abruptly at a thick fibrous wall. There was no calculus. Three small branch-ducts could be traced from it ; they also ended in fibrous stroma. The thin body of the organ was composed of vessels and fibrous tissue. With respect to the treatment of pancreatic cysts, surgical opinion seemed to favour incision rather than aspiration, but the author, instructed by the present instance, considered aspiration preferable in cases associated with glycosuria, since—(1) the glysurin is a sign that the pancreas has become atrophied ; (2) that being so, it does not appear that life can be much prolonged, even with the aid of pancreas-extracts; (3) diabetic patients are more likely to become a prey to septic organisms; (4) pancreatic cysts have been cured by aspiration; (5) in eight successful cases treated by incision to which the author had been able to refer glycosuria was not present; (6) he had not been able to find records of any successful cases in which it existed.

The **President** observed that stress was usually laid upon the nature of the cyst contents in arriving at a diagnosis, but though this might possibly be of some value in new cysts it did not hold good of older cyst formations. For operative purposes he divided these cysts into two groups, first, those which were stalked and connected with only a small portion of the pancreas. These could easily be drawn up and drained. Secondly, those which were more or less sessile, and these were much less easy to deal with.

Mr. A. **Pearce Gould** said that since the publication of his two cases referred to by the author he had seen a third case, the main symptom was marked jaundice. There was a tumour about the size of the fist in the epigastrium which he cut down upon and drained. On the third day after the operation the patient sank and died with symptoms of commencing peritonitis. They were permitted only a partial post-mortem, and they had not yet had time to thoroughly dissect the specimen. There was a large cyst involving the head of the pancreas and the common bile duct lay over it, very much flattened, indeed hardly recognisable. In his opinion aspiration of these cysts was necessarily a rather dangerous proceeding. He had never done it himself, but having opened three such cysts in addition to having assisted at the opening of another he said that in every instance he was thankful that he had not attempted aspiration, for it would in every case have exposed the patient to the risk of wounding one or more of the large vessels running in front of the cyst, the stomach, or the duodenum. He pointed out that the contents of such cysts were usually too thick to come away freely through an ordinary aspirator trocar, and he repeated that the aspiration of abdominal cysts was unnecessary and dangerous. With reference to the indication afforded by concomitant glycosuria he suggested that in the presence of marked glycosuria it would be preferable to let the case alone. Such cysts, moreover, refilled with great rapidity, and no one would regard repeated aspiration as a safe or desirable practice.

Mr. **Wallis** said he fully concurred in regarding as undesirable the practice of aspirating abdominal cysts which was not a surgical procedure. In one instance at any rate he had seen alarming symptoms follow.

Dr. **Churton**, in reply, said he only looked upon aspiration as a *pis aller*. He had been very much impressed by the failure of the operation in his case especially as such patients were peculiarly liable to take on septic changes as shown by the fact that suppuration followed an attempt to collect some of the fluid for analysis. He pointed out that hydatids were sometimes cured by a single aspiration, and in most text-books it was stated that in certain instances cysts of the pancreas have likewise yielded to a single puncture. If this were so then he thought it was worth trying. If, on the other hand, aspiration always failed to afford permanent relief in diabetic patients he agreed that it would be better to leave such cases alone.

Dr. **Sansom** on a case of

PURPURA HÆMORRHAGICA WITH ACUTE PEMPHIGUS, PROBABLY INDUCED BY INFLUENZA.—TREATMENT BY LARGE DOSES OF SODIUM SULPHOCARBOLATE.—RECOVERY.

A girl, æt. 12, was admitted into the London Hospital, November 15th, 1893, in an extremely feeble and critical condition. Extravasations of blood were seen about the eyelids; there was much oozing of blood from the mouth; hæmorrhagic stains and spots were observed on the skin covering the chest, abdomen, back as well as upper and lower extremities. Bullæ (as of pemphigus) containing deeply blood-stained fluid were upon the left ala nasi, over the abdomen, the arms and the legs. The tongue, generally stained darkly, presented several small bullæ over its dorsum and sides; like blebs were seen within the lips, all containing blood-stained fluid; some bursting and liberating their contents to produce oozing from the mouth. There was vomiting, the vomit being blood stained and much blood was voided with the evacuations. The urine contained a trace of blood. The pulse, 124; respiration, 34 per minute · cough with deeply blood-stained sputa; bronchitic râles heard on chest front and base of right lung. The temperature on admission was 98·8° F., but rose on the day following to 103·8° F. Half-drachm doses of sodium sulphocarbolate were administered every four hours. During the next five days, the patient was in a very critical condition, the signs being little changed. After nine days, though there were indications of some general improvement, hæmorrhagic extravasations were observed on each fundus oculi with signs of double optic neuritis. There was, however, continuous amendment, though temperature rose on one day to 105° F., and on the next, to 104° F. All the morbid signs passed away, and the patient was discharged quite well after having been in the hospital for thirty-six days. It was thought probable, considering the mode of onset and the accompanying pyrexia, that the disease in this case was due to an infective agency. Collateral evidence showed that influenza might be attended with the signs and symptoms noted. In a well-marked case, the administration of sodium sulphocarbolate in half-drachm doses every four hours for a protracted period had been practised, and the patient completely recovered. Encouraged by this, Dr. Sansom adopted the like plan of treatment in the case now brought forward; the recovery was equally satisfactory.

Dr. E. **Diver** on

THE USE OF CHLORINE GAS IN THE TREATMENT OF CHRONIC ULCERS OF THE LEG.

The cases of two aged widows in the lower ranks of life formed the subjects of treatment. The gas used was formed by pouring about 2 drachms of potassium chlorate, ʒi or more of HCl in a pickle or marmalade jar, the outside of which was covered by brown paper. After this a disc of white paper was introduced, and on top of the paper a sufficiency of absorbent wool; a large cork was then fitted to the neck of the jar. The wool, yellowish green on the surface when at first exposed to view, was then placed over the ulcer in each case, and quickly covered by gutta-percha tissue; then the patient was left to do in the way of bandaging or covering what she had been used to. No rest was enjoined. The gas was probably chiefly Cl with some peroxide of Cl in mixture.

Patient H. had on commencing treatment a varicose ulcer on each leg between the calf and the ankle. Both steadily improved under treatment, and the left was well by the 28th January, 1894, having been under treatment eight weeks, and the dressing having been applied three times weekly. This leg had never been healed for 25 years; and at the time of commencing treatment was over 2 inches long by nearly 2 inches broad. The second ulcer is now nearly well, but its progress was impeded by an accident, and by several other circumstances.

Patient A had a large annular ulcer which originated in a cat bite some 20 years ago. Its boundaries were from a little above the ankle to near the middle of the calf, and were very deep. This was treated in exactly the same way, and soon its ashy surface showed granulations, which went on increasing until the level of the skin was reached in the middle of January, after six weeks' treatment. Since the ulcer has maintained its granulations, and narrowed very considerably its area; and is now steadily improving. The patients were exhibited to show their present condition. And drawings of the ulcer in patient A were shown to illustrate its appearance on the commencement of treatment, and on the 7th of April last.

After some remarks by the President and Dr. Benham, the author said that he had been led to try chlorine gas by observing the extraordinary way in which it increased the germinating power of poor samples of barley. This had induced him to employ it as a local stimulant.

LARYNGOLOGICAL SOCIETY OF LONDON.

Ordinary Meeting held May 9th, 1894.

Felix Semon, M.D., F.R.C.P., President, in the Chair.

LUPUS OF NOSE AND LARYNX.

Dr. **Dundas Grant** showed a patient who had suffered from hoarseness for two years, unaccompanied by pain, but with increasing obstruction of the left nostril. There was no pulmonary disease nor any family or personal history of phthisis. The disease affected the tip of the nose, the cheek, the soft palate, the posterior wall of the pharynx, the epiglottis, ary-epiglottic folds, and ventricular bands. A soft mass in the inter-arytænoid fold prevented the approximation of the vocal cords. The patient was being treated by scraping and the application of lactic acid, and was taking arsenic internally.

PROBABLE EPITHELIOMA LARYNGIS.

Dr. **Dundas Grant** showed a patient, æt. 67, a retired schoolmaster, who had suffered from hoarseness for three years. No cough and but very slight dysphagia, hard and hot things being swallowed quite easily. There was no dyspnœa, and no indication of thoracic disease. The thyroid cartilage was not expanded, and there was no enlargement of lymphatic glands. The whole length of the left vocal cord was occupied by a pale pink slightly granular ulcer the surface of which was somewhat convex in its middle part. The cord was fixed immovably in the middle line. The rest of the larynx was comparatively normal. The case was thought to be one of intrinsic carcinoma, from the appearance of the cord, the fixation of the arytænoid cartilage, and the age of the patient. The case seemed a favourable one for thyrotomy and partial removal.

The **President** thought that it could only be dealt with by thyrotomy. The extent to which removal should be carried must be determined after the thyroid had been opened.

PARALYSIS OF THYRO-ARYTÆNOID MUSCLES.

Dr. **Dundas Grant** showed the case of a post-office clerk who had suffered for three years from hoarseness unaccompanied by cough, dysphagia, or dyspnœa. No other disease or history of disease could be made out. The respiratory movements of the larynx were normal, but on phonation there was a very marked elliptical gap between the edges of the cords, except at their most anterior and at their arytænoid portions. The ventricular bands approximated to an extreme degree, and probably shared in some of the production of the voice, which was continuously husky and low pitched, but the patient could produce hoarse whispering tones ranging through nearly three octaves. The crico-thyroid muscle appeared to be acting well.

Dr. **Spicer** thought that at one point there was thickening and chronic inflammation much resembling the condition of pachydermia laryngis, and suggested that the whole of the symptoms might be explained by its presence.

The **President** had not observed any inflammatory changes, and thought that the case was paralytic in origin, but suggested that the case should be kept under further observation.

REMOVAL OF RIGHT LOBE OF THYROID FOR GRAVES' DISEASE.

Mr. R. **Lake** showed a patient, a young woman, who had suffered in 1893 from symptoms of Graves' disease, and from whom he had removed the right half of the thyroid gland and the isthmus. Relief to many of the symptoms had been complete. The remaining lobe appeared to have shrunk considerably. Microscopically the goître was partly composed of small cysts and partly of acini showing active cell formation as described by Greenhill.

The **President** suggested the possibility of the subsequent occurrence of myxœdema, and it was decided that the case should be seen again during the ensuing autumn session.

Dr. **Spicer** commented on the occasional failure of tablets of thyroid extract in the treatment of these cases.

Mr. **Lake** had met with successful cases so treated.

LUPUS OF PHARYNX AND LARYNX.

The **President** showed the case of a girl, æt. 10, who had complained of loss of voice for three months and ulceration of gums and palate for two months. Family history good, no syphilis, tuberculosis, or rheumatism. The gums, the roof of the mouth, the posterior palatine arches, the epiglottis and the ventricular bands were all affected with a rough uneven granular ulceration, in places partly cicatrised. There was no pain either in the mouth or the larynx, nor were there traces of any affection of the skin or nares. The case would be treated by scraping, application of lactic acid and possibly by the galvano-cautery, arsenic and cod-liver oil being given internally.

TWO CASES OF DOUBTFUL MALIGNANT DISEASE OF THE LARYNX, TREATED BY THYROTOMY AND RADICAL REMOVAL OF THE GROWTHS.

The **President** showed these cases. In neither had the diagnosis of malignancy been established beyond doubt, but in both it was deemed prudent to perform the radical operation. Case 1.—A gentleman, æt. 63, with an ill-defined papillary growth on the anterior half of the right vocal cord, the anterior commissure and the front part of the left vocal cord. Repeated recurrence had taken place after intra-laryngeal removal, and therefore all the parts affected were removed by thyrotomy. No recurrence had taken place. The growth was papillomatous with extraordinary horny thickening of the epithelium covering it. Case 2.—Colonel G. W. H , æt. 55, in whom a reddish growth on the left vocal cord had gradually spread and infiltrated the whole cord, producing an almost uniform thickening. The cord was removed and the basis scraped. At Mr. Butlin's suggestion (Society's "Proceedings," pp. 27, 28) Hahn's tube was removed immediately after the operation and no other introduced. The patient was kept strictly horizontal but on one side. He made a rapid and uninterrupted recovery. A further report would be presented as to the exact microscopic conditions of the parts removed. Special attention was called to the difficulty of dealing with the doubtful cases, from which it was not possible to remove portions of the growth for preliminary examination. The suggestions made by Mr. Butlin as to the slow use of Hahn's tube, its removal after the operation and the leaving of the wound completely open while the patient remained in the horizontal position had made exploratory thyrotomy so much simpler and easier that it might safely be adopted as the operation of the future for dealing with these cases.

SEQUEL TO A CASE OF OBSCURE ULCERATION OF PHARYNX IN A CASE OF ARRESTED PULMONARY AND LARYNGEAL TUBERCULOSIS.

The **President** showed a case which had already been described ("Proceedings," p. 74) in which pharyngeal ulceration had resisted treatment by scraping and the use of lactic acid, which had completely arrested the similar disease in the larynx. Examination of scrapings from the pharyngeal ulcers had failed to show the presence of tubercle. The ulceration had healed of itself, and the patient stated that it had done so before, hence its exact nature was still doubtful. Creosote had been given internally in large doses, and much of the success of the case was attributed to its constant use.

Dr. **Dundas Grant** agreed that creosote had formerly been given in much too small doses.

Dr. **Clifford Beale** quoted the experience of the Chest Hospital practice, where creosote had been given very freely both in large and small doses, and also in concentrated vapour. It appeared to be singularly well borne even by the delicate stomachs of tubercular patients, but there was as yet no positive evidence to show that in the cases of rapid and active disease any marked effects were produced.

FIXATION OF LEFT VOCAL CORD.

Dr. **Scanes Spicer** showed the case of a widow who for several years had suffered from hacking cough and hoarseness, aggravated by exertion. A history of infection with specific disease shortly after marriage, and the absence of any other indications, led to the diagnosis of fixation by ankylosis of the crico-arytænoid joint.

UNILATERAL LARYNGITIS.

Mr. W. R. H. **Stewart** showed a patient suffering from loss of voice due to redness and swelling of the right vocal cord and puffiness of the arytænoid cartilage. This had been temporarily increased by the use of steam inhalations at too high a temperature, producing an appearance similar to that seen in tubercular disease, but no evidence of actual tubercular disease could be obtained.

PROBABLE MALIGNANT DISEASE.

Mr. W. R. H. **Stewart** showed a patient, æt. 50, a gardener, with considerable swelling of the right side of the larynx and some glandular enlargement on both sides. The symptoms were chiefly soreness, dyspnœa, and dysphagia.

The **President** would limit operative interference to the intrinsic cases. Luschka had shown that the lymphatics of the larynx do not anastomose with other sets of lymphatics, but lead directly into two small glands close to the thyroid. Hence in the intrinsic cases there was so much less lymphatic enlargement. Where other lymphatics were involved the disease generally recurred.

Dr. **Bond** agreed with the President's views.

Dr. **Spicer** pointed out that disease had sometimes been thought to be intrinsic, but on operation had been found to extend beyond the limits.

CONGENITAL ABNORMALITY OF THE LARYNX.

Dr. J. B. **Ball** showed a patient the subject of an enlarged and apparently displaced left arytænoid cartilage, which passed in front of its fellow on phonation, but without any disturbance of vocal function.

Dr. **Watson Williams** (Bristol) exhibited a form of syringe adapted for submucous injections within the larynx, made by Messrs. Down Brothers for him.

Dr. **Bond** showed a case of Malignant Disease, and a case of Growths in the Nose and Naso-pharynx.

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France.

[FROM OUR OWN CORRESPONDENT.]

Paris, May 27th.

Pseudo-elephantiasis (neuropathic) of the Arm in an Hysterical Patient.

At the last meeting of the Société Medicale des Hopitaux M. Thibierge showed a patient affected with a variety of œdema of which cases are rare enough to deserve attention. By reason of the hysterical symptoms exhibited by the patient the question suggested itself whether the œdema also did not arise from the same neurosis. Besides cases in which it assumes the form well known from the description of Charcot (œdéme bleu) œdema of hysterical origin can—as in the observations recorded by Weir Mitchell—present the common appearances of acute œdema involving an entire limb. There was, however, some difficulty in the present case in placing the œdema among the symptoms of hysteria because its appearance did not coincide with the hysterical manifestations, and because the affected member was not the seat of either contraction or paralysis, symptoms which usually supervene upon hysterical œdema. It seemed rather that the main neurosis and the œdema merely coexisted, and each separately indicated the same neuropathic tendency in the patient. Three similar recorded cases were referred to in M. Thibierge's note.

Pigmentation of the Skin during Exhibition of Arsenic.

At the same meeting M. Richardiere showed a patient in whom Fowler's solution administered during only four weeks had caused a very marked brown pigmentation of the skin. The doses had been gradually increased, and the pigmentation displayed itself first on the 18th day. In a few days it became well marked. It affected the skin only, not the mucous membranes. It was much more marked in some regions than others. These were the axilla, the neck, the dorsal aspect of the fingers and toes. There existed also a large number of pigmented lenticular spots which appeared at parts where the skin had been previously bitten by insects or wounded in similar ways.

Cancroid of the Face.

At the meeting of the Academie de Médecine, M. Darier related a series of cases of cancerous tumours of the face rapidly cured by the daily application of a 5 per cent. solution of blue of methylene. This agent appears to be a regular specific upon the cancerous element; however, the effect is much more marked if the affected part be cauterised previously with chromic acid, or with the actual cautery.

In deep-seated tumours, the methylene blue should be employed in subcutaneous injections. M. Meyer cited also several cases which he had treated with the agent in question, and which were very quickly cured.

Lesions of the Stomach Simulating Cancer.

M. Ferrier drew the attention of his colleagues of the Surgical Society to a form of gastric disorder simulating cancer, and which was much ignored in a surgical point of view in France. A woman entered the hospital with gastric troubles, presenting all the symptoms of cancer and coinciding with the existence of an epigastric tumour. M. Ferrier performed laparotomy for exploring purposes, and found the stomach adherent to the walls of the abdomen, and to the left lobe of the liver. After breaking down those adherences, the operator closed the wound, and the patient gradually lost all bad symptoms, and left the hospital quite recovered. In concluding, M. Ferrier said that in many cases, purely inflammatory lesions could simulate cancer, and an exploring operation would put the case in its true light and do no harm to the patient.

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Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, May 25th.

THE SURGICAL CONGRESS.

On the third day of the Surgical Congress, Crédé, of Dresden, spoke on

The Technique in the Larger Amputations.

He said he had not found Esmarch's bloodlessness suitable in all cases, and thought that when constriction was not practised fewer vessels required ligaturing. For this reason he avoided the elastic bandages, and also suture and drainage. His principal attention was bestowed on the accurate coaptation of the edges of the wound and equable compression by gauze bandages. By this means the edges of the wound became quickly glued together. In forming the flap the muscles were also made use of for the purpose of assisting in the nutrition of the stump. In the 22 cases in which this method had been practised recovery had been surprisingly rapid. All healed by primary intention, and in ten days the stump had become firm and free frcm tenderness.

In the discussion that followed, both Profs. Gussenbaum and v. Esmarch agreed with the speaker.

Dr. Bier, Kiel, next spoke on

The Treatment of Surgical Tuberculosis by Stasis Hyperæmia.

Starting from the observation that very vascular organs were generally free from tubercle, he had attempted to bring about an artificial hyperæmia in tuberculous joints by artificial blood stasis. The results of his treatment had been exceedingly good, as the hyperæmia produced by constriction contributed to a better nourishment and a greater power of resistance of the affected parts.

Prof. Mikulicz, Breslau, said that he had frequently made use of the method in his klinik, and confirmed the favourable statements of the previous speaker. Whoever had seen the results obtained must arrive at the conviction that the method was an excellent one, and many operations would be avoided by its use.

Dr. Zeller, Berlin, who had also tried the method, had not met with such favourable results. He had only observed complete recovery in one case of recent tubercular joint mischief.

Dr. Barth, Marburg, discussed the subject of

Osteoplastics from a Histological Point of View.

He said that the implantation of bone free from germs or even ivory could only succeed in so far as the material implanted became absorbed, and was replaced by new bone, formed the periosteum of the old bone. The process was the same as when a piece of living bone was excised and immediately replaced. The piece of bone implanted could come into organic connection with the living bone and take on the function of the lost piece.

Prof. Helferich, Greifswald, showed numerous sections of bones of rabbits in which the intermediate cartilage removed and then replaced had not lost its function as regarded the continued growth of the bone.

Prof. Bramann, Halle, showed a man who had suffered such comminution of the humerus that there was no prospect of saving it from amputation. He attempted, however, to save the arm, and took a piece of bone from the tibia, putting it in place of broken section removed, with the fortunate result that complete union took place.

Dr. Riecheval then related a case treated by Prof. Bardenhauer, Cologne, of congenital defect of the radius in which the ulna was split along its whole length. the two halves separated, one half serving as the original bone and the other taking on the functions of the missing radius The carpal bones were adjusted in connection with the severed ends of the split bone.

On the last day of the Congress the

REPORT OF THE COLLECTIVE INVESTIGATION COMMITTEE ON ANÆSTHETIA

was received. Prof. Guech, Berlin, in presenting the report said on the proposition of the society he had carried out the investigation to a fourth year. In 1893 63 reports had been received, of which 9 were from abroad. 15 reports had been sent from 21 German University Kliniks. The total of last year's cases was 51,846. Of these 32,723 were chloroform administrations, 11,617 of ether, 3,896 with ether and chloroform, 750 with chloroform, ether and alcohol (Billroth's mixture), 2,769 with bromide of ethyl, 91 with nitrous oxide. The total fatalities was 20, and of these 17 were due to chloroform. The average death-rate was 1 in 2,587 administrations. The death-rate from chloroform was 1 in 1,924. When the results of the previous year were added the totals were 163,493 administrations with 61 deaths. The rate of mortality was: chloroform, 1 in 2,655; chloroform and ether, 1 in 8,014; Billroth's mixture, 1 in 4,890; bromide of ethyl, 1 in 3,662; ether, 1 in 26,268. In fact only one death had occurred from ether narcosis, and that was a case of heart disease. In correspondence with the low death-rate from ether, its employment had largely increased of late years from 6,200 in 1892 to 11,600 in 1893. Pichet's purified ice chloroform had been used 3,890 times with 2 deaths, so it would appear that the dangers of chloroform inhalation did not lie in any accidental impurity, indeed the facts seemed to point the other way, and that the danger was directly proportionate to the purity of the chloroform. This consideration had lately led to a different mode of administration. It had been given more slowly, and occasionally atropia and cocaine had been used with it. As regarded accidents 255 severe cases of asphyxia had occurred, and tracheotomy had to be performed three times. König's cardiac massage, so-called, was frequently used, but not always with success. Ether had therefore shown itself the least dangerous anæsthetic, ten times less dangerous than chloroform, but it was not without its shady side. It was dangerous in lung affections. It was agreed to still continue the investigation.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 25th.

SPERMATOCYSTITIS GONNORRHOIEA SUPPURATIVA.

REICH showed a young man to the "Gesellschaft" who came to him with a swelling of the right testis and pain along the seminal duct, which he stated had come on after a severe attack of gonorrhœa. On examination, per rectum, the prostate was small, but beyond it was very tender and tense to the touch far beyond the reach of the finger. Eight days later suppuration was observed to come away from this part by gentle pressure, and prostatectomia lateralis was thereupon resolved on as the best treatment. The opening was made on right side, the bowel carried towards the left, and a portion of the ischia removed till the abscess was reached, which was found in the vesiculæ seminalis. The fever disappeared, the bowels acted regularly, while the wound rapidly headed by the application of tampons.

He remarked that 18 cases were already recorded in literature, 6 of which had occurred after gonorrhœa, 2 from traumatic causes, and 10 the nature of which are not stated. In some of the cases the patient is described as passing red-brown sperma with painful ejaculations; but Reich's case had none of this. This method of reaching the vesiculæ seminalis was performed according to Dittel's for reaching the prostate, but Dittel, who was present, said that, however advantageous his operation is in reaching the prostate, he questions the advisability of performing it in such cases affecting vesiculæ seminalis.

STRUMA.

Schnitzler showed a preparation from a woman, æt. 31, who died the previous day shortly after the operation. She came to him with all the symptoms of morbus Basedowii and the thyroid greatly enlarged and impeding respiration. Strumectomia was decided on as the only permanent relief for her. Owing to the size of the gland the operation took hours, but no extra amount of blood was lost. The right side and enormously-enlarged middle lobe was removed entire with a portion of the left lobe. During the dressing the patient became pale, the breathing quiet, which recovered on way to bed; fifteen minutes after being placed in bed the respiration suddenly ceased in rhythm and became stertorous, the pulse slow, but regular, and the pupils contracted; shortly afterwards the breathing ceased, the pulse slower, and the pupils dilated to the extreme. The obduction revealed Paltauf's "Status thymicus;" all the lymphoid glands were greatly enlarged as tonsils, folicules of bowel and spleen. In addition to this a slight narrowing of the aorta was present with dilation of the heart, while the marrow of the long bones was greatly reddened. This peculiar condition has been shown by Paltauf to be the proximate cause of death occurring suddenly after or during the operation, which is more plausible than narcosis, &c. This view of sudden death appears to be confined to Vienna, and is supported by incontestible evidence by Albert and Kundrat. This case is the third sudden death within a very brief period, and all of them with similar post-mortem symptoms. Ghick attributed the death of his case to the pressure of the large thymus on the respiratory organs, as it occurred immediately on commencing the operation, while the death of Bardeleben's case occurred shortly after the operation. Schnitzler considers both of the cases were due to Paltauf's "Status thymicus." As this condition is frequently associated with morbus Basedowii, he thought the indications for surgical interference were negative. Paltauf said that the thymus was a sure symptom of the state of other glands which arise from different causes. He has found the thymus persistently enlarge with all the other glands after drink and chloroform where sudden deaths have occurred. The enlarged thymus must always be accepted as the indication of general glandular changes when associated with anæmia and narrowing of the aorta. He agreed with Schäffer in thinking that all the lymphatics take on a hyperplastic form concurrently. A persistent thymus, constantly increasing, would, therefore, be a signal to measure the entire constitution which is manifested by the persistent anæmia.

Eisenschutz observed that he had seen cases of enlarged thymus in children who had passed through the asphyxia stage of cholera. He considered some connection to exist between deaths from chloroform and cholera. He did not believe in compression of the trachea, but thought that changes in the blood with chlorosis had much to do with the exitus. In these persons a kind of vulnerability existed.

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THE special usefulness of a medical magistrate was illustrated last week at Faversham. A workhouse inmate was arraigned before a medical J.P., charged with refusing to work, to which he pleaded that he was the victim of heart disease, whereupon the magistrate promptly descended from the Banch, produced a stethoscope, auscultated the culprit, and reascending the throne of justice, sent him "up" for seven days for malingering.

IT is proposed that the British Medical Association shall hold its meeting of 1895 in London.

GENERAL MEDICAL COUNCIL
OF
EDUCATION AND REGISTRATION.
SPRING SESSION, 1894.

The President, Sir Richard Quain, Bt., in the chair.

FIRST DAY—Tuesday, May 22nd, 1894.

After the usual Presidential Address sketching the work which awaited the Council, it was resolved, on the motion of Mr. Carter, to sanction a scheme submitted by the Society of Apothecaries providing that the assistant examiners in surgery should retire in rotation and should not be eligible for re-election until after the lapse of two years. In virtue of this scheme Mr. Walsham retires and Mr. Bernard Pitts takes his place.

Medical Aid Associations.

Mr. Bryant called attention to the rapid increase in the number of medical aid associations conducted by laymen for profit, and he directed the attention of the Council to the injurious influence which, in his opinion, such associations have upon the public as well as upon professional interests, and he moved that the matter be referred to the legal advisers of the Council to consider whether these associations were properly registered under the "Friendly Societies Act (1875)." He based his arguments on the degradation attending the placing of a professional man in the position of a paid servant of a trading company, thereby rendering it obligatory on himself to attend medically people who had no claim to be treated on charitable or inadequate terms. He contended, moreover, that such a practice tended to degrade the high character of medical science as represented by the officers of such institutions, working as they did under conditions which were not only humiliating, but which made it difficult for them to efficiently perform their responsible duties.

Sir Dyce Duckworth seconded the motion.

Dr. McVail, without entering into the merits of the question at issue, urged that the legal point raised by the motion did not belong to the Council to decide, their duty being only to protect the public against incompetent practitioners.

Sir Walter Foster endorsed this view on the ground that it was for the public to take action in the matter. He admitted, however, that medical men accepting such appointments might be construed to be guilty of infamous conduct in a professional respect, and he suggested that a better way of re-opening the subject would be to re-appoint Dr. Glover's Committee for the purpose of framing a resolution which could be submitted to the Council.

Dr. MacAlister, as a member of that Committee, asked to be excused should this course be decided upon in view of the fact that the conclusions so laboriously arrived at by the Committee had been rejected by the Council. Moreover, he failed to see that there were any new facts to justify the matter being once again referred to the Committee, and if any action were to be taken it could only be on the report already presented to the Council. He pointed out that the mover and seconder of this very motion had voted against the adoption of the report.

Dr. Leech, also a member of the Committee, thought it would be a mistake for the Council to go back on their decision of last year, and he dissented from the view that the holding of such appointments amounted to infamous conduct.

Mr. Bryant explained, in justification of his change of front, that much additional evidence had since been obtained of the injurious tendency of these associations. Personally he took the view that the conduct of persons accepting such appointments constituted infamous conduct in a professional respect.

Dr. Wilks regarded the question as merely one of competition among medical men, and one, moreover, with which the Council had nothing to do. He suggested that the only way to tackle the matter was for medical men to form an association *ad hoc*, or to induce the British Medical Association to move in the matter. So far as the report was concerned the only point worthy of remark was that certain men undertook more work than they could efficiently perform; but he adhered to the view that this was not a matter for the Council to take up.

Mr. Wheelhouse pointed out that their legal advisers were of opinion that such associations were properly registered, whereupon, after some further discussion, Mr. Bryant asked and received permission to withdraw his motion.

Bogus Degrees.

Mr. Farrer, the Council's solicitor, reported the result of proceedings against one Steele for illegal assumption of the title of M.D., a fine of £10 having been inflicted, the sentence having been confirmed on appeal. He suggested that the Council should consider the advisability of taking proceedings against the manager of the association for granting these sham diplomas, either directly or by the Attorney-General.

After some discussion a resolution was agreed to authorising the President to take such steps as might appear advisable to put an end to the granting of so-called degrees by the "General Council of Safe Medicine."

The Certification of Midwives.

A number of communications bearing on the certification of Midwives were received and ordered to be entered upon the Minutes, whereupon,

Mr. Wheelhouse moved that "On and after January 1st, 1895, any registered medical practitioner who shall sanction the issue to any midwife or other person who has not passed a qualifying examination in medicine, surgery, and midwifery, as provided by the 'Medical Act, 1886,' of a certificate or diploma which should imply a qualification to practise midwifery, should be considered to have been guilty of infamous conduct in a professional respect." He urged that the issue of these certificates constituted an attempt to evade the provisions of the "Medical Act, 1886," and to institute an entirely new class of practitioners. He displayed a selection of such certificates to show how closely they resembled diplomas, and he pointed out that the resemblance was such as to mislead the public. He concluded by an appeal to the Council to show that they were in earnest in the matter, and to lay it down that none but fully qualified persons should be authorised to practice midwifery.

Sir Dyce Duckworth seconded the motion.

Dr. MacAlister contended that as the Council had no power to prevent unqualified persons practising medicine it was absurd to pretend that they could stamp as infamous conduct the giving of a testimonial by any one person to any other. The certificates complained of had no legal status, but were only testimonials of ability to do a certain thing. He could not see any distinction between the giving of these certificates and the testimonials which he himself might give to a house-surgeon or house-physician. It would be absurd for the Council to declare that a woman could not help another woman in labour unless she were fully qualified. Such certificates at any rate secured a modicum of technical knowledge on the part of these women, and this, he maintained, was a thing to be encouraged. He maintained that the Council could not thus condemn unheard a whole class of men.

Dr. Atthill said what they ought to aim at was to prevent the giving of illegal certificates such as the M.D. (Bc) referred to previously. He said he would like to see these women educated, but he protested against anything implying their registration.

Sir Walter Foster pointed out that they could not prevent women acting as midwives, but he thought it would be well if they could check the giving of certificates which so perilously resembled diplomas. He thought, too, that a caution should be given to institutions officered by medical men as to the kind of certificates allowed to be issued.

The President suggested that the better plan would be to summon one or two of the officers before the Council to answer a charge of infamous conduct in the granting of these certificates. General declarations were useless and impracticable.

Mr. Carter then brought forward an amendment to the effect that the issuing of any document bearing a colourable resemblance in appearance or phraseology to a diploma would render the donor liable to be visited with the condemnation of the Council, winding up with a request to the President to repeat the warning already given in this respect.

Sir **William Turner** seconded the amendment, which gave rise to a discussion, but was ultimately agreed to unanimously.

Reinstatement.

A report was brought up from the Executive Committee on the request of Mr. E. B. de Robertson to be restored to the *Register*, and after the usual deliberation *in camera* the name was ordered to be restored, in accordance with the report.

The Council then adjourned.

SECOND DAY.—Wednesday, May 23rd.

After a graceful tribute of respect and esteem to Sir James and Lady Paget on the occasion of their golden wedding, the Council proceeded to the consideration of the penal cases.

The first on the list was the case of George Davidson, M.B., M.Ch., Glasgow, who was summoned before the Council on a charge of "covering" an unqualified black person named Mylan at Sheffield. This was a case that had been adjourned from the November session, and the charge was laid by the Medical Defence Union.

Various affidavits were read in support of the charge, and Dr. Davidson was examined in his own defence. He admitted that his salary was paid by Mylan, though he claimed that he was the principal and Mylan merely his assistant. After the usual deliberation *in camerâ*, Mr. Davidson was recalled and the President informed him that he had been adjudged guilty of the charge, and that his name had been ordered to be removed from the *Register.*

Case of John Melvin Campbell.

Mr. Campbell, who is registered as L.S.A., London, was charged with being associated with a firm in Queensland for the purpose of aiding the sale of quack medicines and otherwise enabling them to carry on a medical practice which is objectionable and dangerous to the public. The complaint was laid by the Queensland Medical Board.

Evidence was given by affidavits in support of the charge, and certain advertisements were produced in which the defendant was styled the "Medical Referee."

The defendant, who did not appear in person, had sent in a defence which was read, in which he claimed that the institute in question, known as "The Progressive Remedy Institute," was conducted on strictly legal and legitimate principles.

As the defence was virtually an admission of the charge it did not take much deliberation *in camerâ* for the Council to decide to order Mr. Campbell's name to be removed from the *Register.*

The Case of Eliza Frickhart.

This case was brought to the notice of the Council at their last session, when cognisance was taken of the withdrawal of her diploma by the Royal College of Physicians of Ireland for advertising, in contravention of her undertaking not so to do. She, however, still remained on the *Register* in virtue of the additional qualification of M.D. Zurich. She was now summoned to appear on a charge of infamous conduct in this matter of advertising, and after formal evidence had been alleged of the offence, the defendant neither appearing nor entering any defence, the Council ordered her name to be erased from the *Register.* Mrs. Frickhart thus enjoys the proud distinction of being the first woman not to be entered upon, but to be removed from, the *Register.*

Case of Denis Collins.

The next case was that of Mr. C. Denis Collins, M.R.C.S.E., who was arraigned on a charge of "covering" an unqualified person at Liverpool, and of assisting in advertising certain quack remedies, and of "seeking to attract medical practice and induce foolish and credulous persons to consult him by circulating improper and discreditable advertisements and pamphlets." The defendant did not appear to defend himself, and the case was described as "one of the worst that had ever been brought before the Council." The principal affidavit was one by Inspector Robertson, of the Liverpool Constabulary, who had been concerned in bringing the defendant's associate to justice, he having been sentenced to five years' penal servitude for cruel frauds on poor people.

After a brief deliberation the Council ordered his name to be erased from the *Register.*

Case of Neville Holland.

Mr. Neville Holland is also an M.R.C.S., L.S.A., and was charged with issuing a false certificate of death and acting as cover to one Davies in Bethnal Green.

This case was brought forward by the London and Counties Medical Protection Society. Evidence was produced of the conviction in respect of this certificate.

The defendant denied the covering, admitting only a single act of impropriety in the giving of this certificate, adding that he always saw patients who were in a dangerous condition or who required more skilled attendance than his unqualified assistant could give.

This, however, was practically no defence at all, and the Council after due deliberation ordered his name to be removed from the *Register.*

The Council then adjourned.

THIRD DAY.—Thursday, May 24th.

The Council again took up the consideration of the penal cases, of which there was such a rich supply, the next defendant being Mr. Stephen Berry Niblett, L.S.A., L.R.C.P.Ed., L.F.P.S.Glasg., of Adlington, Lancashire.

The charge was made by Mr. W. H. Murray, and, as formulated by the Council's solicitor, it ran, that the defendant had sought to attract practice by a method of publicly advertising his name, address, and qualifications, suggesting to persons to consult him, and inviting them to purchase his cures, remedies, and medicines, in a form which is professionally discreditable.

Mr. Niblett appeared in person, but could not very well explain away the damning advertisements. *Litera scripta manet*, and the Council saw no course open to them but to order his name to be erased from the *Register.*

The Case of Alexander Nairne.

The charge against Mr. Alexander Nairne was that of covering one Currie, who is running a so-called drink-cure at an establishment which rejoices in the name of the "Metabolic Institute" at Glasgow.

Mr. Nairne appeared in person, and without seeking to justify his association with Currie he intimated that he had definitely severed his connection with the institute, and promised never again to allow himself to be drawn into such a compromising association.

Thereupon the Council came to the conclusion that while Mr. Nairne's conduct was of the nature of a "serious indiscretion" they had decided not to declare it to be "infamous conduct in a professional respect," so they just cautioned him in future to be more circumspect.

Case of Mr. Robert Ingram Robertson.

Mr. Robert Ingram Robertson, M.B., M.Ch.Glasgow, was charged at the instance of the Medical Defence Union with covering one Graves, at Penarth. A letter was read from the defendant explaining his non-appearance on the ground of illness, so the consideration of the case was postponed until Saturday, an intimation being ordered to be conveyed to the defendant to the effect that a medical certificate would be necessary in regard to his inability to attend.

Mr. E. W. Alabone Redivivus.

A correspondence was laid before the Council between Mr. E. W. Alabone, whose name was erased from the *Register* many years ago for advertising. The correspondence comprised a letter from Mr. Alabone's cousin, a solicitor, in which it was contended that Mr. Alabone's name had been erased from the *Register* without due deliberation, merely on the ground that his diploma of M.R.C.S. had been withdrawn by the College of Surgeons, and that in accordance with the judgment in the case of Partridge v. the Council it was incumbent on the Council forthwith to restore his name to the *Register* pending a proper inquiry into the charges.

A reply has been sent from the Council pointing out that the Partridge judgment was under the "Dentists' Act," which differed in various points from the "Medical Act" under which the Council had acted.

These and other letters were submitted to the Council, and the matter was discussed *in camerâ*. On strangers being readmitted the Registrar was directed to reply to Mr. Alabone's solicitor "That the Council declines to restore his name to the *Register* or to hold any inquiry into his conduct."

CASE OF DR. HERBERT TIBBITS.

A communication from the R.C.P.Ed. was read announcing that Dr. Herbert Tibbits had been deprived of his Fellowship and Membership for "infamous cnduct in a professional respect."

The Council then took cognisance of a communication from Dr. Tibbits protesting against the removal of some of his qualifications from the *Register* on the ground that such removal was illegal, the qualifications erased having, as he alleges, been withdrawn from him because he had adopted the theory of the beneficial treatment of disease by currents of electricity of small power, a theory of medicine, hence "the erasure is as much illegal as if a homœopath were deprived, and more so." The letter was dated from "The Massage Hospital," Weymouth Street, W. Of course, as a matter of fact, the Council has no option but to order the erasure from the *Register* of diplomas that have been cancelled or withdrawn, and a reply was therefore ordered to be sent to Dr. Tibbits the Indignant, to the effect that his letter had been considered, but that the Council declined to hear him on the question of the removal of the qualifications in question.

The next step was a resolution directing that an inquiry be made at the next session of the Council into Dr. Tibbit's conduct.

A QUESTION OF PUPILAGE.

Dr. **TUKE** called attention to the registration of six students as pupils of a certain registered practitioner who is said to be a science master in the public day school whereat these students are ordinary day pupils, such day school having been recognised by one of the licensing bodies as a teaching institution where the subjects of physics, chemistry, and biology are taught. The matter was referred to the Education Committee for consideration and report next session.

THE REGISTRATION OF STUDENTS IN ARTS OF THE UNIVERSITY OF DUBLIN AS MEDICAL STUDENTS.

Dr. **HAUGHTON** moved that the Registrar of the Branch Council for Ireland be instructed to enter in the Register of Students the names of students in Arts of the University of Dublin furnished to him by the official list of each year under four headings. The matter had been considered by the Education Committee, who recommended that the request be acceded to, and their report was agreed to and adopted.

The Council then adjourned.

FOURTH DAY—FRIDAY, MAY 25TH.

The first business te come up for consideration was the already much debated subject of the Report of the Education Committee on Section 5 of the Draft Ordinances, Edinburgh, No. 10, issued by the Commissioners acting under the Universities (Scotland) Act, 1889.

It is hardly necessary to recapitulate these very technical details. Suffice it to say that the explanations of the Commissioners are not regarded as satisfactory by the Council, and on the motion of Dr. **MACALISTER**, it was resolved that a copy of the report be sent to the Scottish Universities Commission, it being at the same time pointed out:—

"(1) That Clause V of the Draft Ordinance, supplementary to Ordinance No. 14, does not meet the objections against Section X, which have already been urged by the General Medical Council, inasmuch as it does not require that a candidate on whose behalf special grounds are alleged shall have passed a Preliminary Examination in Arts or in Science before commencing the study of the special subjects of the first *annus medicus*.

"(2) That in the preamble to the Draft Ordinance, no reference is made to the fact that, in the opinion of the Commission, it is desirable to limit the powers given by Section X.

"(3) That in the interest of medical education in general, and of the medical departments of the Scottish Universities in particular, it is desirable that the action of Section X should by Supplementary Ordinance be suspended."

On the motion of Dr. **TUKE**, it was agreed:—

"(1) That the President be further requested to communicate with the Lord President of the Privy Council, asking that in case an Ordinance supplementary to or otherwise dealing with Section X should be submitted by the Commissioners for Her Majesty's approval, the General Medical Council may through its President be notified of the fact, and have an opportunity of representing to the Committee of the Privy Council its views thereupon.

"(2) That, if necessary, the President be authorised to take the necessary steps for presenting the views of the Council before the Committee of the Privy Council."

DEFICIENT PRELIMINARY EDUCATION.

The Council decided to adopt the report by the Education Committee on deficient preliminary education. This report states that the returns from English and Scottish bodies are satisfactory so far as the numbers given therein are concerned, and the Council is congratulated (by its Committee!) on the effect of their action in the matter. Attention is called to the fact that no return has been made by any of the Universities or by the Society of Apothecaries of London. The Irish returns are less satisfactory, and special attention is called to the fact that out of 19 instances of bad spelling, 13 were those of candidates who had passed the preliminary examination of the Royal College of Surgeons of Ireland. This, by the way, is one of the preliminary examinations to which, in the Council's list, a note is now appended stating that "the Council has recommended that these examinations be discontinued." The returns, as they stand, support the opinion expressed by the Committee in previous reports, that it would be for the public good were all preliminary examinations in general education handed over to purely educational bodies.

THE SOCIETY OF APOTHECARIES OF LONDON.

The report of the Examination Committee on the qualifying examination of the Apothecaries' Society of London was then presented and adopted. There is nothing of much interest in this report, which states that the final examination is "sufficient," albeit the scope of the clinical parts was not as comprehensive as that of some other licensing corporations. The examinations in pathology, urine-testing, medical jurisprudence, and ophthalmology were the subject of special commendation.

THE ROYAL COLLEGES IN IRELAND.

The next item was the report of the Examination Committee on the final examinations of the Conjoint Examining Board of the Royal Colleges in Ireland. This report expresses satisfaction that an attempt has been made to comply with the Council's recommendations, though various criticisms and suggestions are still thought necessary in respect of the *technique* of the examinations. The report was adopted after a desultory discussion.

Various odd matters then came up for discussion. Steps were ordered to be taken, on the initiative of Dr. **MCVAIL**, to establish a mode of procedure when persons whose names have been removed from the *Register* for infamous conduct apply for reinstatement. Another motion was agreed to, on the proposal of Dr. **GLOVER**, referring it to the Executive Committee to ascertain what means would be adopted to stop the practice of persons continuing to use titles attached to the diplomas of which they had been deprived and which no longer appeared on the *Register*.

On the motion of Dr. **MACALISTER** it was agreed to refer to the same committee the question of acting on the proposals emanating from the British Medical Association.

Lastly, it was resolved that the Registrar be instructed to publish annually, in a prominent place in the medical journals, the resolutions of the Council in respect of the offence of "covering," and to supply a copy of the Regulations to every person applying for registration.

The Reports of the Pharmacopœia and Finance Committees were received and entered upon the Minutes, as were also sundry other documents and returns.

FIFTH DAY—SATURDAY, MAY 26TH.

After some formal business the Council proceeded to hear the evidence in

THE CASE OF ROBERT INGRAM ROBERTSON, M.B. ED.,

whose case was adjourned from Thursday. Mr. Robertson was charged with covering one, Graves, at Penarth, and did not put in an appearance, sending instead a medical certificate to the effect that he was ill. As, however, the evidence was principally documentary, the Council resolved to proceed in the matter, and after listening to a written defence, the defendant was adjudged guilty of the charge and his name was ordered to be removed from the *Register*. This case was taken up at the instance of the Medical Defence Union.

In re the L.D.S.R.C.S.I.

A report was brought up from the Education Committee in respect of the licence in dentistry of the Royal College of Surgeons in Ireland.

The Committee are of opinion that, in consequence of the Royal College of Surgeons in Ireland not requiring from candidates evidence that they have received instruction in mechanical dentistry during three years from a registered dental practitioner, the course of study prescribed by the said College is not such as to secure the possession by persons obtaining the licence of that college of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery; and they recommend the Council to represent this opinion to the Privy Council, and to request the Privy Council to make order that the certificates granted under their present regulations by the Royal College of Surgeons in Ireland shall not confer the right to be registered under the *Dentists Act*.

The Committee are further of opinion that candidates for the said licence who hold a diploma in surgery, and who, by the regulations of said College, "are only required to produce certificates of one year's attendance at a dental hospital, where such attendance has been subsequent to the date of diploma" (*see* "Exemptions," Appendix C), should not be admitted to the examination for the licence.

The Committee are of opinion that the time has come for putting into force the powers conferred by section 22 of the *Dentists Act* for the visitation and inspection of the examinations held by the bodies conferring dental qualifications.

On the report being brought up for adoption by Dr Tuke,

Sir Phillip Smyly said the President of the College of Surgeons had assured him that every endeavour would be made to fall in with the views of the Council. He moved as an amendment that the actual threat should be omitted, seeing that it was the intention of the College to conform to the wishes of the Council.

Dr. Haughton, as a member of the committee, said he did not think after what had fallen from the last speaker that it was necessary to press the matter.

Dr. Tuke observed that the President's assurance was not enough and he urged on the Council to support those members of the Council of the College who were desirous of conforming.

Dr. MacAlister pointed out that there was said to be a difference of opinion on the Council of the College, and he suggested that the resolution would afford an irrefutable argument to strengthen the hands of those who were disposed to do what was demanded.

After a desultory discussion, Sir Philip Smyly withdrew his amendment, whereupon the recommendation of the committee was adopted *nem. con.*

On the proposal to visit and inspect the examinations it was pointed out by Sir Dyce Duckworth that there were no funds available for the purpose, and the proposal was consequently allowed to fall through.

The Conjoint Board of the Royal College of Surgeons, Ireland, and the Apothecaries Hall, Dublin.

A very important report was brought up by the Examination Committee in respect of the Conjoint Board of the College of Surgeons in Ireland, and the Apothecaries Hall of Dublin.

The complaint was laid by the Royal College of Physicians of Ireland, and it was alleged that licenses to practice had been granted to candidates who had never been called upon to pass any examination in physiology or chemistry. Various other criticisms were made, and the Examination Committee, having inquired into the matter, recommended that, having regard to the laxity and incompleteness of the examinations of that Board, as proved by the two recent inspections of them, the continuance of that combination in Dublin is no longer desirable, especially when the small number of students who avail themselves of it is considered, adding that the Royal College of Surgeons "would be well advised to sever its connection with the Apothecaries' Hall."

Dr. MacAlister did not think the Council was entitled to suggest that the College should sever its connection with the Hall. The proper course was to inspect the examinations to see whether the standard was being raised.

The Council went into committee to consider the report.

Dr. MacAlister pointed out that if the report were adopted the Council would be bound under its statutes to report the matter to the Privy Council.

Sir Walter Foster thought that such a course would be unduly harsh.

Sir W. Dyce Duckworth said the attention of the College had already been called to the matter without effect.

Sir Phillip Smyly said that on receipt of the report the examiners in medicine had resigned, and two examiners had been appointed in their place. Under these circumstances he thought the wholesale condemnation was not called for.

Dr. Moore (representing the Apothecaries Hall) assured the Council that it was the earnest wish of the Hall authorities to conform to any suggestion on the part of the Council. He discussed some of the items of the complaint in detail, and took upon himself the blame for the non-production of specimens in the examination on forensic medicine at the last examination but one. He urged, in evidence of the esteem in which the examination was held, that a large number of Englishmen came over yearly to take the licence of the Hall "in order to appear well before the public" and he concluded by an appeal *ad misericordiam*.

Dr. Atthill pointed out that out of a total of 37 candidates during the last five years otherwise qualified in surgery, not one had been rejected. He suggested that this fact might explain how it was that they preferred the licence of the Hall to any other.

Dr. Heron Watson moved as an amendment that every examination of this Conjoint Board should be inspected and reported upon for the ensuing twelve months.

Mr. Carter urged that in view of the report the Council was in duty bound to take the course suggested by the Committee.

Mr. Teale pointed out that at the last examination all the candidates were rejected in medicine, a fact which he took to be a sign of grace.

Sir Dyce Duckworth said the view of the committee was that the Conjoint Board had shown itself hopelessly incompetent to discharge its duties, and he warned the Council that sympathy was wasted on the Board to the detriment of the public, who suffered at the hands of incompetent practitioners.

Sir Walter Foster pointed out that not a single offender under the penal clauses had held the licence of the Dublin Hall.

The discussion was ultimately adjourned until Monday.

SIXTH DAY—Monday, May 28th.

The Council resumed the discussion on the report of the Examination Committee on the Conjoint Board of the Royal College of Surgeons of Ireland and the Apothecaries Hall, Dublin. The motion before the Council was the recommendation of its committee that the deficiency should be reported to the Privy Council.

After some animated discussion, however, the Council adopted an amendment standing in the name of Dr. Heron Watson, according to which the milder course of inspecting and reporting on each examination for the next twelve months will be adopted.

We shall give the full report of the Monday's procedings in our next issue.

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The Freemasons of Chicago have established a hospital for the special benefit of members of the fraternity in that city.

The Operating Theatres.

ST. MARY'S HOSPITAL.

Volvulus of the Sigmoid Flexure.—Mr. **Norton** operated on a man, æt. 55, who had been admitted to the hospital for acute obstruction of the bowel. The patient stated that for some months he had been suffering from constipation, the motions being passed in small nodules. Eight days previous to admission the bowels had ceased to act altogether, nor had any flatus been passed, but some watery discharge had on two or three occasions escaped from the rectum. The abdomen was distended and felt very tense, and it was somewhat difficult to decide whether or not the descending colon was likewise distended. Examination by the rectum showed no sign of fæcal matter, the rectum refused also to retain any quantity of fluid injection. It was diagnosed that the obstruction was in the sigmoid flexure, and, as the history pointed to the fact that there had been persistent chronic constipation, terminating suddenly in acute and complete obstruction, it was anticipated that the cause of obstruction would be found to be malignant contraction of the sigmoid flexure, and it was decided that no time should be lost before proceeding to operation. A vertical incision was made about four inches in length on the outer side of the left rectus abdominis. On inserting the hand into the abdominal cavity the sigmoid flexure was found to be fully distended, and the lower curve of the same gut twisted upon itself, and dilated up on to the right hypochondrium. An attempt was made to draw down the distended bowel through the opening for the purpose of untwisting it, but it was found to be impossible to do this without too great risk of rupturing the bowel. The incision was therefore extended across the rectus; even now the bowel could not be withdrawn, and it was found necessary to puncture it to allow the escape of the flatus. The punctured wound after having served its purpose was united by Lembert's sutures. The bowel was next withdrawn untwisted, returned into the abdomen in its natural position, the severed rectus united by sutures, and the abdominal wound closed in the usual manner. Mr. Norton remarked on the extreme tension of the bowel and the great length of incision which was unavoidably necessitated. He drew attention to the fact of his having been obliged to puncture the bowel for the escape of the flatus, and to the subsequent complete closure of the puncture, the making of which, he considered had added little or no extra risk to the operation.

ST. BARTHOLOMEW'S HOSPITAL.

Ovariotomy.—In the admirably-appointed theatre attached to the Martha Ward, Mr. **Harrison Cripps** removed a very large ovarian cyst from a woman, æt. 28. He said that it had increased rapidly in size, especially of late; some idea of its extent may be gathered from the fact that the patient measured 60 inches round the waist. There had been some idea that the fluid might merely be ascitic. On cutting down, the walls of the tumour were found to be so adherent to the parietal peritoneum that the incision into the latter opened the former; the cyst was also adherent to the omentum and to the transverse colon. Some little difficulty was experienced in breaking down these adhesions; the handle of the knife and the finger nail were used for this purpose. The abdominal incision had to be several times extended. When the cyst was brought out of the abdomen the pedicle, which was found to be very broad, was tied with four ligatures; it was then cut through and the tumour removed. The abdomen was next thoroughly flushed out with tepid water, all hæmorrhage arrested (mostly by ligature, but Paquelin's cautery was applied to two or three oozing points), part of the omentum ligatured and cut off, and the wound closed by one row of sutures, each suture including the whole thickness of the abdominal wall and also the peritoneum, a glass drainage tube being left in. The tumour contained about 44 ounces of fluid and many secondary cysts with papillomatous growths. Mr. Cripps pointed out that these growths would be regarded as malignant if found without a capsule in a breast, for instance; in the case under consideration he said they were benign, as they were so completely encysted. He said the main features in the operation he had just done were the large size of the tumour, its close adhesion to the parietal peritoneum, and the extreme breadth of the pedicle, which necessitated the employment of four ligatures instead of two.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 30, 1894.

THE GENERAL MEDICAL COUNCIL.

Foremost among the subjects which have engaged the attention of the Council during a busy session was the burning question of the Medical Aid Associations. It came before the Council on a motion by Mr. Bryant, who asked the Council to direct an inquiry to be made as to whether these associations, conducted by laymen for profit, were rightly registered under the "Friendly Societies Act (1875)," pointing out at the same time that medical practice under such circumstances was degrading to the medical profession and injurious to the public. There was no serious difference of opinion as to the derogatory nature of this modern form of medical "sweating"; but Dr. Wilks and others thought fit to repeat what they have said before as to its being no part of the duty of the Council to intervene in a matter which, according to this gentleman, is only a question of competition between local practitioners. This particular motion fell through because the legal advisers of the Council declare these associations to be rightly registered under the Friendly Societies Act; but the matter will certainly come up again in some other form. It is undoubtedly a very grave matter from a professional point of view, and the Council cannot be allowed to go on shelving the problem indefinitely. The simplest way would be for the Council once and for all to declare that holding office under such circumstances is "infamous conduct in a professional respect," ignoring Dr. Wilks's contention that the Council exists not for the benefit of the profession but solely to protect the public. We must leave it to the legal advisers of the Council to frame a resolution which shall attain the object which we have in view without interfering with the holding of other perfectly admissible paid offices under trading companies, such, for example, as that of referee to life assurance companies and the like. The object is to prevent medical men becoming the paid servants of a body of laymen who, under the specious guise of charity, provide medical attendance for ridiculously inadequate payments, quite irrespective of the subscribers' social and financial status, employing means, moreover, to obtain adherents which would expose any medical man guilty thereof to erasure of his name from the *Register* On the strength of the contention put forward by Dr. Wilks, the Council, until the last few years, consistently and persistently refused to put down "covering," and enough of the old spirit of *laisser faire* still permeates this body to prevent anything useful being done to prevent the illegal assumption of titles and the illegal practice of medicine generally. We contend, as we have always contended, that the functions of the Council are twofold, towards the public and towards the profession. The number of penal cases this session was unusually large, and in every instance but one the name of the offender was ordered to be struck off the *Register* An excellent departure has been resolved upon in order the better to check the still rampant practice of "covering," viz., that once a year the regulations of the Council in this respect shall be accorded a prominent place in the medical journals, and a copy thereof is to be handed to everyone applying to be registered. Steps are also to be taken to prevent persons who have been struck off the *Register* making use of titles derived from diplomas which they no longer possess the legal right to claim, and a modification of the existing Standing Order was agreed to whereby it will be in the power of the Council virtually to defer sentence, thus giving the offender a chance of retrieving his position by exemplary conduct during a period of probation. Among the other matters which engaged the attention of the Council were two concerning the Royal College of Surgeons of Ireland, which was made to appear in a very unenviable light. According to the report of the Education Committee, the omission from the schedule of requirements of that body applying to candidates for the dental licence of any provision for a period of practical instruction "fails to ensure a proper standard of proficiency." The Council, therefore, resolved to report the matter to the Privy Council. The College again appeared as defendant in respect of the shortcomings of the Conjoint Board with the Apothecaries Hall of Dublin, the examinations of which Board are reported to be ridiculously inadequate. We must confess to a difficulty in understanding the attitude of certain members of the Council in endeavouring to procrastinate in such a matter. Obviously, as soon as the damning report is adopted, the Council has really no option under its statutory powers but to intimate the deficiency to the Privy Council, and we see no reason why such a course should not be taken directly it becomes apparent that a first intimation to the peccant Board has not been complied with. The Council, however, decided not to push matters to this logical issue, and adopted instead a motion providing for the closer inspection of the examinations of the Conjoint Board during the ensuing twelve months.

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THE LAW OF CREMATION.

An interesting book has been published by Mr. Aubrey Richardson, of Lincoln's Inn, dealing with the law of cremation, ancient and modern. It contains an immense amount of information, gathered from many sources, and is a noteworthy contribution to the subject. The first part discusses ancient law. Mr. Richardson concludes that the custom of cremation had its origin among the primitive Aryans, whose place of abode he fixes in Northern Europe. From that prehistoric race the crematory process spread until it influenced all the great nations of the globe except the Egyptian, the Persian, and the Chinese. Of these three races Max Müller supposes that in early times the Persians actually adopted the practice; certainly at one period it was partially accepted by the Chinese, while Monsieur Bonneau shrewdly surmises that the scarcity of wood may have had something to do with the staunch adherence of the Egyptians to their custom of embalming. The second part of Mr. Richardson's book deals with the modern law of cremation as regards foreign countries, with its difficulties, and the way in which they have been more or less successfully overcome. The writer, in introducing this section, sums up the history of the prolonged but steadily progressive nature of the conflict in the following passage: — "A survey of the various struggles in which the present-day advocates of cremation have already taken part, and in which many of them are still engaged, affords clear evidence that religious scruples are not the only obstacles in the way of the universal re-adoption of the practice of the disposing of the dead by burning. In all countries legal difficulties have had to be faced." In Frankfort-on-the-Maine and in all countries within Prussian jurisdiction cremation is forbidden. In Holland the practice, although not forbidden by law, is in abeyance. In Austria it is permitted if expressly desired in the will of testator. In Italy the dispute as to the burning of Garibaldi's body ended in the passing of the New Italian Burial Law, which granted to a testator the absolute right to determine whether his body should be burned or buried. A similar law prevails in France, where the desirability of the re-introduction of cremation into civilised society was first publicly discussed in 1797. In that country the struggle has been carried to a successful issue against all the opposition of popular prejudice and of official hostility. At the beginning of this century Comte Frochot, Prefect of the Paris Police, authorised a citizen to cremate her child. The question was allowed to drop out of sight, however, until it was again brought to the front during the Franco-Prussian war. After the battles of Wörth and Sedan the French Government resolved to incinerate a great number of corpses by a chemical process. The subject of cremation was thus again forced upon the notice of the public, and became the central point of conferences, *brochures*, commissions, trials, and official correspondence. Notwithstanding all this energy, it was not until 1887 that the Chamber of Deputies passed into law the proposition that all persons in a position to dispose of their worldly belongings by will should have complete option in regard to the burial or burning of their own bodies. This right is surrounded by various carefully-arranged safeguards, and, as is usual in France, the prices to be charged are placed within certain defined limitations, as will be seen from the following passage:—"The Municipality has, moreover, fixed 50 francs as the uniform tax to be charged, apart from the price of the urn and all decorative expenses, which vary from 12 to 200 francs, according to the class of funeral decided upon. This tax includes a right to the possession of a niche in the municipal columbarium for five years, but is only exacted from those who are in a position to pay. For the indigent, everything, including the medical certificate, is free." In Denmark the conditions of cremation are:—"The existence of a testamentary disposition in valid form, and of a sufficient legacy to defray the cost of cremation; the production of certificates obtained from the medical officer and from the police authorities setting forth the undoubted cause of death; and the depositing of the ashes in a churchyard or an officially approved crematorium." Cremation is now, more or less, extensively practised in Great Britain, Sweden, Switzerland, the United States, and other countries. The English Cremation Society is prepared to undertake the necessary incineration at Woking at a cost of six guineas, which does not include, of course, the undertaker's charge for conveying a body to their crematorium. The battle of the cremationists, therefore, may now be regarded as won, although, probably, many years will elapse before public sentiment is thoroughly educated to the value of their doctrines. Without doubt, the ancient practice which they advocate is founded on sound sanitary principles. The writer of the "Law of Cremation" has made a valuable addition to the literature of the subject. His father, Sir B. W. Richardson, has long been a consistent and staunch upholder of the practical advantages of cremation.

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ANTI-VIVISECTION DISHONESTY.

Last week the London Anti-Vivisection Society held their annual meeting with an audience which made up in enthusiasm what it lacked in numbers. Judging from our own experience, it would be a good thing if medical men were to attend these meetings in larger numbers, though we cannot encourage them to seek to stem the tide of obloquy and contempt which runs against the profession at such meetings. They would at once become aware of the existence of two distinct classes of anti-vivisectionists. First, those who base their condemnation of the practice on moral and ethical grounds; those, in fact, who declare that were physical salvation and pathological immunity to be gained at such a price they would not be worth having. The others content themselves with denying the usefulness of vivisection in the pursuit of knowledge, and on this occasion the latter class was feebly represented by two medical practitioners whose names we will not rescue from the obscurity in which they pass their lives outside anti-vivisection circles. Some of the speeches were decidedly inspiriting, comporting as they did, a vivid eloquence, and, as far as one could judge, a genuine enthusiasm in the cause of animals *versus* science. It is to be regretted that orators of such talent should mar their reputation for *bona fides* by making use of arguments based on the disgraceful allegations to which certain dailies have been affording the hospitality of their columns during the last two or three weeks anent "vivisection in hospitals." Clergymen in our large towns have too much to do with hospital practice to accord even a shadow of credence to such outrageous allegations, and it is positively unfair for them to seek to make capital of statements of which they are careful not to assume the responsibility. When a bishop allows himself to prognosticate that the Sunday Hospital Fund will be "damned" if allegations in which he himself does not believe are not gainsaid, it is time to protest in the name of decency and common honesty. The poor were represented as going to the hospital in fear and trembling, inferentially on account of the vivisecting proclivities of the surgeons; though, of course, there are other more prosaic reasons for this condition of mind. We mostly go in fear and trembling to the dentist when sad necessity drags us thither, but it is assuredly not because we suspect his motives to be other than strictly professional. What particularly appeared to excite the hatred and distrust of the speakers was the fact that many, if not most, vivisectors are men who do not practise the curative art—

are men, in fact, who give themselves up body and soul to the pursuit of "knowledge at any price," men who do not seek "to find a specific remedy for a specific ill," but whose only endeavour is to advance pure science. What answer is to be made to such arguments, especially when advanced by medical men? It never seems to occur to these benighted intelligences that vivisection represents the disinterested endeavour to understand the human body and its functions in health and disease, that such knowledge is of its nature difficult and uncertain in its acquisition, and in its details subject to many and conflicting interpretations until, after the corn has been winnowed from the chaff, we are enabled to deduce some law of general application.

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Notes on Current Topics.

Ocular Antiseptics.

M. Trousseau introduced an interesting discussion at the recent meeting of the French Society of Ophthalmology upon the subject of the use of antiseptics in eye surgery. His method of antisepticism consists, previously to operating, in washing the lids and the conjunctiva either with a one in two thousand of a sublimate solution, or with a cyanide of mercury solution (1-1,500), or with boiling water. The curious fact is recorded in his remarks that of twelve patients examined before being submitted to an extraction operation, in one only were there no pathogenic micro-organisms to be found, and that was in a man whose state of general filthiness was, if anything, more noticeable than that which is commonly displayed by hospital patients. Among the twelve patients examined, in no less than eleven pathogenic germs were discovered. In seven streptococci were found, in six the white staphylococci. Besides these, a great number of other pathogenic organisms were discovered, and among others a bacillus analogous to the bacterium coli, as well as a bacillus which seemed to be especially confined to the conjunctiva. However, despite the presence of all these forms of micro-organic life, all the operations of extraction proved to be successful. Experience showed that the best antiseptic reagent in ocular surgery was a solution of the perchloride of mercury, then the cyanide of mercury, and lastly, as a bactericide, boiling water. The observations of Trousseau would tend to show that, despite the use of antiseptics, ophthalmic surgeons have no other course than to operate upon eyes which are charged to the full with pathogenic germs. In the course of the discussion one speaker said that in his opinion the source of infection of the wound in cataract cases came from the lids and the lachrymal sac rather than from the conjunctiva. Another speaker spoke highly of the advantages of the cyanide of mercury as an ocular antiseptic, stating that it was three times less irritating than any other, while a third speaker observed that he considered it of the utmost importance to thoroughly wash the lids and surrounding parts with soap and water, and then douche them with a sublimate solution (1 in 1,000) before operating for cataract. M. Meyer summed up the discussion very tritely by saying that he did not doubt that the presence of the most virulent germs in the conjunctival sac did not necessarily prevent a successful result being obtained after an operation for cataract. Nevertheless, he considered that it would be dangerous to conclude from this fact that antiseptics and aseptic methods, which were universally used in cataract operations, could be dispensed with. These observations were well timed, inasmuch as in pre-antiseptic days the losses of eyes after cataract extraction amounted to no less than ten per cent. from suppuration.

The Certification of Midwives.

In spite of the warning addressed to the various institutions and bodies granting certificates of competency to aspirant midwives a few months since, Dr. Rentoul has found it necessary to bring the matter before the General Medical Council. This gentleman is one of those who does not know when he is beaten. Felled by a blow which would quench the ardour of other men, he appears, after a brief interval, as determined as ever. He presented his protest to the Council, on this occasion, in such form that it could not be ignored, for he printed all the sham diplomas in full, with appended facts and criticisms. We have always strongly opposed the system of granting quasi-official certificates in this or that special department of medicine by private persons or associations of persons, and there is no gainsaying the fact that the holders of such certificates do consider themselves legally licensed to practise midwifery. Although at first sight it seems an unjustifiable interference with the liberty of the registered subject to prohibit him or them giving certificates to students after a course of training, there are valid reasons for discouraging their issue by irresponsible persons. The Council has now declared that the giving of certificates, which, in appearance of phraseology, resemble diplomas conferring a right to be registered as a medical practitioner, is a proceeding which "will be liable to be visited with the condemnation of the Council." This somewhat vaguely-worded intimation may or may not have the desired effect. The principle on which it is based is strictly comparable to the law which forbids the issue of colourable imitations of bank notes or postage stamps; but it will be a delicate task to decide in any particular instance whether or not the incriminated document falls within the limit of the condemnation. We should be sorry to see half-a-dozen of the most prominent members of the Obstetrical Society of London declared to be worthy of censure and erasure; but until an example has been made this remunerative practice is likely, in a more or less attenuated form, to persist. The great argument against interference is that the law does not prohibit one woman assisting another in labour, however little she may know of the process, and one effect of the possibility of obtaining a certificate of competency is that it acts as a stimulus to go through a course of training. Imperfect as such training may be, it is always so much to the good. It is, however, obvious enough that, strictly speaking, there is no analogy between a woman that helps a suffering sister in love, and one who lends her services for gain.

Experiments in Compressed Air Pathology.

An interesting report has recently been submitted to the London County Council bearing on the health of the men engaged in driving the tunnel under the Thames below London Bridge. The total number of men engaged in the work is 120, all of whom have to work at an air pressure of twenty pounds to the inch above atmospheric pressure. They are on eight hours' shifts except the two foremen, who are on duty for ten hours. So far only six of this number have complained of illness, a very small proportion, especially as there is nothing to show that their indisposition had anything to do with the peculiar conditions under which they work. Special precautions are taken to avert the disastrous consequences which are apt to attend too rapid a transition from this high pressure to the normal. The men are ordered to remain three minutes in the "air-lock" which separates them from the exit portion of the tunnel; but it is stated that the greatest difficulty is experienced in inducing the men to comply with the regulations in this respect owing to their anxiety to get away once their allotted task has been completed. Such impatience is perfectly natural; but we trust the orders will not require to be reinforced by the spectacle of several of their number succumbing forthwith to the apoplectic results of "caisson disease." The men are all subjected to a medical examination before being taken on in the tunnel works, and it was evidently to be desired that this examination should be made periodical in order to ascertain whether this working under pressure really determines any notable deterioration of the general health. Arrangements have now been made for this to be done by a local practitioner, and a careful record will be kept of the symptoms and incidence of maladies affecting these particular workers. The treatment of certain lung affections by compressed air has obtained some vogue, and it has been suggested that sufferers might get an economical course of treatment by passing a few hours daily in the workings, the proceeds to be devoted to the reduction of the capital cost of the undertaking.

Strychnine as a Narcotic Antidote.

Dr. Washburn (*Therapeutic Gazette*) reports the successful use of strychnine in a case of chloroform narcosis. The patient confessed that he had swallowed two ounces of Squibbs' chloroform with suicidal intent. When seen the patient was in a state of coma. "His eyes were upturned, and the dilated pupils did not react to light; his respirations were exceedingly shallow, irregular, and scarcely perceptible, and he had the weak, uncertain, irregular pulse of a dying man." Treatment was commenced by the hypodermic injection of 1-20th gr. of strychnine, and then for a short time artificial respiration was practised. Within a few minutes there was a remarkable change in the whole aspect of the case, not only in the appearance of his countenance, but in the character of his pulse and respiration. "The respirations soon became so deep, regular, and vigorous that I was enabled to reach the conclusion that the man was suffering from chloroform narcosis, the odour of his breath indicating what he had swallowed. One subsequent injection of 1-60th of a grain of strychnine was given about an hour after the first"; and an hour afterwards the patient told of his attempted suicide. The therapeutic antagonism of chloroform and strychnine has not been sufficiently impressed on the medical mind. It is true that in cases of strychnine poisoning chloroform is quickly and freely resorted to; but in chloroform narcosis we seldom read of the hypodermic use of strychnine. To this neglect of a very powerful drug, the properties of which are well known, and the antidotal value of which in chloroform poisoning has been recognised, may be ascribed the loss of many lives. In 1880, Dr. Nicholson proved its value in chloroform narcosis (*South. M. Rec.*, vol. x); and amongst the antidotes to chloroform and ether narcosis strychnine is included in "Anæsthetics, Ancient and Modern."

Experimental Anæsthesia at Sea.

An anxious experience of the anæsthetic action of the vapour of paraffin is reported to have occurred on board the oil tank steamship *Kasbek* while on her voyage from Batoum to London freighted with paraffin oil. A leakage was discovered, which was found to be seriously on the increase. At length it became necessary to put a stop to the leak, but this was attended with no ordinary danger, as the hold was now full of an explosive vapour, and could not be approached by artificial light. Subsequently this difficulty was overcome by throwing the reflected daylight by the aid of a mirror into the hold. By this means the position of the leakage was discovered, but the men could not remain long enough to repair the same in consequence of the asphyxiating effect of the accumulated gaseous vapour. Ropes were now made fast round the bodies of the more adventurous of the crew, and when they were no longer able to proceed with their work they were quickly hauled up. Some of them on reaching the fresh air appeared to be in a state of intoxication, while others were in a laughing or crying mood. The captain had himself lowered, not only to determine the extent of the leakage, but to ascertain the condition of things. He was down but a very few minutes when he was drawn up to the deck in an unconscious condition, from which he did not perfectly recover for several hours. At first sight it will appear that the breathing of the accumulated vapour of paraffin resembled that of nitrous oxide gas.

The Proposed New Order of Midwifery Practitioners.

We are glad to see that Dr. Rentoul's determined advocacy of the cause of those who are opposing legislation for the registration of midwives is being well-seconded by the large and important branch of the British Medical Association to which he belongs, A short time ago, a committee of the branch in question – the Lancashire and Cheshire—was appointed "to draw up, to watch the progress of, and to oppose any proposed legislation for the registration of midwives." On the 11th inst., the branch had a special meeting for the purpose of receiving the report of its committee upon this question, and it is satisfactory to be able to record that the report in its entirety was adopted. Among other matters agreed to, was the suggestion to place at the disposal of the committee a sum of money not exceeding £250, to be taken out of the reserve fund of the branch, so as to enable the committee to carry on the work for which it had been appointed, the details of which are set forth in its report. The last clause contained therein should be noted by medical men generally :—"That a copy of your committee's report be forwarded forthwith by the honorary secretary of this branch to the Council and the Parliamentary Bills Committee of our Association, to each of the home branches, and to each medical society, asking each of the branches and societies to appoint a committee, and to vote a sum of money, so that each committee may oppose any proposed legislation for the so-called Registration of Midwives." If this plan were duly carried out as suggested, the opposition could not fail to be so powerful as to dispose very effectually of the promoters' scheme of registration.

Good News for Surgeons.

In the report of a case of Undescended Ovary in last week's "Operating Theatres" there is a statement which must indeed come as good news to all operating surgeons. After the removal of the undescended ovary, "the opportunity was taken to examine the left kidney, which, a year before, had been explored and its cortex incised by the same surgeon for suspected calculus. It was now found to be perfectly healthy, showing that the previous operation had produced no deleterious effect on that organ." This, undoubtedly, is most satisfactory. Of course, all surgeons are well aware by experience that exploration of a kidney for stone (when the organ may practically be regarded as healthy so far as its own structure is concerned) not only gives rise to no bad consequences, but even in many cases puts an end to all symptoms and absolutely cures the patient, yet it must be excessively rare for the operator to have the opportunity of examining and handling (through an opening in the abdomen made in order to deal with quite a different organ) a kidney which he has incised and explored a year previously. The positive experience of the case in point is certainly of more value than the mere negative result of no harm having accrued in many cases of exploration of the kidney, for the pessimist could perhaps say that the healthy urine given in proof in the latter instance might be secreted by the other kidney, and that the one operated on was atrophied and reduced to inactivity.

A New Fraud upon Medical Men.

To write a certificate with the colourable imitation of a medical man's name and qualifications for the purpose of enabling a person to evade the course of justice appears to be the newest device for fraudulently bringing discredit upon the profession. The facts of a case of the kind have recently been reported by the *Devon and Exeter Gazette.* A judgment summons had been issued against the creditor of a brewery company at a local county court. But when the case came on for trial, a letter was handed to the county court judge intimating that the defendant had gone to Bath, that his health was most critical, and that it was impossible for him to attend. The document was signed Lewes King, "M.N.G.S." The judge not feeling satisfied, however, with the authenticity of the signature, consulted the "Medical Directory," and afterwards he said that there was no such name on the list. It was clearly, therefore, a deliberate attempt to defraud the Court by a person who professed to be a medical man, and had signed a medical certificate. The person knew the penalty of such an offence, for instead of signing in the ordinary way, he made some mysterious-looking letters which appeared like "M.R.C.S.," but which in reality were "M.N.G.S." Fortunately, the judge detected the fraud, and the possible consequences of its perpetration were thus averted. It may be mentioned that the defendant was committed to prison for thirty days, and an application to suspend the warrant was refused.

Syphilitic Re-infection.

The subject of syphilitic re-infection is interesting from several points of view. A striking instance of the kind has just been recorded by Eichhorst, of Zurich. The patient was a man, æt. 23, who in January, 1893, had sexual connection, as the result of which he contracted simultaneously both gonorrhœa and an indurated chancre on the prepuce. The syphilitic symptoms pursued the ordinary course, and during the secondary stage the patient on several occasions presented himself at the hospital suffering from roseola and condylomata of the mouth and anus. On September 16th of last year he was quite free from any syphilitic manifestations. In about the third week of December, however, he again had sexual intercourse, and three days afterwards gonorrhœa for a second time developed. Moreover, towards the middle of January of the current year he returned to the hospital with a new indurated chancre situated on the right half of the prepuce. Some weeks subsequently to this re-infection a roseolous rash and mucous tubercles again appeared. The chief interest in the case, as pointed out by the author, was the short period which intervened between the infection and re-infection. In this particular, perhaps, the case is a unique one.

Sir J. C. Bucknill, F.R.S.

As has already been announced, the Queen has conferred a knighthood on Dr. J. C. Bucknill, F.R.S., in consideration of the part he took forty-two years ago in starting the Volunteer Force in the County of Devon. The services of Dr. Bucknill were brought under the notice of General Sir Redvers Buller, who undertook to place the particulars thereof before the

Secretary of State for War. This having been done, the latter official communicated with the Prime Minister, and when Lord Rosebery had laid Dr. Bucknill's claims before the Queen, Her Majesty graciously intimated her desire that the honour of knighthood should be offered the "Father of the Force." From our contemporary the *Devon and Exeter Gazette*, which all along has taken a very active part in promoting the public recognition of Dr. Bucknill's services, we learn that our *confrère* was born at Bosworth in 1817, and was educated at Rugby, and received his medical education at University College, London. He subsequently graduated at London University, and in time served the office of Censor, Councillor, and Lumleian Lecturer at the Royal College of Physicians. In 1844 he was appointed first Medical Superintendent of the Devon County Asylum at Exminster, and it was while filling this post that he conceived the idea of the Volunteer movement. In 1862 Dr. Bucknill left Devonshire on being appointed Lord Chancellor's Medical Visitor in Lunacy, which office he resigned in 1876. One of his sons is Mr. T. T. Bucknill, Q.C., Recorder of Exeter, and Member of the Epsom Division of Surrey.

The Council Election at the English College of Surgeons.

The Council of the Royal College of Surgeons of England has fixed Thursday, July 5th, as the date of the annual election of members to the Council. Already signs are not wanting that some activity is taking place in regard to the contest. Probably, with the recent opposition promoted by a certain number of the Fellows against the Association of Fellows, the election this year will be of more than ordinary interest. Upon its result will, perhaps, depend whether the reforming body of Fellows or the advocates of the anencephalous policy will be able to exist independently of each other. The struggle, of course, will be one for the supremacy, and while it is to be deplored that any section of the Fellows should have lent their support to a milk-and-water opposition, it is, nevertheless, satisfactory to learn that the flourish of trumpets with which the new opposition was started has made no permanent impression, and that the reports from influential sources point to the fact that the election at the College in July next will again be in favour of the reforming candidates.

The Council Election at the Irish College of Surgeons.

The list of candidates for seats on the Council for the election which takes place on the 4th of June is complete, and the voting papers have been issued to the Fellows. Mr. Thornley Stoker, the Vice-President, takes the Presidency, unopposed, and Mr. William Thomson, Surgeon to the Richmond Hospital, and recently Surgical Examiner in the College, becomes Vice-President without contest. Neither Mr. Hamilton, the outgoing President, nor Dr. Kidd seek re-election —which is to be regretted—and as a seat has been vacated by the appointment of Dr. Myles as an Examiner, there will be three vacancies besides those which may occur in the contest. For the vacant seats the competitors are—Dr. Archibald H. Jacob, recently Secretary of the Council; Dr. Purefoy and Dr. Cranny, representing the Gynæcological speciality; Mr. Sherlock, to represent Dentistry; Dr. Auchinleck, Professor of Forensic Medicine in the College; Dr. J. H. Scott, of the Adelaide Hospital; and Mr. Chance, Surgeon to the Mater Misericordiæ Hospital. We believe that Mr. Thompson, of the Omagh Infirmary, has also sent in his name. There are thus 25 candidates for 19 seats on the Council.

A New Objection to Vaccination.

Novelties of all forms, shapes, and sizes are usually expected from America, and attention has just been drawn to a perfectly novel objection which has been urged against vaccination. A Miss Robusta M. Strong was asked, so it is reported, why it was that she and so many other physically cultured young ladies declined to be vaccinated. Her reply was: "I do not see how I can give up my Indian clubs; and then, you know, I can't possibly spare my bicycle!" Evidently Miss Robusta M. Strong's parents had an eye to eventualities when the baptismal rite was performed upon her—the association of names is attractive. Possibly in the future, further developments of the kind will come into use. For example, Miss Flexora P. Long, or Miss Palmaris B. Short would presumably not sound to be odd or uninteresting. Again, in the case of males, Mr. Tibialis Anticus Legge, or Mr. Astragalus Foote might be worthy of adoption. But these suggestions are not made with a view of extending the opposition against vaccination.

Dental Matters.

The General Medical Council has not taken enthusiastically to the powers vested in it by the *Dentists' Act*, probably because the additional duties imposed thereby are of a troublesome and thankless nature, and also because the Dentists' Fund is at present a minus quantity. The Royal College of Surgeons in Ireland has been brought to book for granting its licence to practise dentistry without exacting any proof of practical training on the part of candidates, and this led the committee to suggest that it was about time to put into force the powers conferred by the *Act* in respect of the visitation and inspection of examinations. Unfortunately this means money, and there happens to be none available for the purpose. Until and unless this is forthcoming, therefore, the examinations will have to go uninspected, a condition of things which should exercise the mind of the Dental Association. The Council has also thought fit to repeat its warning as to advertising by dentists, in the shape of a formal declaration that the issue of advertisements containing claims of superiority over other dentists, or unfair depreciation (is there any fair depreciation?) of them "may easily be carried so far as to constitute infamous or disgraceful conduct in a professional respect." A very picturesque display was made of such "ads." by Mr. Carter, who had brought with him a portfolio collection. The suggestion that one or more dental representatives should be added to the Council, though reasonable enough in itself, does not commend itself to that body as at present constituted, and it will only be by the direct action of Parliament, if at all, that this innovation can come to pass.

Expurgation of the Profession.

The General Medical Council has, apparently, entered with zeal upon the task of suppressing illicit practice. They, at their meeting last week, weeded out three practitioners for the offence of "covering" unqualified persons—one for "covering" a company who called themselves the "Progressive Remedy Institute"; one Zurich lady doctor for violating her obligation to the Irish College of Physicians not to advertise. A further new departure was made by the Council in expunging a practitioner for the offence, simply, of advertising. This person "ran" an epilepsy business by the agency of a pamphlet and a secret remedy, and it goes without saying that his advertisements were thoroughly blatant, vulgar, and untruthful. The question before the Council was whether, even if advertising be not necessarily "infamous in a professional respect," these particular advertisements were so. The Council, after deliberation, took the plunge, and expelled the culprit. We hope that their action will be sustained if an appeal is made to the law, but we entertain doubts.

Large Fees for Medical Men.

A report is current in America that the medical man who attended Mr. Vanderbilt on his yacht during a four months' trip was paid a fee of £12,000 (60,000 dols.) This is at the rate of £3,000 a month, or rather more than £700 per week, or, say, one hundred guineas for each day of the week. A voyage under such circumstances, of course, might not be altogether devoid of anxious work, yet, still, the mere recollection of the remuneration which each day brought with it would be ample to render any discomforts of the mind tolerable. Moreover, to leave the yacht virtually with a cheque which to many would represent a fortune, the achievement having occupied no longer than four months, would be something equivalent to establishing a record in the history of fees paid for professional services. In short, however the matter might be looked at by the fortunate medical adviser of such a wealthy patron, reflections of a most consoling description could not fail to be aroused in his mind. We also hear that Dr. Galezowski, of Paris, will receive £5,000 for his visit to Persia in order to attend the eldest son of the Shah.

The Birthday Honours.

In addition to the name of Dr. J. C. Bucknill, whose Knighthood was announced in the list of birthday honours, we note the names of the following members of the medical profession: Mr. F. Seymour Haden, F.R.C.S., who receives a knighthood, together with Dr. Grainger Stewart, Physician in Ordinary to the Queen in Scotland, and Professor of Physics in the University of Edinburgh. Among Colonial honours conferred we notice the name of the Hon. Arthur Renwick, M.D., Commissioner for New South Wales at the recent Exhibition at Chicago, formerly Minister of Mines, Minister of Public Instruction, and now Member of the Legislative Council of that Colony. The general impression is that the distribution of honours has been somewhat meagre, a fact which becomes more apparent still when it is recollected that no new peer has been made, and only half-a-dozen persons have received the distinction of a baronetcy.

A New Salt of Quinine.

At a recent meeting of the Royal Academy of Medicine of Madrid, Señor Hernández Briz brought under the notice of the Academy a new salt of quinine; which he says is a compound of the alkaloid with hydrochloric and sulphuric acid. He gives the formula as $C_{20}, H_{24}, N_2O_2, +2Hcl+H_2, SO_4+3H_3O$. The salt is a pale yellow, or amber colour, readily soluble in water, and it produces no irritation when used hypodermically. Sr. Briz has been using the salt since its discovery in December, 1892. In fever ravages the effects were very pronounced. A severe case of typhoid in a man over 30 years, high temperature, dry tongue, marked weakness, and total loss of memory, was treated with the salt by injection, and recovery resulted slowly but perfectly. Some other cases are given, but they affect the question very little, as the curative effects were evidently due to the alkaloid. The salt is prepared by Señor Coipel, of Madrid.

Anatomy for Tommy Atkins.

The thirst for scientific knowledge appears to be pervading all classes of the community. That particular form which is known as ambulance instruction has been with us for some years. The latest development is a scheme to teach British soldiers the elements of anatomy—at any rate so far as the position of the chief arteries is concerned, and the means of arresting hæmorrhage. It is a tolerably well ascertained fact that a majority of deaths on the battlefield are caused by the loss of blood before the arrival of surgical aid. In order to meet any intellectual difficulties that might prevent the average soldier from picking up his anatomical outlines, someone has made the grotesque suggestion that the lines of the arteries should be tattooed on their bodies!

Spasm of the Glottis.

Dr. Moreno Zancudo has published (*El Siglo Medica*) two interesting cases of spasm of the glottis produced by reflex irritation of impacted fæces in the colon. The first case was that of a young woman of a hysterical nature who was a confirmed dyspeptic. At first the attacks, which occurred at night, were treated with chloral and bromide in full doses, and the local application of hot sponges over the larynx. The detection of a loaded colon decided Dr. Zancudo to give a brisk saline purge which not only emptied the bowel but got rid of the laryngeal spasms. The second case, which occurred in the practice of Dr.

Manzaneque is more severe, the spasms occurring at short intervals. The saline treatment, suggested by an impacted colon, was followed by the discontinuance of the spasms. The tendency of impacted fæces to cause spasms by reflex action attracted the attention of John Abernethy who recommended purgative treatment early in the century, and now from all quarters of the medical world we almost daily receive confirmation of the necessity of keeping the colon as aseptic as possible.

Mr. Gladstone's Eyesight.

The extraction of the cataract from Mr. Gladstone's right eye was successfully performed by Mr. Nettleship on the 24th inst. Cocaine was employed, and the operation was in all respects uncomplicated. Everything has progressed satisfactorily, no untoward symptom having so far developed. This being the case, it may be said that a successful result has now been definitely secured. Within a few weeks Mr. Gladstone will, in the ordinary course of things, be provided with lenses for near and distant vision, and the failure of sight which has for some months interfered with his usual pursuits, will so far, indeed, as one eye is concerned, have been removed.

Bogus Diplomas.

We must congratulate the General Medical Council on the success of the steps taken to prevent the use of bogus degrees such as those granted by the "General Council of Safe Medicine" and to vindicate its position in the matter, and we trust that equal success will attend such further proceedings as may be taken to squelch this corporation in its entirety. It would, indeed, have been a more statesmanlike policy to have attacked the corporation first instead of frittering away energy and money in proceedings against individuals.

Before the Bar.

Some curiosity was excited among members of the General Medical Council by an "apparatus" of novel shape which figured in the Council room, and it was not long before an inquiring Scotchman sought to know what it might be. The apparatus in question proved to be a portable rostrum from which outsiders wishing to address the Council might do so with advantage. A defendant in penal cases is now literally made to stand in the dock, though the degradation is minimised by the fact that he is preceded in that elevated position by his prosecutor, and is followed there by his own legal adviser.

Dr. Althaus, having resigned the post of Senior Physician to the Hospital for Epilepsy and Paralysis, London, held by him for the past twenty-eight years, has been elected Consulting Physician to that institution; and Dr. Cagney, Physician to out-patients, has been appointed Physician with charge of in-patients.

The next important service medical appointment falling vacant is that of P.M.O. at Netley in July next, on the retirement, at sixty years of age, of Surgeon-Major-General Broke Smith. Surgeon-Colonel Archer, now in Nova Scotia, will probably succeed to the appointment, pending his promotion in November next, vice Giraud.

A person—said to be a doctor—residing in New York, has been found guilty of the murder by antimony and arsenic of a man whose life he had insured. He induced his wife to enter into a bigamous marriage with the victim in order that she might, on his death, claim the insurance money.

The annual meeting of the Royal Medical Benevolent Fund Society of Ireland will be held at the Irish College of Physicians on next Monday, the 4th June. The chair will be taken at 4.30 o'clock by W. G. Smith, M.D., President of the College.

The electric light has been introduced into the ophthalmoscopic room at Moorfields, and the old-fashioned Argand gas-burner has been displaced, to the great advantage of the surgeons and the patients.

The Medical Faculty of the Catholic University have nominated Professors Roche and McWeeney as delegates to the International Sanitary Congress at Budapest.

The Committee of the Great Northern Central Hospital have elected as their Secretary Mr. Lewis H. Glenton Kerr, late Assistant Secretary at the Middlesex Hospital.

Mr. Kearsley, M.P., has given notice to the House of Commons of a motion to appoint a Select Committee to inquire into the working of the Adulteration Acts.

A meeting is to take place at Salcombe to consider the proposal to erect a memorial to the late Dr. Alfred H. Twining.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

Queen's Birthday Honours.—General satisfaction is expressed in Edinburgh with the honour just bestowed on the Lord Provost of that city, Sir James A. Russell, M.B., LL.D., F.R.C.P.E., F.R S. Ed., an honour which he has richly merited from his public services to the city. Graduating in 1868, M.B., C.M. Ed., with first-class honours, a few years later he acted for eight years as assistant to Sir William Turner in anatomy, and afterwards studied and lectured on sanitation in the Watt College. At present he is Her Majesty's Inspector of Anatomy for Scotland. He has been a member of the Town Council for fourteen years, a Bailie for nine, and Lord Provost for three. As lately as April last the University of Edinburgh conferred on him the degree of LL.D. in recognition of his merits as "a man of science, a man of affairs, a benefactor both to the city and to his ancient town's college."—Sir Thomas Grainger Stewart, M.D., F.R.C.P.Ed., F R.S.E., &c., Professor of the Practice of Physic in the University of Edinburgh, and Physician-in-Ordinary to the Queen for Scotland, is the recipient of another of the birthday honours, and one which was not unexpected.

Small-Pox in Edinburgh, Leith, and Coatbridge.—The small-pox epidemic has assumed rather alarming proportions in Leith, where last week no less than sixty-one cases of the disease were notified, and these are probably not the whole, as Leith is not under the Notification Act. In Edinburgh, on the other hand, the epidemic is being kept better in hand, although the numbers are slowly rising. Last week eighteen cases occurred. Dr. Littlejohn has deemed it necessary to send out to the practitioners in Edinburgh, in the name of the Public Health Committee of the Town Council, circulars requesting them to do what they can in the way of vaccination and revaccination of their patients, and especially of their dependents, to prevent a further spread of the disease. In the mining district of Coatbridge the epidemic is spreading, and the miners are freely availing themselves of the protective influence of vaccination.

Tyson's Drink-Cure in Glasgow.—Dr. (!) Tyson has deprived America for the time being of his valuable presence, and is now on a personally-conducted tour in Great Britain. Tyson, we understand, finds it necessary to come to this country, and so the Christian Institute (Keeley tried to open his course in London with a bishop in the chair, but this journal inconsiderately stopped the meeting) on Wednesday last was honoured with his patronage, and the population of Glasgow were told that their murky city could be rid of its drunkards, and these in turn would become respectable and useful citizens, at £6 per head! Of course the credulity of the public is proverbial, but we should have imagined his experience in Dundee was not sufficiently encouraging to look on Scotland as a likely field for his enterprise. However, the inevitable committee was appointed, the equally inevitable test cases nominated, and the inevitable report will follow in due course.

Glasgow Blind Asylum.—With the view of increasing public interest in the work carried on in the Glasgow Blind Asylum, the directors, on the 23rd inst., opened an exhibition of technical kindergarten work, physical drill, and vocal and instrumental music by the children and by the choir of the institution. The Asylum was thrown open to the inspection of the visitors, who thronged the building. The children displayed their skill in wood-carving and the other industrial work carried on for commercial profit. Machine-sewing by motive power was shown, and illustrations were given of the wonderful proficiency acquired by the inmates in basket-making, chair-caning, cork fender-making, spinning ropes and twines, and the manufacture of cushions, mattresses, and bedding of every description. During the day a programme of vocal and instrumental music was gone through.

Glasgow Medico-Chirurgical Society.—The following office-bearers were elected at the recent annual general meeting of this Society:—President, Dr. Hector C. Cameron. Section of Medicine: Vice-President, Dr. Jas. Finlayson; Councillors—Drs. W. A. McLachlan and Jas. W. Allan; Secretary, Dr. C. O. Hawthorne. Section of Surgery: Vice-President, Mr. A. E. Maylard; Councillors—Drs. Macphail and Jas. A. Adams; Secretary, Dr. John Barlow. Section of Pathology: Vice-President, Dr. Charles Workman; Councillors—Drs. T. K. Monro and L. R. Sutherland; Secretary, Dr. R. M. Buchanan. Section of Obstetrics: Vice-President, Dr. Murdoch Cameron; Councillors—Drs. Jardine and Geo. Halkett; Secretary, Dr. Lawrence Oliphant; Treasurer, Mr. Henry E. Clark; General Secretary, Dr. Walker Downie.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

COUNTER-PRESCRIBING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Since I wrote to you objecting to the legalisation of counter-prescribing, I have had a conversation with Sir Benjamin Richardson on the subject. Though he has not yet convinced me that the proposal will be free from injury to the interests of the profession and of the public, it seems to me that the proposition should receive a full and fair consideration. Sir Benjamin's idea is apparently intended to benefit both the profession and the sick suffering from minor ailments, or in an emergency, and I am glad to learn that he is to explain the matter in the *Asclepiad.* Nothing but good can come from a thorough discussion of his suggestions.

I am, Sir, yours, &c.,
Norman Kerr, M.D.

42 Grove Road, Regent's Park, London, N.W.
26th May, 1894.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your letters of last week on counter-prescribing open up a wide field for inquiry and reform. In approaching the subject one is led to ask, What is the principle of medical qualification? If the answer be to protect the public against medical treatment by unqualified men ignorant of medical matters, then the prescribing of medicines by chemists stands condemned.

Think, Sir, of the disasters which are invited by the prescribing of arsenic in an acute eczema, by the use of a sulphate of zinc lotion for an ulcerated cornea, by the administration of a purgative in typhoid, or by giving a depressant in febrile cases with weakened heart, all familiar and everyday instances of counter-prescribing.

Facta non verba should be the motto of the profession in dealing with this public danger.

I am, Sir, yours, &c.,
David Walsh, M.B.

62 Welbeck Street, W.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In discussing this question and suggesting the intervention of the Legislature, it is necessary to bear in mind that Parliament will certainly never take action in any case merely for the protection of the profession, or for any other purpose not purely to the advantage of the public. The practice of medicine and surgery for gain in any department will never be forbidden to unqualified individuals so long as leading statesmen adhere to the principles they have so long acted upon. The most that may be hoped for is the passing of laws which shall prevent the assumption of titles by unqualified practitioners, and shall also put a stop to the employment of methods whereby quacks although not adopting professional designations are able effectually to palm themselves off on the public as legally-qualified men. This much may be reasonably hoped for, since legislation of the kind has been carried with respect to veterinary practice. In numerous cases unqualified individuals have been convicted under the Veterinary Act and heavily fined for merely displaying a sign inscribed "Veterinary Forge," it being held that this was calculated to lead the public to take the practitioner for a registered veterinary surgeon. No attempt is ever made to prosecute quack proprietors of medical establishments worked under the grossest false pretences. So weak is the law and so lax its administration as regards titles that even every unqualified quack dentist is now a "Dr." and in no department of practice is there the least difficulty in the way of a quack who chooses to adopt a designation sufficient to deceive the public.

I am, Sir, yours, &c.,
S. E. R.

May 24th, 1894.

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A PERPLEXING DIAGNOSIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Would you, or any of your readers give an opinion as to the cause of death in the following case:—

A. B., a healthy young man, æt. 20, of healthy parents, got two or three blows of a stick on the left side of head near vertex, on Nov. 13th last. These blows caused ordinary scalp wounds, which healed in two weeks under domestic treatment. About a fortnight afterwards the man was laid up for about a week with headache and pains in the bones, and was believed to have influenza. He soon got better, was able to go about, take long journeys and deemed well. Visited next town (7 miles off) more than once without inconvenience. Dec. 22nd visited town all right, did his business, took a moderate share of drink, and set out for home. After walking about two miles homewards he complained of not being well, sat in a car and got drowsy, became unconscious, and comatose during the night and next day, and died at 3 o'clock a.m. on 24th December.

Condition at 7 p.m., 23rd, temp. 10·7°, limbs all paralysed, pupils much contracted; death supposed to be connected with the assault. Post-mortem ordered, and held May 15th inst.

Post-mortem condition (about 4½ months after death). Head only examined owing to decomposed state. Remains of ordinary scalp wounds.—Calvarium removed: no fracture, no ruptured blood vessel, no extravasated blood, membranes normal. On opening the membranes the brain was of a thick creamy consistence from decomposition, of uniform colour; base: no fracture. Membranes on pons and round anterior half foramen magnum inflamed; no serum or blood except of the latter a small rust colour, quantity about enough to tinge lightly a "threepenny bit."

Two medical men made the post-mortem (I was one). Conclusions:—

Both agree—no connection with the blows. Differ as follows: opinion (1) hæmorrhage at the base of the brain; 2) serous effusion from the inflamed membranes on the pons, pressing on cerebellum at foramen magnum and disappearing after death, probably gravitating into spinal canal; suspected lesion at pons since attack of influenza, stirred up on 22nd Dec. by (a) some drink, (b) some mental excitement on the way home and (c) the effects of the travelling seven or eight miles in the cold of the night of that 22nd Dec.

Any light thrown on this case will much oblige.

An Enquirer.

P. S.—Are not cerebral lesions rather common after influenza?

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THE "ANTI-MEASLY" TREATMENT OF MEASLES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—One hears and reads a great deal about the "anti-syphilitic" treatment of syphilis; so, to show the absurdity of the procedure, I shall, with your permission, say a few words about the "anti-measly" treatment of measles. Both syphilis and measles are germ diseases, and the remedy which rapidly cures both is the solution of the biniodide of mercury in iodide of potassium. The plain and evident reason why syphilis is curable by such treatment is that the drug kills the germs; and it is the more readily able to do this in its circulation through a fibrin-containing fluid, in virtue of the fact that it is held in solution by a drug which diminishes the tendency to the formation of fibrin—potassic iodide.

This view was advanced by me in 1886, in the *British Medical Journal*, and it was based upon previous communications in *your* columns in January and February, 1886, upon "A new System of Treatment through the Blood"; and also in a communication to your columns on September 7th, 1887, entitled "Principles *versus* Specifics." The views there advanced, and still held by me, have never been refuted by anyone. Indeed, their soundness has never been called in question.

I write now more especially of the action of Dr. Leslie Phillips in his statement to the medical publication known as the "Year-Book of Treatment for 1890." The treatment he in a few words condemns as having been found useless in the London Fever Hospital, is the same "anti-scarlatinal" treatment which I have heard him refer to so enthusiastically and confidently in the curative treatment of syphilis.

In this action Dr. Phillips virtually accuses me of rashly vaunting a remedy or of being no clinician. Unfortunately for Dr. Phillips's position, the testimony to the efficacy of this "anti-syphilitic" treatment of diphtheria, scarlet fever, measles, whooping-cough, &c, is too strong to be lightly thrown on one side with a few words. The mischief of the matter, however, lies in the quotation of remarks falling from the lips of men occupying such prominent places as physician to a London fever hospital; and as this is being done by Dr. Roberts, I understand, I wish now to protest, in the name of rational treatment, against any such condemnation, seeing that this treatment has received the strong support of men like Clement Dukes, of Rugby; Gabb, of Hastings; Luff, of St. Mary's Hospital; and a host of others too numerous to mention.

It is my unpleasant duty, therefore, in regard to this statement in the "Year Book of Treatment for 1890," to return Dr. Phillips the compliment, and accuse him either of *suppressio veri*, or of being "no clinician"; and at the same time to call upon him and those who have similarly condemned this accredited and long-tried germicidal treatment of specific febrile disorders, to produce the evidence they have showing that it *can only kill one kind of germ.*

I am, Sir, yours, &c.,

C. R. Illingworth, M.D.

May 23rd, 1894.

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QUALIFIED ASSISTANTS AND THE SANCTITY OF A BOND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The usual bond between principal and assistant is a subject upon which, as far as I know, the profession has never expressed itself with sufficient determination and clearness; and the fact that many members of the profession, have suffered from the manner in which law courts have treated this question is, I am sure, justification enough for my calling attention to the subject.

One would be well within the mark to say "that there are few medical men in practices sufficiently important to require assistance, having 15 or 20 years' experience, who have not suffered through the unprincipled behaviour of one or more of their assistants." Assistants who have broken through every tie of honour, and have started practice in opposition to their principals.

What I am stating is either a fact, or a misrepresentation, if the latter, I am slandering an honourable profession; if the former, then a noble profession is disgraced by a number of men, who had far better for the profession's sake, be excluded or ignominiously lopped off from the body corporate.

The question at once arises. How is this great abuse to be dealt with? and it is with a view of solving this question that I venture to trespass upon your valuable space. This question is a vital one, to a large body of general practitioners, and particularly to that class of general practitioners, which having learned its profession, is not afraid to practice it.

How can a practitioner, of the class I refer to, undertake all the operations and manipulations of a varied practice, without a qualified assistant to administer anæsthetics, and assist in the details appertaining to such cases. He simply cannot do it, and yet nearly all the practitioners of this class, of 20 years' standing, with whom I have conversed on the subject, have told me the same thing, viz., that after years of patiently working up a position and reputation, some assistant they have employed, has turned traitor, and commenced practice in opposition, robbing them seriously of patients, and introducing an element of discomfort, very often at a time of life and under circumstances when such an eventuality falls as a very severe blow.

And now as to the remedy:—

1. I do not consider any ordinary court of law at all the place for a question such as I have named to be settled in.

2. Such professional questions ought to be settled by a really high class medical tribunal.

3. I would suggest, that a body such as the Medical Defence Union should carefully sift such cases, and if after unbiassed and mature consideration, a breach of faith should be proved, then the General Medical Council should be urged to try the case as one of professional misconduct, and deal with the delinquent in a fitting manner. If this were done, we should very soon cease hearing of the shameful breaches of trust which at any time are a disgrace to an honourable calling. A higher tone of conduct would soon be established, and certainly one great blot upon the escutcheon of the medical profession would be removed.

In conclusion, I cannot do better than quote from a letter received this morning from an influential member of the profession regarding the subject of qualified assistants. He says, "If men will only speak out properly and courageously, the profession has a chance of doing itself an enormous amount of good by raising its tone, and showing that it is not tainted deeply with so-called commercial morality. We are a nation of shopkeepers, but that is no reason why a profession should be guided by the instincts of petty tradesmen."

I am, Sir, yours, &c.,
Alfred Swann, M.D.,
Hon. Surgeon to the Batley Hospital,
Medical Officer of Health for the Borough of Batley, &c.

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Obituary.

WM. WAUGH LEEPER, M.D. Edin., L.R.C.S.I.

By the death of Dr. Leeper, of Loughgall, co. Armagh, the profession in the North of Ireland has lost an able and skilful physician. Dr. Leeper graduated in Edinburgh University in the year 1844, winning the gold medal for his graduation thesis on "The Pathology of Tubercle." He then proceeded to London, where he acted as assistant to a general practitioner for six months, after which he was appointed a surgeon in the P. and O. steamship service, first on the *Iberia*, and afterwards on the *Bentinck*. He remained in the P. and O. service for nearly three years, giving it up to reside in Calcutta, in which place, however, he only remained a short time. Returning to Ireland in 1847, he was appointed Medical Officer to the Blackwatertown Dispensary, and soon after was also elected to the Loughgall Dispensary, both of which appointments he held until the following November, 1847, when he resigned his connection with Blackwatertown, and from that time up to the day of his death held the position of Medical Officer in Loughgall Dispensary. He was Visiting Physician to the Retreat Lunatic Asylum. He published numerous papers in the medical journals. He had a very extensive private practice in co. Armagh, and his consulting practice extended over several counties, as he was known and appreciated by his medical *confrères* as a sound and practical physician, whose opinion was always carefully arrived at, and whose medical knowledge was fully abreast of the times. The circumstances attending his last illness and death were of the most pathetic character: he was seized with paralysis while in the act of applying the forceps in a difficult case of labour, became almost immediately unconscious, and died on the fourth day, without having recovered consciousness. He had frequently expressed a desire to be relieved from the worry and care of dispensary work; but as he knew that a pension would not be granted to him after 46½ years' unremitting toil in dispensary work, he was compelled to labour on until death released him on Wednesday, 16th May, 1894.

ASYLUM REPORTS.

THE ROYAL EDINBURGH ASYLUM.

The annual report of the Royal Edinburgh Asylum, in which Dr. Clouston discourses with a free hand, is up to its usual mark in its range of topics and popular interest. It is not too much, however, to say that the general medical reader, and even the medical officers of other asylums may peruse it with much interest and profit. Many asylum reports would be saved the fate of the waste-paper basket if their authors would free themselves from the restraint of shyness and dread of public criticism and allow themselves to think aloud. Many will recognise in not a few of Dr. Clouston's expressions of opinion an echo of their own thoughts and conclusions. At the same time it must be admitted that Dr. Clouston presents these in a graphic and telling fashion that invests them with a charm of originality and conviction. That Morningside has flourished and is still flourishing under Dr. Clouston's wise and beneficial *regime* this year's report again testifies. His active and enterprising spirit has carried him through much in the last twenty years. In two decades the East House and the West House have been reconstructed and renovated, and the new Craig House has been erected, and is now partly occupied. Of the total sum of £154,000 spent in the twenty years for such purposes £90,700 has already been paid off. This, be it remembered, is done by the appropriation [illegible] private patients, not by assessment laid on the [illegible] One striking fact brought out by Dr. Clouston is that the cost per pauper patient for rent is £3 18s. 6½d., while in the District Asylums for pauper patients erected in Scotland it is £9 12s. 5d. In Glasgow and the West of Scotland there is now being spent some £320,000 in providing new asylums because there is no such provision made in Glasgow as is done in Edinburgh. As a matter of fact the Glasgow Royal Asylum will soon cease to accommodate pauper patients at all. Dr. Clouston does not mean to reflect on the management at Gartnavel, in making this comparison. What he is driving at is this, that certain Edinburgh ratepayers or their representatives seem to grumble because they are not allowed to spend as much as they are doing in Glasgow in order that they might have the direct control of the asylums. He forgets that the comparison is strained, for in Glasgow and the West the population is very large, and the Edinburgh expenditure need not be more than £100,000. This, it is true, is a large sum of money to throw away, and as Dr. Clouston observes it would be sacrificing the ratepayers' interests to a theoretical desire for uniformity of lunacy administration. It is none the less a fact that the management of the Royal Asylum is that of a close corporation which is only indirectly affected by public opinion, and while the record of the Edinburgh, Aberdeen, and Montrose Royal Asylums is one that would pass the pit of the best representative board to beat, the day of close corporations is threatened. Like the House of Lords they do not, however, seem to be within measurable distance of extinction, and Dr. Clouston's words of plain common sense may avert the catastrophe for some time to come.

Dr. Clouston takes credit, and rightly so, for a rapid movement, a large turnover of patients, chiefly the result of boarding out harmless and chronic cases, or transferring them to licensed wards of poorhouses. He compares his results—every man must crack up his own asylum—with those of the whole of the asylums of Scotland. Here are his words: "While in the whole of the asylums of Scotland the new cases sent each year stood to the average number resident at one third, with the Edinburgh Asylum it was over one-half, and taking the rate paid patients it was this year two-thirds. In no other institution in Scotland did the same ratio prevail. Now it is an old axiom that statistics may be made to prove anything. We do not dispute these facts; but we protest against them being made a basis of comparison. The following rider should have been appended to such a statement:—1. Morningside has recently been passing through a period of unusual activity in boarding out chronic cases and creating vacancies for new cases. 2. Morningside has been adding to its accommodation for private patients. 3. Morningside is in a populous district to which rural immigration is constant. Rural immigrants when they become insane are transferred to county asylums from Morningside—county asylums have rarely such vacancies, Morningside has a large number. 4. Morningside can relieve congestion further by sending less troublesome cases to licensed wards in the city, and such institutions are rare in the country. 5. In populous centres such as that from which Morningside draws its cases, insanity takes more acute forms, often of brief duration, and the death-rate is higher. Here, also, is another explanation of more vacancies arising in Morningside than in county asylums. Much more might be said on the subject; but it is enough to say that Morningside is not the only Scotch asylum whose history can show a period of high admission rates. Dr. Clouston generalises freely on the question of family inheritance, on the absurdity of the boast so frequently uttered "our family at least is free from insanity." "Insanity," he observes, "is by its nature and by heredity, own brother to epilepsy, idiocy, convulsions, dipsomania, paralysis, and St. Vitus dance, while it is first cousin to neuralgia, asthma, diabetes, and nervous exhaustion." He has made an inquiry into the family history of eighty-three families taken at random in a country parish in Scotland, all the members of which were personally known to him for three generations. He assures us that he took every family he really knew, and that there was no selection; but there must have been selection if he took only those personally known to him, and what about those left out? They only had one vice apparently *love of money*, and did not drink. Vice in its grossest forms was unknown; but the district was isolated, and inter-marriage was common. Of 83 families he found some mental deviation from the normal slight or marked in 41. We agree with him that there is little room for boasting and much for manly common sense and sympathy; but in this case, whether it be due to love of money, or inter-marriage—both great evils, Dr. Clouston's investigation of one remote parish, and its result must not be taken too seriously. The facts are worthy of investigation, and here as elsewhere, now and in the past, Dr. Clouston has given us abundant food for reflection.

DERBY BOROUGH.

THE Reports of the Committee, the Commissioners, and the Medical Superintendent are all very satisfactory. Dr. Macphail reports that the percentage of physical impairment in the admissions is large; but in most asylums this phase of mental disease is considerable. The spread of a desire for a better-trained staff is therefore natural, and Dr. Macphail is quite alive to the importance of training and a general levelling upwards of his attendants and nurses, and in this he has the support of his Committee, which is very encouraging. The strength of the staff is good, much better, indeed, than in many asylums.

HOLLOWAY SANATORIUM.

THE Report of this excellent institution indicates abundently that there is no thought of standing still on the part of the management. Dr. Rees Philipps does not believe in finality in the perfecting of the asylum machine, and each annual report as it appears is "chokeful" of new ideas and experiments for the good of the insane. Boarding-out, massage, Swedish drill, boarding of friends of patients, and allowing them to fuse into the life of the house—these are but a few of the ideas brought to light in this report. There can be no question that this hospital is serving its purpose admirably, and much of its success is due to the enterprise and enlightened views of the Medical Superintendent.

KILLARNEY DISTRICT ASYLUM.

THE Report for 1893 is carefully compiled, and gives varied information to an extent unusual in asylum reports. While every economy is being exercised in the management, it is desirable to point out that economy may be purchased *dearly* in the end, and here the maintenance is surely too low. It might be well to bear in mind that not many years ago the English asylums raced each other for the lowest place in the scale of board rates. Happily that foolish craze is over. Dr. Griffin is evidently an economist; but we doubt not he has that medical spirit also which puts the interests of his patients before *all* other considerations.

METROPOLITAN ASYLUMS BOARD—REPORTS FOR 1893.

THE work of this Board, and the manifold duties which lie before it, is quite beyond the conception of the average citizen, and to note the size and dip into the contents of its volume of annual reports is a task not to be lightly undertaken. The first part of the volume consists of the Report of the Statistical Committee, and the observations in this report are brief, to the point, and of particular interest in many cases. Two observations of practical and medical interest may be quoted: 1. In the course of the year 732 patients, 3·9 per cent. of the total admissions into fever hospitals were found to have been sent under a mistaken diagnosis. 2. The percentage of infection of the staff was 5·2. Of 2,484 persons employed during the course of the year 130 fell ill with fever, diphtheria, or measles, and two died. Part II embraces the reports of medical superintendents of fever hospitals, together with fever statistics. Subsequent parts deal with small-pox hospitals, imbecile asylums, schools, &c. The volume is full of interesting reading, and along with it are sent out maps of the sanitary districts of London, graphically illustrating where the infectious diseases are prevalent, and the relative intensity in different places.

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Literature.

THE MEDICAL ANNUAL AND PRACTITIONER'S INDEX, WORK OF REFERENCE FOR MEDICAL MEN. (*a*)

THIS, the twelfth year of publication of the "Medical Annual" finds it still growing in favour with the members of the medical profession. The arrangement of the matter, the number and excellence of its illustrations, the freedom from bias for or against any theory of medicine, the care taken to bring the information to the most recent development of science, call for unstinted praise. The editors of the sections are known throughout the world of medicine; they include some of the most distinguished American and Continental writers. Of British editors, to name some without naming all might appear invidious. We may, however, say that the list includes some of our most distinguished medical authorities. For the purpose of the Annual the medical literature of the world is laid under tribute; it is condensed, sifted, annoted, and edited. Nothing of importance escapes notice, and the reader is saved wading through columns of padding, finding just the essential statement placed with sufficient fulness for his guidance and a reference to its source for fuller information, if he so desires. Along with all this there is the healthy corrective of editorial annotation to the too sanguine or too pessimistic view put forward by the author.

We have just one fault to find, but it is a big one. We refer to the delay in publishing. Some efforts should be made to produce the book in January; but when it does come we are bound to confess it is unrivalled as an Annual.

THE HUMAN ELEMENT IN SEX. (*b*)

THE very title of "The Human Element in Sex," by Dr Elizabeth Blackwell, is calculated to attract attention, and a glance at the table of contents will rivet it. Writing from the standpoint of the Christian physiologist, the authoress discusses the physiology of morality and the pathology of immorality with a frankness which is as refreshing as it is unexpected. She laments—as so many have lamented before her—"the ignorance of parents, and above all of mothers, of the facts of sexual physiology." That reproach will certainly not be applicable to mothers *in esse* or *in posse* who have read, marked, learned and inwardly digested the authoress's brief but unvarnished words, for she has done her best to enable her readers "with propriety, purity and reverence, to study the action and uses of our sexual powers." After a few discursive remarks on the distinctive character of human sex the authoress discusses the equivalence of the sexual functions in the male and female. In this chapter her views do not strike one as being quite "up to date," when for example, she affirms that there is no rudimentary part corresponding to the uterus in the male, or, further on, when she refers to the active vitality of the spermatozoa "which in the work of procreation is obliged to traverse long and winding passages in order to come into contact with the ovum which is advancing to meet it," evidently referring to the Fallopian tubes, and ignoring Lawson Tait's explanation of the function of the healthy tubal cilia in keeping the germ-cell out of these tortuous paths. In the chapters on "the abuses of sex" the authoress drives full tilt against the "unnatural practice," (elsewhere branded as an "ugly mutilation") of circumcision. This she does apparently on the general principle that if Providence has persistently endowed male mankind with a prepuce, this structure necessarily serves some useful purpose, in fact, she enters a formal protest against the assumption that Nature can be improved upon. We cannot honestly say, however, that she has advanced any weighty argument against the practice, for we do not attach the same importance as does the authoress to the "keen sensitiveness" of the part normally protected by an unmutilated foreskin. The authoress retraces the picture of the mental and physical degradation associated

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(*a*) John Wright & Co., Stone Bridge, Bristol, 1894.

(*b*) "The Human Element in Sex." By Elizabeth Blackwell, M.D. Geneva, U.S. London: J. & A. Churchill. 1894.

with sexual abuse, but she might have spared us the harrowing details of the sad case of "an intelligent and pious lady, once a Sunday school teacher," dying from the effects of forty years inveterate masturbation. In her condemnation of promiscuous indulgence in what Milton described as the act which

" . . . by lewd and lavish act of sin
" Lets in defilement to the inward parts,"

the authoress points out that promiscuous intercourse can never be freed from pathological risks, "the special structure of the female body, rich in secreting glands, in folds, in power of absorption, cannot be treated as a plane surface, to be washed out and labelled 'safe.'" She shows with logical precision that continence does not beget impotence in either sex, and that love may exist in all its plenitude quite irrespectively of the act which to some women is either indifferent or repugnant. Altogether the work is as interesting as it is instructive, though one cannot help considering for whose instruction it is intended. Finally we must congratulate the authoress on the courage with which she has grappled with various delicate and debatable problems.

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Special Articles.

THE CAUSES OF NEURASTHENIA.

The causes of that malady known as neurasthenia appear to be very complex, judging from a paper read before a recent meeting of the St. Louis Medical Society by Dr. L. N. Love. To begin with, it is pointed out that this latter-day affliction is seldom found among those who live below the upper crust of the social world, and mainly because the manual labourers of the world as a rule are not disturbed by the three A's which confront a large proportion of those in the higher walks of life, namely, Ambition, Avarice, and Anxiety, and are at the same time, able to keep clear of the three L's, namely, Laziness, Luxury, and Lust. But the majority of the cases, we are told, of so-called neurasthenia are either victims of nerve weariness dependent upon misdirected energy without proper rest at proper intervals, or nerve poisoning, the result of constipation, improper food, and accumulation of effete products of tissue change—leucomaines and ptomaines. The latter condition is attributed to a disposition to use the stomach too much and the rectum too little, and the failure to appreciate the importance of pure air as a rejuvenator of tired and poisoned nature. Again, neurasthenia may arise from nerve demoralisation, resulting from unrelieved peripheral irritations, while cold, malaria, and rheumatic conditions are also potent factors in its causation. But constipation, in the opinion of the author, takes a very high place in relation to the etiology of this affection. "When we recall the fact," he says, that 90 per cent. of the women of the world are more constipated than the traditional owl, we realise what room there is for improvement in this direction." Undoubtedly, with only 10 per cent. of the women of the world in the condition of an owl which requires no purgative, there must be vast room for improvement. With no particular figures to go upon, however, we must confess that the percentage of constipated women appears to be somewhat high, and if this be one of the chief causes of neurasthenia, there should be more sufferers from the malady than appears to be the case, assuming the author's deductions to be correct. Another sentence in his paper, the meaning of which we cannot fully grasp, apparently gently hints at the necessary instruction which should be given to young persons, by which they might be enabled to avoid the troubles of constipation. "A special missionary work," he observes, "should be entered into on the part of the profession among teachers of our schools, for they need not only to know the importance of the flushing out of the alimentary canal, so far as they themselves are concerned, but its importance as a stimulator of the wit and the ability of the young idea in the direction of shooting properly!" The meaning of the latter is beyond us, unless we are expected to take it literally. If so, then some information should have been given in respect to the nature of the weapon employed, whether rifle, gun, pop-gun, or pistol. But even then, its connection with constipation would not be very clear. However, in the matter of treatment, the author is more happy. He holds that mothers should be impressed with the fact that children who are poor sleepers run the chance of growing up with wrecked nervous systems. The average mother as well as the average child does not sleep enough. There is much truth in this observation. The child of the present generation is by no means trained in the matter of sleep, as it should be. The noon-day rest for children, so commonly insisted upon by practitioners and parents of former days, is much less adopted as a routine practice than used to be the case, while experience abundantly shows that custom is gradually making the hour later at which children are sent to bed at night. There can be no doubt that in the long run, the diminution or absence of healthy periods of repose for the nervous system in childhood must be concerned as a predisposing cause of neurasthenia. Girls, as well as boys, will be apt, under the system of diminished rest, to grow up with their nervous systems much wanting in stability, and lacking that power which they should possess. In the way of drugs, arsenic is highly spoken of in the treatment of neurasthenic persons, and where insomnia prevails trional, in ten, twenty, or thirty grain doses. The latter remedy can be recommended, inasmuch as no exaltation, no depression, in fact, no bad effects follow its administration. The digestion, moreover, should be assisted by the use of pepsin or papoid.

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STATISTICAL REPORT OF THE HEALTH OF THE NAVY.

As usual, the above named blue-book contains much information that is scientifically valuable, a good deal that is useful, and some which is not altogether in accord with current theory of causation of particular diseases referred to therein. Taking the *personnel* of the navy in 1892, numbering 58,330 officers, and seamen of ages varying from 15 to over 45 years, the ratio of total sick and injured at home and abroad was 934·39 per 1,000 strength, being a decrease of 15·6 on the year immediately preceding, and of 62·19 on the previous five years. The ratio of daily sick was 41·69, being a slight decrease as compared with the preceding five years, the average duration of treatment in hospital of each person, 15·25 days. The ratio of deaths, 5·58 per 1,040 in the whole force, was equal to a decrease of ·59 in comparison with 1891, and of 1·23 on the average of the previous five years. On the other hand, the ratio invalided was 26·21 per 1,000, but not more than 17 5 were actually discharged the service, so that the actual loss by medical causes amounted to 23 08.

Considering the nature of duties incidental to ships of war, it is scarcely matter for surprise that wounds and injuries bore a ratio of 184·24 to the strength already given, but the classification which includes together under this head, "heat-stroke, submersion, and asphyxia," surely admits of revision. That the year was one of profound peace is shown by the fact that only seven cases of wounds in action are recorded. These occurred during operations on the river Gambia, and of the number, five proved fatal. But if casualties in battle were few, the expedition alluded to was fertile in cases of malarial fever, showing that the old reputation of "the West Coast" still remains much as it was in years long past, when actual work has to be done on shore. It is noted, however, that the prophylactic power of quinine is doubted by the medical officer in this instance, a circumstance somewhat at variance with past experience.

Malarial fevers occurred in 1,412 cases, of which 13 were fatal, and in 178 the subjects of attack were invalided. The highest number was reported from the West Coast of Africa and Cape of Good Hope Station, namely, 582, these having chiefly occurred among the boat crews employed respectively in the Gambia and oil rivers. Next to that command, that of the Mediterranean furnished the largest number of cases, namely, 15 of ague, and 363 of remittent fever, equal to a total of 378, but it is acknowledged in the report that, "it is often a matter of doubt in which group certain fevers should be included, and among malarial remittent fevers are frequently classed a considerable numbers of cases, the origin of which, in what is usually understood by malaria, is at least questionable." "The more one sees of many cases of the so-called remittent fever, the more one is struck as to its dissimilarity with remittent fever of a purely malarial origin."

Among the men of the fleet on the East India Station, the cases of malarial fever are returned as 121, in China 89, and on the Home Station 99, it being stated with reference to the latter that they were "almost without exception, as far as could be ascertained, recurrences of diseases in subjects who had previously contracted them abroad, especially on the East and West Coasts of Africa, or on the Mediterranean station."

Under the heading of "Simple Continued Fevers" there occurred 1,576 throughout the Fleet, with the happy result that no death took place, and only six men were invalided from this cause. Of "enteric" fever 171 cases are returned, of which number there died 42, and 23 men had to be invalided, equal to 40 per cent. of the former, equal to a combined loss of 37 men. On the Home Station the cases under this head were most numerous, namely, 66, of which there died 15, and were invalided 3. In the Mediterranean command the cases were 49, deaths 19, invalided 13.

Syphilis, both in its primary and secondary form, is shown to have undergone a considerable decrease as compared with the previous year. The incidence of that decrease is given as follows, namely: Home Station, 5·44; Mediterranean, 10·58; North American and West Indian, 5·28; South-East Coast of America, 2·1; Pacific, 14·23; East Indian, 4·71; China, 22·32; Australia, 12·14.

Of what may be called exceptional diseases the sailors of the Fleet had their share, although perhaps to a less extent than the shoregoing population. Thus, epidemic rose rash occurred in 115 cases, of which number 107 were on the Home Station, the great majority having been among the cadets on board the *Brittania*. Influenza occurred in 2,429 cases, with a mortality of 5. The greatest prevalence of the malady so named was on the Home Station, where 827 cases are returned, the deaths above stated being among them. Of other stations named, 141 were on the North American, 156 on the Pacific, 128 on West Coast of Africa, 93 on the East India, 254 on China, and 82 on Australia, thus indicating the vast extent of prevalence geographically of that epidemic.

Medical News.

Royal College of Surgeons of England.

The lecture arrangements for the current term are as follows:—Mr. J. H. Targett will deliver to-day, May 30th, and on June 1st, lectures on "The Pathology of Hydatids in Bone, and of Tumours connected with the Kidney in Children." Prof. Raymond Johnson will deliver on June 4th, 6th, and 8th, three lectures on "Tumours of the Breast." Prof. W. Thorburn will deliver on June 11th, 13th, and 15th, three lectures on "The Surgery of the Spinal cord and its Appendages." And Prof. Pickering Pick will deliver on June 18th, 20th, and 22nd, three lectures on "Diseases of the Ends of the Long Bones in Children." The lectures will commence at 5 o'clock p.m. each day, and all Fellows and members of the College are invited. Gentlemen, not being Fellows or members of the College will be admitted on presentation of their private visiting card at the door of the theatre.

Election of Examiners for the Conjoint Scheme of the Irish College and "Hall."

On Thursday last the Council of the College elected the following Fellows to conduct these examinations:—Anatomy: Dr. Montgomery Ward. Surgery: Mr. Dallas Pratt. Physiology, Histology, and Biology: Dr. G. B. White. Pathology: Dr. Coppinger. Midwifery: Dr. O'Donovan. Ophthalmology: Dr. Odevaine.

Sick Certificates in Law Courts.

In the Dublin Bankruptcy Court, last week, before Judge Boyd, in the case of James Dennis, a bankrupt, a witness who was required for examination sent a medical certificate to the effect that he was unable to attend from illness. Judge Boyd said such certificates were valueless. They should be accompanied by affidavits. The case was adjourned for a week, and in the event of the witness being then unable to attend, it was intimated that an affidavit would have to be filed.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 31, Bombay 36, Madras 33, Paris 22, Brussels 18, Amsterdam 18, Rotterdam 21, The Hague 17, Copenhagen 19, Stockholm 17, Christiania 19, St. Petersburg 23, Moscow 39, Berlin 16, Hamburg 16, Dresden 22, Breslau 24, Munich 22, Vienna 24, Prague 37, Buda-Pesth 27, Trieste 31, Rome 22, Turin 22, Venice —, Cairo 52, Alexandria 37, New York 20, Brooklyn 21, Philadelphia 18, New Orleans 23.

Vital Statistics.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 17·1 per 1,000 of their aggregate population, which is estimated at 10,458,442 persons in the middle of this year, and were—Birkenhead 18, Birmingham 18, Blackburn 16, Bolton 15, Bradford 18, Brighton 16, Bristol 14, Burnley 16, Cardiff 17, Croydon 7, Derby 12, Dublin 25, Edinburgh 18, Gateshead 15, Glasgow 17, Halifax 15, Huddersfield 16, Hull 15, Leeds 16, Leicester 13, Liverpool 21, London 17, Manchester 17, Newcastle-on-Tyne 16, Norwich 22, Nottingham 20, Oldham 14, Plymouth 16, Portsmouth 9, Preston 14, Salford 21, Sheffield 14, Sunderland 13, Swansea 15, West Ham 15, Wolverhampton 20. The highest annual death-rates were—From measles, 2·2 in Halifax, 2·3 in Nottingham, and 2·5 in Birmingham; from whooping-cough, 1·4 in Cardiff and 1·8 in Plymouth; and from diarrhœa, 1·0 in Norwich. The death-rates from scarlet fever and fever did not reach 1·0 per 1,000 in any of the towns.

Health of Dublin.

According to the report of Sir C. Cameron, Superintendent Medical Officer of Health, for the month of April, the death-rate was lower than in any corresponding period during the previous 10 years, with the exception of April, 1890, and was 4·21 per 1,000 below the mean rate. As compared with the previous month the deaths from influenza declined nearly one-half. As to the other principal zymotic diseases there were very trifling differences between the months.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

MR. C H S.—We are unable to devote further space to a discussion of the subject.

DR. CRAIG.—We hope to have space for your paper on "Grave's Disease" in our next.

MR. STEPHEN PAGET'S Post Graduate Lecture on "Otorrhœa and its Dangers" is marked for early insertion.

DR. THUDICHUM.—The illustrations have been put in hand, and your paper will appear as soon as these are ready.

A NEW EXPRESSION FOR VACCINE.

A RABID anti-vaccinationist in a public meeting at Birmingham last week, described vaccine, as "the cult of the rotten calf"!!! This entirely original conception is worthy of being recorded.

PATHOLOGY *IN NUBIBUS.*

THUS writes a correspondent to a contemporary: "The skull of a man who has died from delirium tremens contains an alcoholic gas. A small opening in the skull, soon after death. permits this gas to escape, and it can be ignited, and burns with a bluish flame." And so the knowledge of the things in this world grows!

ILLEGAL ASSUMPTION OF TITLES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Can a man, whose name has been removed from the "Medical Register," continue to practise, write, or print the letters of his diploma after his name, and run an "hygienic hospital"?

If he can, what is the good of registration? If he cannot, why is he allowed to do so, to the detriment of registered men and the public?

Surely some steps could be taken to rid London and the provinces of such pests.

I am, yours, &c.,
C. S.

⁂ [He cannot legally use the diplomas of which he has been deprived. The law, if set in motion, could immediately stop the practice.—ED.

POOR-LAW ATTENDANCE.

MC. K. writes:—A patient (red ticket) lives in the townland of "a" which is in "A's" district, but somehow the house in which the patient lives is rated for the townland of "b," which is in "B's" district, now which is bound to attend him?

⁂ [The doctor in whose district the patient is geographically situated, must attend, no matter where the residence is rated. But, probably, there is a mistake, which can be readily corrected.—ED.]

F. R. C. (Wandsworth).—Our correspondent can obtain a supply of oxygen gas ready for inhalation of Messrs. Krohne & Sesemann, Duke Street, Manchester Square, W.

MESSRS. K. & M.—You can obtain the address of any registered practitioner at the offices of the General Medical Council, 299 Oxford Street, W., without charge. Should the registered address fail to find the practitioner his name would be removed from the official Register.

Meetings of Societies, Lectures, &c.

WEDNESDAY, MAY 30TH.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—At 4 p.m, Introductory Address by Dr. Pye-Smith. 4.30 p.m., Exhibition of Cases.

LONDON POST-GRADUATE COURSE.—Hospital for Skin Diseases, Blackfriars.—At 1 p.m., Dr. Payne: Pemphigus and its Allies.

METROPOLITAN HOSPITAL (Kingsland Road, N.E.).—At 5 p.m., Dr. Gow: The Surgical Aspect of Tubal Disease. (Post-Graduate Lecture.)

ROYAL COLLEGE OF SURGEONS, ENGLAND.—At 5 p m., Mr. James Henry Targett: Hydatids in Bone. (Second Erasmus Wilson Lecture.)

THURSDAY, MAY 31ST.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—At 5 p.m., Dr. Byrom Bramwell: Thyroid Feeding in Diseases of the Skin. 9 p.m., Annual Meeting and Conversazione.

LONDON POST-GRADUATE COURSE.—Hospital for Sick Children, Great Ormond Street.—At 3 30 p.m, Dr. Barlow: Clinical Lecture.—National Hospital for Paralysed, Bloomsbury.—At 2 p.m., Dr. Beevor: Muscular Atrophy.—Central London Sick Asylum, Cleveland Street, W.—At 5.30 p.m., Dr. Pye-Smith: Cases in the Wards.

FRIDAY, JUNE 1ST.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital)—At 8 p.m., Clinical Meeting. Dr. Scanes Spicer: Case Illustrating the Radical Cure of Fetid Suppuration of the Nose by Free Opening, Curettement, and Drainage of Maxillary Antrum.—Mr. McAdam Eccles: (1) Case of probable Deposit of Urate of Soda in the Scrotum; (2) Case of Multiple Tumours of the Abdominal Wall. Mr. T. R. Atkinson: Case of Multiple Lipomata.—Mr. L. A. Bidwell: (1) Congenital Tumour over Sacrum; (2) Syphilitic Disease of Humerus which caused Spontaneous Fracture.—Dr. Morgan Dockrell: (1) Rodent Ulcer of Twenty Years' Duration treated with Resorcin; (2) Case of Mycosis Fungoides.—Dr. Abraham: Cases of Skin Disease.

LONDON HOSPITAL MEDICAL COLLEGE.—At 4 p.m., Mr. Jonathan Hutchinson: On Family Diseases.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—At 5 p.m., Mr. James Henry Targett: Tumours of Kidney in Children. (Third Erasmus Wilson Lecture.)

SATURDAY, JUNE 2ND.

LONDON POST-GRADUATE COURSE.—Bethlem Hospital.—At 11 a.m, Dr. Hyslop: Climacteric and Senile Insanity.

MONDAY, JUNE 4TH.

ST. JOHN'S HOSPITAL FOR SKIN DISEASES (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Syphilides.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At 8 p.m., Mr. Edmund Owen: The Treatment of Carious Milk Molars. Casual Communications: Mr. S. A. Coxon: The Adjustment of Spinal Springs.—Mr. D. G. Ronthop will show a Low Voltage Motor.

Vacancies.

Armagh Union.—Loughgall Dispensary.—Medical Officer. Salary £120 per annum, with fees, and £20 per annum as Medical Officer of Health. Election June 11th.

Bridgwater Infirmary.—House Surgeon. Salary £70 per annum, with board and residence. Applications and testimonials to the Hon. Secretary on or before June 15th.

Flintshire Dispensary.—Resident House Surgeon. Salary £120 per annum, with furnished house, &c Applications and testimonials to the Secretary on or before June 5th.

Glasgow Eye Infirmary.—Resident Assistant House Surgeon. Salary £50 per annum, with apartments and board. Applications and testimonials so the Secretary on or before June 11th.

Gorey Union.—Medical Officer. Salary £100 per annum, and £20 per annum as Consulting Sanitary Officer. Election June 9th.

Jaffray Suburban Branch of the General Hospital, Gravelly Hill, near Birmingham.—Resident Medical and Surgical Officer. Salary £150 per annum, with board, residence, and washing. Applications and testimonials to the House Governor on or before May 29th.

Royal Berks Hospital.—Assistant House Surgeon. No salary, but board and lodging will be provided. Applications and testimonials to the Secretary on or before June 12th.

Worcester General Infirmary.—Assistant House Surgeon and Dispenser (unmarried). Salary £70 per annum, with board, residence, and washing. Applications and testimonials to the Secretary on or before June 2nd.

Appointments

CARDINALL, C. D., M.R.C.S., L.R.C.P., L.S.A., Senior House Surgeon to the Western General Dispensary.

COULSON, J. E., M.R.C.S., L.R.C.P., Junior Assistant Medical Officer at St. George's Infirmary, Fulham.

GUILDING, L. M., M.B., B.Ch.Oxon., M.R.C.S., Medical Officer for the Workhouse, Reading.

KENDALL, N. F., M.R.C.S.Eng., L.R.C.P.Lond., Assistant Resident Medical Officer to Woolwich Infirmary.

MCAVOY, H., L.R.C.S.I., L.K.Q.C.P.I., L.M.Rotunda, Junior House Surgeon to the Jervis Street Hospital, Dublin.

MCCOMISKEY, A. W. S., M.B, B.Ch., L.R.C.P., L.M., L.R.C.S.I., Medical Officer for the Killough Dispensary District

MCDOUGALL, A. H., L.R.C.P.Lond., M.R.C.S., Assistant Medical Officer for the Crumpsall Workhouse, Manchester.

MOYNIHAN, J. J., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer for the Baltinspittle Dispensary District.

O'CONNOR, J. E., M.B., B.S.Irel., Medical Officer for the Glenfield Sanitary District of the Blaby Union.

ROBERTS, E., M.R.C.S., Surgeon to the Manchester Royal Eye Hospital.

ROOCROFT, W., M.R.C.S., Honorary Consulting Surgeon to the Royal Albert Edward Infirmary, Wigan.

SHAW, R. F., L.R.C.P., L.R.C.S., L.M.Ed., L.F.P.S.Glasg., Medical Officer for the Kirburton Sanitary District, Huddersfield.

SHEPHERD, C. D., M.R.C.S., Honorary Consulting Surgeon to the Royal Albert Edward Infirmary, Wigan.

TATTERSALL C. H., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Oldham Urban Sanitary District of the Oldham Union.

WEEKES, H. H., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Gillingham Sanitary District of the Medway Union

Births.

HARDING.—May 20th, at Sandgate, the wife of Surgeon-Major A. Harding, A.M.S., of a daughter.

WIGMORE.—May 25th, at 39 Compayne Gardens, S. Hampstead, the wife of Arthur W. Wigmore, L.R.C.P.Lond., of a son.

Deaths.

LEMON.—May 25th, at 12 Highbury Grange, London, Oliver Lemon, M.R.C.S., late of Kings Langley, aged 74.

M'CORMACK.—May 19th, at Felling-on-Tyne, Durham, Dr. Laurence M'Cormack, aged 40.

REECE.—May 20th, suddenly, Richard Reece, M.R.C.S., of Walton on-Thames, aged 85.

WARNEFORD-THOMSON.—May 15th, at Merriott, Somerset, Herbert Warneford-Thomson, L.R.C.P., formerly of Queen's Road, Brownswood Park, N., aged 43.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY JUNE 6, 1894. No. 23.

Original Communications.

ABOUT SOME THERAPEUTIC OMISSIONS IN TEXT-BOOKS ON DISEASES OF THE SKIN.

By JOHN KENT SPENDER, M.D.Lond.,
Lately Physician to the Royal Mineral Water Hospital, Bath.

WHEN text-books in special departments of medicine reach the bulk of nearly a thousand pages, the members of a laborious profession begin to protest and cry aloud! Even those who have a strong literary appetite and digestion feel frightened. Conscience tells them that they ought to know everything, and this is becoming every year more impossible. But there are many men who have time to read only a very little, and that little ought to be gathered into a brief and practical form.

Now, concerning organs and structures which lie on the outside of the body, there are few things which bring more credit to the general practitioner, especially in small country towns, than the right diagnosis and prompt treatment of the commoner diseases of the skin. The total neglect of clinical teaching in these matters was a reproach to our medical schools up to about thirty years ago. The danger is now that there may be too much teaching and too little learned. But teachers and learners will be in better temper with each other if there be a mutual understanding about the knowledge which is necessary, and the knowledge which is only ornamental.

At the end of a little book written by the late Dr. Hughes Bennett more than forty years ago there are twelve pages devoted to the Classification and Diagnosis of Cutaneous Diseases. Twelve pages! But this tiny breviary was of great use to many practitioners who were "qualified" in a legal sense, but had never received an hour's instruction about certain common maladies which are more ugly than dangerous. The subject was handled on firmer and broader lines in the "Principles and Practice of Medicine," a third edition of which was published by Dr. Bennett in 1859. For thirteen or fourteen years afterwards diseases of the skin were regarded in this country mainly as a final chapter in "Systems of Surgery" and "Systems of Medicine." The encyclopædic style and size of the new literary form of cutaneous diseases dates from about twenty years ago.

There are two great merits in all our important handbooks. One is that the pathological histology of diseases of the skin is plainly described and sometimes admirably illustrated. The other merit of these books is that they always contain a sufficient description of the rarer lesions which occur to a medical man only once or twice in his life, and are, therefore, apt to be forgotten or misunderstood. But, on the other hand, why may not these curiosities be relegated to the modest seclusion of small print and quiet chapters? This seclusion would be a relief to the eye, and a harbour of refuge for the mind. Things of minor importance would no longer distract the attention. Adequate thought and time might then be bestowed upon those fundamental points of pathology and treatment, ignorance of which disentitles a man for ever from being a cutaneous therapeutist.

It is not to be denied that there are serious hindrances to a rational therapeusis of the skin. A number of reputed remedies are purely empirical and rest upon no obvious logical basis. Trustworthy medicines, external and internal, are too often set aside for new things of doubtful origin and lineage. Foreign experience is allowed a disproportionate weight in determining the lines of English practice. A parade of authorities looks erudite; but, as a matter of fact, the application of foreign rules and methods has to be guarded by many limitations. Thus, we are drily assured by one English writer that few patients will submit to a plan (specially described) which is not only tedious but increases the disfigurement for the time being. Then what is the necessity for discussing the plan? We are indebted to Hebra and Kaposi for philosophic grasp of view, but their remedies are often greatly unsuited to the delicate skin of the Anglo-Saxon race. Unna's pharmacopœia is more in touch with Great Britain. An odd point of the Vienna treatment is that sometimes the strongest form of a medicine is tried first, and this is gradually softened down to the mildest. We will be lenient here, and say nothing about the repulsive ill-smelling things which have their chief haunt and home across the Channel.

An encyclopædic author should learn to communicate his knowledge in the form which most quickly engages the attention. All experts are encyclopædists within their own range, but not all their knowledge is equally valuable. The formula of a catechism (much loved by Mr. Jonathan Hutchinson) assumes, perhaps, that the reader is always a student; in four cases out of five he seeks learning only for the sake of curing someone, and not for the learning's sake itself. Imagine now, that the expert desires to teach us how to treat a common and rather polymorphic disease, psoriasis. He should trace in firm and clear outlines the method of treatment which he has found most prompt and (in the long run) most successful. Emphasis should be laid on that method as best adapted for the ordinary forms of psoriasis as seen on the outside of the limbs, and on the homologous surfaces of elbow and knee. But what is to be done with two kindred types of disease which are fairly common, but (unfortunately) far less tractable?:—(*a*) The dark circumscribed almost non-scaly patches which affect chiefly the lower parts of the back; and (*b*) the soft patches which are like eczema in appearance and situation and mode of spreading? Here are something like three distinct diseases, requiring three distinct therapeutic attitudes. One rigid formula of "psoriasis" cannot cover the whole therapeutic ground.

The external application of tar was recommended in all the older text-books as supreme for the common *psoriasis diffusa* of the outer surface of the limbs. Now here is a remedy which is splendid if used properly, and a poison if used wrongly. The good traditions of tar are still upheld, but there is a singular lack of instruction as to the right mode of preparing it. The *unguentum picis liquidæ* irritates and inflames, even when largely diluted with lanolin or vaseline. Nor are matters any better if the tar ointment be mixed with benzoated lard, spermaceti, or any similar thing.

The suitable diluent of tar—the one chemical medium which neutralises all its evil, and augments all its power for good—is an alkaline earth like chalk. The chalk must not be merely rubbed down with the tar by the rough mechanism of a spatula, but a regular chalk ointment ought to be first made by strewing chalk into melted lard, and then stirring the two until they are thick and cold. If a finely levigated chalk be used, a bland product is the result, which can be combined with *unguentum picis liquidæ* in any proportion that the case seems to demand.

Here, then, is the therapeutic secret of tar. The emollient qualities of chalk (to which bismuth may be added) are beneficial in allaying pruritus, and in helping to arrest the neoplastic tendency of the scaly order of skin diseases. The percentage of tar ointment to chalk ointment may begin with one part in eight. After a bath at bedtime, the warm and moistened skin should be smeared with the ointment just described, and a vest put on over it. The objections to the smell of tar are conjectural and imaginary: a wholesome and antiseptic odour will not disgust rational patients, whose philosophic boast often is that they can "take anything."

The chrysophanic plaister mull as an application to the hard mahogany patches of scaly disease on the back and outside of the lower limbs, is not mentioned in one of the biggest of English handbooks. Here was once the despair of the dermatologist; but the doubtful panacea of sulphur waters has been superseded by Unna's ingenuity. If my own experience be accepted as in any way a guide, it is strongly in favour of a remedy so simple and so clean.

The management of those patches of psoriasis which are like eczema in distribution and behaviour, is an important chapter of practical therapeutics. The essential point to remember is that this clinical form is liable to *spread suddenly and become an exfoliative dermatitis*. The psoriasis is the germ of an exudation into lymph-spaces and connective tissue: and if a crop of satellites appear around the main patches, extending to the palms of the hands or the soles of the feet, the danger is great. At this stage of matters we discard all academic terminology, and look at the complaint as if it were a spreading erythema or even an erysipelas.

When such a case occurs among patients sent to Bath for thermal treatment, we suspend the use of waters, and order a person to bed. Rest of the whole system; an equalisation of blood-pressure; an uniform temperature; and a rigidly moderate diet with abstinence from alcohol—these are the elementary postulates of what we have to do. Externally I apply almost constantly one of two things: (*a*) a combination of sweet almond oil and vaseline, or (*b*) a combination of oxide of zinc, calamine, sweet almond oil, and lime water. Both are very soothing, and help to quiet the vaso-motor storm.

There is only one internal medicine of the slightest utility, and that is tartrate of antimony. But all depends upon the vigour and perseverance of its administration. If prescribed in the penurious and timid doles recommended by some authors, it is simply powerless for good or harm. "Be not afraid of power" was the maxim of a medical philosopher who knew that the biggest engine can do the finest work, if properly handled. Give 15 minims of antimonial wine (abundantly diluted) every two hours from 7 in the morning until 11 at night, and in a large proportion of cases there is not only no disturbance of gastric or intestinal function, but a quick arrest of the disease. Sometimes this dosage can be begun every hour, and continued for half a day; very seldom is it that five doses during the day hours cannot be well borne, if the diet be limited and absolute repose in bed enjoined. And the result of this medication is often very striking. The raging tumult of skin-structures subsides; the margin of redness ceases to extend; and paleness is observed in the centre of the purple fire. Withdraw the antimony by degrees: for several weeks it should be taken at least twice a day as a decided vaso-motor tonic. This is the standpoint from which Dr. Billing and some of his contemporaries 40 years ago regarded tartrate of antimony, after its so-called antiphlogistic influence has spent itself.

When exfoliative dermatitis (beginning as apparent psoriasis) has once become established over a large area of the body, it may be "tamed down" and kept quiet by rigorous hygienic care. But there it is, and for a while it is like a smouldering prairie. Anything may stir the glowing embers. And now we may prescribe perchloride of mercury (with or without chlorate of potash), perhaps guided by the old romance of its "alterative" virtues; but this matters little. What we know for certain is, that this now little-used medicine modifies nutrition, so that textures are renewed in a more solid way and with more durable plastic force. Cod-liver oil is always a valuable auxiliary.

A negative precept in medicine has to be repeated sometimes with unwonted vigour. It cannot be said too often that arsenic in any form or combination is a poison to exfoliative dermatitis, especially when any increasing patch of it is surrounded with "satellites" which go up into the hand and creep around the foot.

One more therapeutic oversight in Text-Books of Skin Diseases ought to be mentioned. A swollen leg afflicted with *eczema rubrum* or *madidans* from knee to ankle: how ought it to be treated? Well, there are three ways in which it ought not to be treated, and these are as follows:—No ointment must be applied; no dry powder should be dusted over it; and a gelatine varnish is the most intolerable of all.

More than 30 years ago I discovered that the ordinary black wash (*Lotio Hydrargyri nigra* of P.B.) is successful and curative in a remarkable degree. Dilute it with a twelfth part by measure of glycerine, and pour a small quantity into a soap-dish or saucer. Soak strips of linen rag in the lotion, taking up on each strip as much as possible of the black oxide of mercury. Lay them evenly upon the limb, each overlapping the next by about the eighth of an inch. Cover the whole diseased surface this way, and retain the dressing in its place by a thin cheesecloth bandage. Everything must be renewed twice-a-day, and the strips of linen ought to be soaked before removal in warm water. Nothing can answer better than this simple plan; but (so far as I know) no dermatologist of repute describes and sanctions it with the exception of Dr. Purdon, of Belfast, and his testimony to its value has been again confirmed in a recent number of the *Dublin Journal of Medical Science*.

Passing over several points of less moment, I conclude with a short note upon the therapeutic effect of mineral waters. It is declared by a high authority that our natural medicated waters are locally not more effective than equally long immersions at home. It is difficult to prove or to disprove a statement of this kind. But we may at least claim for our own hot springs that provision is made in our baths for bulk of water, for maintaining an even temperature during any length of time, and for "packing" the patient afterwards with suitable wrappings. These mechanical aids make the application of the Bath waters an easy task. In the medical literature of the Eighteenth century there are many records of the successful treatment of "leprous eruptions" by the thermal waters of Bath, which are, in a chemical sense, a hot alkaline lotion. No scientific physician considers this "lotion" to have any specific virtue; but the physical convenience and comfort which attend the administration of our waters confer on them a healing power, which need not be associated with mystery or empiricism.

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CHRONIC OVARITIS, ITS ORIGIN AND TREATMENT.

By W. J. BURLEIGH-ROBINSON, M.D.Durh.

By chronic ovaritis, the title which heads this article, I wish to express the result of that slow and insidious process of inflammation which occurs in weakly women and strumous subjects, and not the better understood chronic interstitial ovaritis, the result of specific infection and direct continuity of external inflammation. "Winternitz," in the *Centralblatt für Gynakologie*, enumerates the causes of chronic oophorites as follows:—

1. Injuries during menstruation.
2. Puerperal troubles.
3. Gonorrhœa.
4. Masturbation.
5. Infection, due to external poisons.

Leaving out gonorrhœa, take the above causes as those of that form of chronic ovaritis, of which I would treat, and to them I add leucorrhœa. In the great majority of cases, patients do not consult us until such time as they complain of pain, constant in character in one definite spot in the abdomen, a feeling of a lump, and a sensation as of something dragging and burning. It then becomes of the utmost importance to inquire into the previous history which is usually as follows:—

Patient has been always "delicate," not necessarily ill, but that vague debility requiring cod-liver oil at an early age, and good living.

2. The menstrual history is irregular.

3. There may or may not have been early dysmenorrhœa.

4. The irregularity in menstruating is shortly followed by the appearance of a discharge—leucorrhæa—and it is from the date of the appearance of this discharge that the process producing chronic ovaritis may be said to start.

We know that increased function in the vagina will produce function and growth in the mammæ, uterus, and ovary, and the leucorrhœa by its mere presence, possessing as it does, the three attributes, heat, moisture, filth, will supply all the requirements for infection by septic organisms, the patient thus being laid open to the chance of constantly recurring though slight attacks of more or less septic vaginitis. Again, the chronicity and neglect of leucorrhœa is proverbial, and I have no doubt that a long-continued disordered function, such as this discharge, will result in chronic changes in the ovaries, which, slight in themselves, place these organs at a great disadvantage from the point of view of recovery, should they at any time become the seat of any acute or subacute affection.

It is thus of the utmost importance that with the appearance of the discharge treatment should begin, and *not* as is so often the case, the young patient left alone under the prevailing idea that "as she gets older she will grow out of it."

With the exception of the discharge which most English women persistently ignore, no symptoms of any note occur until such time as through cold, damp, or puerperal troubles, an acute inflammation attacks the already chronically diseased ovary, then we get pain, fever, rigors, and in fact, all the symptoms of acute pelvic cellulitis followed by months of pain and discomfort.

It is at this time we are generally consulted, and then we find the great importance of inquiring closely into the previous history, to prevent "a mistake in diagnosis."

Treatment.—Whenever possible it is the duty of the practitioner to ascertain whether his patient suffers from a discharge, and if so, to ascertain its cause and source. Should it be leucorrhœa, tonics, cod-liver oil, and nutritious diet must be given, together with injections of dilute boracic acid daily. Then, with fresh air—especially country air—from green fields, a recovery will probably ensue.

Should the symptom be due to a cervicitis, and the discharge be seen issuing from the os, great care must be taken in attacking it, for often the ovary has become irritated at the same time the cervicitis developed, and any free interference with suppositories, sounds or curette, is liable to and frequently does produce an acutes ovaritis of a dangerous character. In the latter stages when chronicity is apparent, local anæsthesia should be applied to the abdomen. Leeches will be found useful as an occasional blister. But it is principally essential that as much new blood as possible should be sent to the ovaries, and to aid this ferruginous tonics should be administered. The patient should also rest on an inclined plane, the pelvis being raised at an angle of about 15 degrees, thus relaxing the broad ligament and allowing of a freer circulation. The disease is a chronic one, the treatment must necessarily be prolonged, and, in fact, the bedstead of a woman suffering from chronic ovaritis should *never* be allowed to assume the level plane. Gentle exercise, such as an hour or two in a bath chair daily, or carriage drive, when the jolting can be borne, is beneficial; the diet should be nourishing, and alcohol in any form is directly contra-indicated owing to the great probability of the habit being formed.

This treatment followed out thoroughly will give great relief, though slight relapses occur.

The formidable operation of removing the ovaries should be our very last step in treatment, for owing to the numerous adhesions around the organs it is often extremely difficult and dangerous. In fact, the operation should never be undertaken unless we see that all other efforts have failed, and that the patient's nerve force and strength is being worn away, or we have reason to suspect pus in the vicinity.

The wholesale "spaying" of women which of recent years has become so fashionable, is most serious in its results as to marital happiness, and dangerous to life, and excepting where life is in danger absolutely unscientific.

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AN UNUSUAL CASE OF GRAVES' DISEASE. (a)

By JAMES CRAIG, M.D., Univ. Dub., F.R.C.P.I.,

Physician to the Meath Hospital and Co. Dublin Infirmary.

The patient is a girl, who came under my care in the Meath Hospital on May 4th, 1893. She was æt. 25, unmarried, and had been in employment as a general domestic servant until December, 1892. During the summer of that year she had suffered from anæmia and palpitations and had noticed her neck becoming enlarged. Then in November menstruation ceased, and after a month of severe frontal neuralgia, the eyes became prominent. There was no history of fright or mental emotion, nor of any family neuroses. In January, 1893, she went to the South Dublin Union Hospital, where she fretted much, and after a time found her eyes become red and painful and very prominent. When she came under my care in the month of May her eyes were in a most alarming condition, of which the drawing and photograph give only a very imperfect picture. The eyeballs were markedly prominent, and the lower half of the bulbar and palpebral conjunctiva of each eye formed a red protruding mass which buried the edge of the lower lids completely beneath it. The lower portion of each cornea was ulcerated, there was no anterior chamber, and in the right eye a small mass, which appeared to be the lens, lay on the swollen tissues. The upper lids were freely movable, and the conjunctiva underneath was red and congested, but free from chemosis. The sight was gone, except that she could distinguish light from darkness. Pain was so intense that she had not slept at all for nearly a week previous.

(a) Read before the Royal Academy of Medicine, May 11th, 1894.

With regard to other symptoms, her pulse varied at short intervals from 120 to 170 per minute. The heart was weak, irregular, slightly enlarged, and with a pulmonary systolic murmur. The thyroid enlargement was not great, but was symmetrical, and about the size of a small orange on either side, while pulsation and bruit in it were distinct. She was very nervous and excitable, and her hands and arms especially showed a constant tremor. She had suffered before admission from an exhausting diarrhœa, and complained of being weak and tired. The body was emaciated, and the mammary glands atrophied. The chest movements were much restricted during respiration, a symptom which has been lately pointed out by Bryson of New York. She perspired freely from slight causes, and her skin always felt hot. The urine contained a trace of sugar but no albumen. The skin was not pigmented, except on the upper lids, and the appetite was small on admission, although afterwards it became voracious.

The condition of the eyes, however, was the special feature of the case, and one which called for immediate relief. Dr. Johnston kindly saw her with me, and divided the outer canthus of each eye with a pair of scissors, then on the following morning he made several incisions in the swollen mass of each eye by transfixing it with a narrow cataract knife from the corneal margin to the edge of the lower lid. The bleeding which followed considerably reduced the swelling, and as division of the canthi had allowed the eyeballs to protrude still further, the patient was so much relieved that she slept well that night. The remainder of the treatment consisted in the application of warm boracic lotion, and subsequently the globe was covered by gold beater's skin on which a little boracic ointment was spread. There was no active spreading ulceration of the cornea, and Dr. Johnston thought the ulceration was partly due to exposure and partly perhaps to pressure, although it was difficult to understand how the latter could act on the nourishment, nervous or otherwise, of only one half of the cornea. His idea in carrying out this line of treatment was that he would reduce the pressure on the globe, cause the eye to retract, and above all make the patient more comfortable. He also feared if the eyes were left in the state of congestion or strangulation which was present that panophthalmitis would set in. The result was satisfactory in so far as it averted destruction of all the tissues of the eye and gave relief to the girl, but although the swelling somewhat diminished at the time, and acute symptoms subsided, the ulceration extended to the upper part of the cornea, and as the sight did not return, and the swollen red mass still persists to some extent, at the end of a year it has been found necessary to place the girl in an asylum for the blind.

In the records of the numerous cases which I have examined I can find no evidence that any eye complication so serious as this has ever before been observed.

Gowers says, "When the lids fail to cover the eyes these are often dry in the morning. Corneal inflammation is sometimes met with, apparently due to imperfect protection of the globe when the lids fail to meet, conjunctivitis is not rare, and occasionally there has been opacity of the cornea and even sloughing, generally in both eyes, but in one before the other. Œdema of the lids is occasionally present, and may be associated with œdema of the conjunctiva." And Mr. Swanzy, in his "Handbook on the Eye," says "the sensibility of the cornea is lessened. Ulcers of the cornea are not common, but are more often seen in men than in women. The exposure of the eye and the dryness of the cornea are probably to a great extent the cause of ulceration when it occurs, but Sattler inclines to the belief that it is also largely due to paralysis of the nervous supply of the cornea."

In a paper by Dianoux on "The Ocular Lesions in Exophthalmic Goître," read before the International Medical Congress in 1886, he considers that stretching of the ciliary and optic nerves by the exophthalmos produces the internal eye lesions, which he classes under three heads—(1) the effects on motor organs, viz., dilatation of the pupil and paralysis of accommodation; (2) the effects on nutrition, viz., neuro-paralytic corneitis, papillary œdema, and irido-choroiditis; and (3) the effects on sight, viz., mist, shimmering, and finally amblyopia.

While I have gone so fully into eye complications in this affection, it may be well to mention in detail the more commonly observed ocular phenomena:—1. Exophthalmos, which is present in about 90 per cent. of the cases, and which may be unilateral or bilateral, or more marked on one side than the other, and which varies in degree according to the heart action. 2. Graefe's lid sign, or impairment of the consensual movement of the upper eyelid in association with the eyeball on the patient looking downwards, and a modification of this has been noticed by Ramsay in the form of a spasmodic retraction of the upper lid after an imperfect descent. 3. Stellwag's sign, which consists in an incompleteness and diminished frequency of the involuntary act of winking. 4. Dalrymple's sign, or abnormal widening of the palpebral orifice which is due to retraction of the upper lid. Very rarely the lower lid had been retracted also. 5. Möbius and others have recorded paresis of the muscles that move the eyeball, and even complete ophthalmoplegia has been noted. Finally, tremor of the lids and tremor of the eyeballs have both been noticed, the former of no significance, as it occurs in people in health, the latter a nystagmus which probably corresponds to the tremor of the body and limbs.

In this case of my own there was no secretion or appearance of acute inflammation, but the condition resembled rather that seen in the case of strangulated hæmorrhoids. And although there is some obscurity as to the cause of this serious complication and as to its method of onset, we have at all events learned this lesson, that in all cases of Graves' disease where the exophthalmos prevents the lids from meeting over the eyeballs every precaution should be adopted by the medical attendant to lessen the corneal exposure and reduce the proptosis. The methods that have been found useful for these purposes are tightly applied muslin bandages over the eyes, the application of tincture of iodine to the upper lids and where the protrusion is very great, the eyelids should be stitched together, or even in order to lessen the palpebral orifice the upper and lower lids should be united in the region of both commissures by vivifying their edges for some distance and stitching them together so as to bring about a permanent union. However, it is only right to mention that a young girl who was undergoing an operation of this sort died suddenly on the operating table in Guy's Hospital in June, 1873, but this untoward result may not be taken to prove more than that a tendency to sudden death exists in exophthalmic goître.

Since the three cardinal symptoms of this affection were first grouped together by Graves as a separate and definite malady, many additional symptoms have been described, some of which, like tremor, are almost constantly present, while others are found with more or less varying frequency. Most of these have been mentioned by Dr. Foot in his particularly interesting and instructive lecture on this affection, which appears in the second series of International Clinics. He there also calls attention to the undoubted right of associating with this malady the name of its discoverer Graves, rather than that of Basedow. So that it is interesting to find in the most recently published German treatise on exophthalmic goitre an admission by the author, Dr. Mannheim, of Berlin, that in studying the history of the affection, he discovered that Graves had known, recognised and described the disease before Basedow, and that therefore one could not refuse to give him the priority and name the disease after him, and this he adopts as the title of his work, "Morbus Gravesii."

I could not attempt within the space of a short paper to discuss fully the various theories that have been put forward with regard to the pathology of this perplexing disease. But while it is almost universally accepted by writers on diseases of the nervous system, and by pathologists generally, that the symptoms owe their origin to a functional or organic lesion of the central nervous system, there are at the present day not a few who, following on the lines of Möbius, consider that the starting-point in the affection is the altered condition of the thyroid gland, which either by a hypersecretion or altered secretion disposes of toxic agents to the blood, which in turn produce minute pathological changes, or it may be only functional disturbances in the central nervous system. This latter view has lately received more attention on account of the recent researches that have been made in regard to the functions of the thyroid gland, but more chiefly in regard to its atrophied state in producing the condition known as myxœdema, and to the highly successful result of treating this latter disease with some preparation of the gland itself.

In the first place I would mention briefly that Mr. Victor Horsley's researches have gone to prove the importance of the thyroid as a blood forming and metabolic agent. He says it forms or rather secretes from the blood a colloidal substance which is transmitted by the lymphatics from the acini of the gland back to the circulation, and it is of special metabolic importance in early extra-uterine life, as shown by the more fatal effect of thyroidectomy in young animals, while its value falls as the general vital processes decrease. Its great importance in relation to health is shown by the effects that follow its removal in animals; these are (1) diminution in the corpuscular elements of the blood, and in the amount of its oxygen, with the presence of abnormal constituents in the plasma such as mucin; (2) a general toxæmic state which gives rise to excitatory and subsequently paralytic changes in the central nervous system, which are shown by tremors, spasms, rigidity, and afterwards motor and sensory paralysis; and in the third place derangement of nutrition follows, as shown by emaciation, increase of mucin in the subcutaneous tissues and even later fibroid increase, with heat changes, also, in which the temperature is first above and afterwards below normal, and in which the symptoms are aggravated by cold and ameliorated by heat.

So much therefore for the importance of this gland in the preservation of the economy of the body.

Undoubtedly there is an increase or perversion of its functions in Graves' disease, which one might readily assume to be the cause of many of the secondary symptoms, but those who support the view, among whom are Professor Greenfield and Dr. Byrom Bramwell of Edinburgh, that the primary source of the malady has its origin in the altered state of the gland, reason from the following data:—

(1) The pathological state of the thyroid in ex. goitre.

(2) The presence in the nervous system—particularly in that part of it which from the symptoms one would suspect to be involved—of slight but widespread changes which are of a like nature to those seen in toxic diseases, such as hydrophobia and tetanus, and therefore suggesting that these changes in Graves' disease may also be of toxic origin.

(3) A comparison of the clinical features of myxœdema in which the gland is atrophied with those of ex. goitre in which it is enlarged.

(4) The beneficial effects on this disease of partial thyroidectomy.

(5) The beneficial effects which follow medical treatment directed to reducing the size of the goitre.

(6) The correspondence in some important respects of the phenomena of Graves' disease with those produced by artificial introduction of the thyroid secretion.

With regard to its pathological structure, Drs. Grainger Stewart and Gibson reported at the British Medical Association last August the result of postmortem examinations which had been made in three cases, and Professor Greenfield in the "Bradshaw Lecture," delivered before the Royal College of Physicians last November, recorded the result of his observations on six fatal cases. In every instance there was marked increase in the secreting structure of the gland, which Professor Greenfield considered bore the same relation to the normal gland as that which the mammary gland in lactation bears to itself when in a state of quiescence, and in peculiar contrast to what has generally been accepted the gland was found to be not very vascular, at least the increase in vascularity was not more than is met with in a secreting mammary gland. Greenfield points out that great increase in the secreting tissue and greatly exaggerated function may be present without notable increase in volume. In advanced stages of the disease fibrous overgrowth may replace the secreting structure, and in that case one might expect a subsidence of the symptoms, or even if the glandular atrophy is extreme myxœdema may ensue—a sequela which it is true has been sometimes observed.

Coming to the next point in the argument, although the changes found in the nervous system are not by any means constant, still minute hæmorrhages and degenerative changes are frequently met with which closely resemble the conditions that are observed in diseases like tetanus and hydrophobia which are believed to be of toxæmic origin.

In contrasting the clinical features of myxœdema with those of Graves' disease the following points are called attention to:—

In Ex. Goitre.

1. The gland is hypertrophied.
2. Young women are affected.
3. There is hyper-excitability, nervousness, tremors, and unrest.
4. The skin is soft, smooth, moist, with excessive perspiration and diminished electrical resistance.
5. There are subjective sensations of heat (flushing), with easily produced elevations of temperature.
6. The pulse is frequent.
7. There is marked emaciation.
8. Amenorrhœa is common.
9. Marriage and pregnancy may cure.
10. Mental disorder more usually take the form of acute mania.

In Myxœdema.

1. It is atrophied.
2. Older women suffer.
3. The patient is stolid and placid.
4. The skin is dry, harsh, rough, no sweating, and increased electrical resistance.
5. There is feeling of coldness with subnormal and unvarying temperature.
6. It is slow or infrequent.
7. There is increase in weight and bulk.
8. Menorrhagia is more common.
9. Pregnancy is very rare, but when it occurs patients get worse.

10. Melancholic delusions are more often m et with

We next come to consider the beneficial effects of partial thyroidectomy. Steirlin collected 29 cases in which a portion of the gland was removed, and in 22 of them complete recovery ensued. Wette collected 26 of what he considered undoubted cases in which removal of portion of the gland was followed by considerable improvement and often by a distinct cure, in fact he says that the altered gland is the cause of the disease, and that operation is the only satisfactory treatment.

Putnam, of Boston, has found removal successful in curing the disease, but says, that while there is little risk of death there is great risk of considerable temporary prostration and laryngeal paresis.

Frieberg, of Cincinnati, recommends it in severe cases that will not yield to medical treatment.

Booth and Newton, of New York, have also recorded satisfactory results from operation.

There is not much to be said either for the beneficial effects of medical treatment directed towards reducing the size of the gland, or to the fact that the introduction of thyroid juice into the system in health produces certain effects similar to symptoms of ex. goitre.

Certainly pressure, ice, and the inunctions of red iodide of mercury externally and the administration of belladonna and ergot internally, all of which may be said to aid in reducing the size of the swelling or in diminishing the secretion have been credited with at least as good results as any other therapeutic agents.

The administration of the juice in health has been followed by relaxation of the arterioles, rapid heart action, diuresis, slight rise of temperature, and an overdose in myxœdema has produced flushing, excessive perspiration, muscular spasm, tremor, tumultuous heart action, rapid pulse, and death from cardiac failure.

Now while all these arguments seem more or less to favour what I may call the "glandular theory," and to prove that the goitre is the cause of the other symptoms lest anyone should be led to adopt this view from the plausible nature of the arguments set forth and to consider that we should at once hand over our cases to the surgeon for the purpose of curing them, I will touch briefly on the other side of the question.

In a number of cases of ex. goitre a complete cure has followed the removal of a nasal polypus or the cauterisation of a thickened nasal mucous membrane, while some instances of complete recovery are recorded in which practically no treatment at all has been adopted. Guttman about twelve years ago practised thyroidectomy without any result. Kocher, of Berne, had a case which died the night after operation, and four cases in which no result was notified, and he says the patients have as little chance from operation as if they suffered from malignant goitre. Strümpell, in one case, partially removed the gland and the patient died. While Mannheim as the result not only of great personal observation but also of extensive research in the literature of the subject considers that unless for urgent dyspnœa operation should not be undertaken, and he asserts that only twelve of Wette's cases were genuine Graves' disease, and of these three were unsuccessfully operated on, two were moderately successful, and the others were doubtful. Four of his own forty-one cases were operated on and only one seems to have received partial benefit. He says the most successful treatment is a dietetic and hygienic one which ensures physical and mental rest in the widest sense, and that experience shows electricity to be useful, but the utmost that therapeutics can effect is perceptible improvement, whilst a complete cure is beyond it.

In conclusion, it may be of interest to mention that this disease has been observed in animals. Two cases are reported from St. Petersburg, the first that of a four year old thoroughbred horse, which after a long gallop exhibited abnormally strong and frequent arterial pulsations, cardiac palpitations, and progressive weakness, the thyroid body was found tumefied, and sixteen days after marked double exophthalmos appeared, and after a month's illness the colt died. The second case was that of a small pet bitch, seven years old, in which the cardinal symptoms were present, but were cured with iodine in three months. In the Veterinary Reports for the Kingdom of Saxony, 1890, Roder cites the case of a cow in which palpitations, arterial pulsations, enlarged thyroid and intense double exophthalmos had existed for four years. Finally a somewhat doubtful case has been reported by Professor Cadiot, of Paris, in which a gelding exhibited cardiac palpitations, a bounding pulse, great hypertrophy of the thyroid gland, but no exophthalmos. A reference to these interesting cases will be found in the *Lancet*, of Aug. 20th, 1892.

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Selected Prescriptions and Therapeutic Notes.

145.—For Whooping-Cough :—

℞ Sulphonal, gr. j ;
Creasoti, ♏ ij ;
Syr. tolutani ;
Aquæ, āā ʒij.

M. Two teaspoonfuls to be given every two hours.

The Practitioner.

146.—For Bronchitic Asthma :—

℞ Extract : stramonii, gr. ⅛ ;
Potassii iodidi, gr. v ;
Ammonii carbonatis, gr. iv ;
Tincture lobeliæ æthereæ, ♏ v ;
Aq. chloroformi, ad. ℥ss.

M. A tablespoonful every four or six hours.

The Practitioner

147.—Colourless Iodine Ointment :—

℞ Iodi, gr. xx ;
Potassii iodi, gr. iv ;
Sodii sulphitis, gr. xl ;
Aq. qs.

M. Rub the salts with the water until the solution becomes colourless, then add

Adipis benzoati, ʒj.

Atlanta Clinic.

148.—For Neuralgia :—

℞ Liq. arsenicalis, ♏ iij ;
Tinct. gelsemii, ♏ x ;
Liq. strychniæ, ♏ iij ;
Glycerini, ♏ xx ;
Aq. destill, ad ʒj.

M. For one dose. To be repeated three times a day after meals.

149.—To Assuage the Thirst in Diabetes :—

℞ Pilocarp. nitratis, gr. vij ;
Sp. vin. rectificati, ʒj ;
Aq. destill, ʒij.

M. The tongue to be moistened with five or six drops of this mixture four or five times a day.

La Medicine Moderne.

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THERE will shortly be a vacancy for a medical superintendent at the Earlswood Asylum for Idiots. The salary is £500, with furnished residence, &c. Full particulars can be obtained of the Secretary, 36 King William Street, London, E.C.

Clinical Records.

HOPITAL HOTEL DIEU, PARIS.

Case of Atrophic Cirrhosis in a Woman, æt. 22. Repeated Hæmatemesis from Varicose Veins of the Œsophagus—Death—Post-mortem.

By M. Cornet, Interne at l'Hôtel Dieu.

The rarity of this disease, and the interest which is created by the study of varix of the œsophagus renders publication of this case desirable. The patient was a servant, æt. 22. Father and mother healthy. Had no eruptive fevers in infancy. No other disease present. Denies alcoholic excess. Two years ago she had a miscarriage at seven months followed by peritonitis. Last year had an eruption on her body, which has left no trace, and of which the nature is unknown. For a long while has had a slight cough and slight blood-tinged expectoration. Within the last three days she vomited scarlet blood on two occasions—about a pint each time; and again on the way to the hospital.

On admission the patient was in a fainting condition; pulse 124. No pain in the stomach. Nothing discoverable in the abdomen or lungs. The liver does not extend beyond the borders of the false ribs. The heart-beats in the 4th spaces; sounds normal. No œdema. She was ordered ice, ether, and ergotine by injection. Sitting position. Two hours later again vomited about 300 grams of dark blood containing no particles of food. She again shortly vomited a quantity of clear ropy fluid with blood suspended in it, but no food. Hæmorrhage was always preceded by cough; and the blood flowed at the same time through mouth and nose. On examination only one painful spot was discoverable in the epigastric region. Ice was applied to the epigastrium, and perchloride of iron in 20 drop doses given internally. The patient was restless during the night, and in the morning was comatose with stertorous breathing; pulse filiform and rapid. The condition suggested uræmia, but there were no signs of that. She died 30 hours after admission to the hospital.

Autopsy.—Lungs sound and free from adhesions. The heart, which seemed small, was without valvular lesions, and contained little blood. The peritoneum was intact; no adhesions between the bands of intestines. No ascites. The liver was remarkable for its colour and texture; it was cirrhotic and extremely atrophied. It was so hard that it emitted a sound under the knife. Weight 240 grams. The spleen was large, cirrhotic and divided by white fibrous bands. The stomach and pylorus were intact. Extending for 5 centimètres at the lower end of the œsophagus was found a remarkable development of varices. These were very prominent, and extended over the whole circumference of the œsophagus. They extended into the stomach some 2 or 3 centimètres. An ulcer the size of a lentil developed on several veins was found at the cardiac extremity. The whole of the large intestine contained blood in clots hardly dark in colour; no ulceration; some vascular congestion. The kidneys congested, but sound.

Remarks.—A young woman having suffered from spitting of blood for about 8 months and from vomiting of blood for two days passes into a comatose state and dies. The autopsy reveals an atrophied liver and varices at the termination of the œsophagus. The difficulties of diagnosis were enormous. All the authors who have written on the subject insist upon the impossibility of diagnosis. The general tenour of the records of such cases runs somewhat as follows: "Atrophic cirrhosis in a man aged between 30 and 40. Hæmatemesis more or less abundant. No ascites." The present case was rendered the more difficult of recognition by the age of the patient, and the nature of the case remained an enigma until revealed by post-mortem examination. The classical diagnostic error in these rare cases is to mistake them for cancer or for ulcer of the stomach. In the present case cirrhosis was not suspected. It seemed negatived by absence of digestive troubles and of ascites, and it seemed impossible to suspect such a condition of liver in a patient, æt. 22.

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Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting held May 10th.

The President, Professor Thomas Savage, in the Chair.

Mr. F. Bowreman Jessett showed a large

FIBROMATOUS UTERUS, PART OF WHICH HAD UNDERGONE SARCOMATOUS DEGENERATION.

He had begun the operation per vaginam, but being unable to draw the tumour down, he opened the abdomen and so removed it without difficulty. During the operation he considered the alternatives of removing the uterus in several pieces or of emptying it, but decided that this procedure would involve too much risk of infecting the peritoneum. The patient had done well.

Dr. Purcell, who had assisted Mr. Jessett at the operation, commented on the difficulties which the case presented. The ovary and tube of one side were adherent to a coil of intestine; and any attempt to forcibly separate these adhesions would probably have had very grave consequences.

Dr. Bantock thought that the interest of the case lay rather in the pathological condition of the tumour than in the *modus operandi.* Out of nearly 200 cases of uterine fibroids on which he had operated he had seen only one in which there was malignant disease, and that was a sarcoma of the lower segment of the uterus. He removed the whole, but the patient died not very long afterwards from the progress of a similar and co-existing vaginal growth. The method employed by Mr. Jessett was the same in principle as Freund's method for cancer; the difference lay in the manner of dealing with the peritoneum.

Adjourned discussion on Dr. Routh's paper on

THE CONSERVATIVE TREATMENT OF THE UTERINE APPENDAGES. (a)

The discussion was opened by

Dr. Heywood Smith. He said that some men, the non-operators, often see a large proportion of the failures of the operators; because a patient in whose case an operation has not succeeded will often not return; conversely, non-operators are apt not to see many of the successes of operations. He considered that the opinions respecting spermin and other substances secreted by the ovaries must be received with caution; there was very little evidence that this secretion occurred, and *à priori* it was unlikely, inasmuch as the ovary was a "closed" gland. If Dr. Routh's views as to the awful consequences of removing appendages were proved, the results should absolutely deter them from operating; but it was evident from what they all knew of these results that these conclusions could not be accepted. Moreover, in dealing with any case that came before them they were obliged to consider the suffering, the disablement, of the patient, and her social position in relation thereto. If a patient was in a position to lay up for weeks or months an expectant line of treatment might be warranted; but in the case of poor women who had to earn their living this was impossible, the alternative for them was starvation or the workhouse. After criticising the fallacy of deductions from post-mortem records, Dr, Heywood Smith discussed the "conservative operations." As Dr. Routh had insisted so much on the "unsexing of the woman," it was well to point out that many of the conservative operations were necessarily followed by sterility. It was easy to talk of resections of the tubes, ignipuncture of the ovaries, &c., but these operations were no safer than removal, and if the function of an organ was lost what advantage could accrue from leaving it or a part of it when diseased? Curetting was sometimes good as a prophylactic measure, but in other cases it might start fresh mischief. The aspirator also might be safe when an abscess which had fixed the ovary was bulging palpably into the vagina; but in the case of a pyosalpinx, for instance, the peritoneal cavity might be infected with a fatal result. He protested against the use of such terms as "castration," "eunuchs,"

(a) This paper has already appeared in the Medical Press and Circular.

&c., in relation to this subject; they were misleading and harmful.

Dr. **Purcell** heartily endorsed Dr. Routh's paper, which he thought was an admirable one, and would act as a "salutary brake" on the too general operative measures.

Dr. R. T. **Smith**, while admiring the labour bestowed on the paper, objected to being told that when he removed diseased appendages he was "castrating" women. He had done the operation often, but never with the idea which the word implied. At the same time he quite shared in Dr. Routh's anxiety that no operation should be performed unnecessarily. The whole matter of spermin was new to him, and he had hoped Dr. Routh would have taken the other side, and objected to these injections. He agreed that in cases of salpingitis associated with menorrhagia, the attention should be first turned to the uterus: he had adopted this method with the best results.

Dr. **Macnaughton Jones** thought Dr. Routh deserved to be complimented and thanked for the great trouble he had taken in compiling the statistics and literature of the subject; he also admired his tone of moderation. He strongly objected to the term castration, which implied mutilation and the removal of healthy organs. Ovariotomy, on the other hand, was for the removal of diseased parts. When once there was disease, the patient should not be left to take her chance of a cure; and if a man refused to operate, simply from prejudice and fear, that man was little short of criminal if, as might happen, the patient suddenly died, from rupture of the blood cyst or suppurating tube. Dr. Macnaughton Jones then quoted several extracts from the writings of Dr. Mary Dixon Jones, who wrote as a woman as well as a doctor. While she made "the uncompromising sweep of excluding all cases from the operation except where there is hopeless disease of the organs themselves," she maintained that once diseased, and their function irretrievably lost, "the removal of the diseased appendages was only to save her from more serious possibilities. With or without an operation she was sterile." He could not admit that there was true clinical and physiological analogy between the changes produced by the "climacteric" and those resulting from ovariotomy; nor was it his experience that after this operation it was a frequent thing to see women becoming inordinately fat; infantile in their intellect, or masculine in their appearance and sympathies. He distrusted statistics altogether, and thought that deductions from post-mortem records were specially unreliable. It would be a great mistake if, as gynæcologists, they were to be unduly influenced by mere sentiment, and were to refuse to attach proper weight to the surgical principles by which all other surgeons must be guided.

Dr. **Bantock** felt that there was very little in the paper with which he could agree, because his own experience pointed to different conclusions. The results of Mrs. Brown's experiments, with extracts from the ovaries of animals, were of but little value, from the very nature of the cases on which she experimented; they were women affected by "debility caused by age, insomnia, hysteria, uterine affections, &c.; it was probable that hysteria was the leading feature in all of them. Dr. Keith was quoted as stating that insanity followed hysterectomy in 10 per cent. of the cases; he had himself done nearly 200 hysterectomies, and had not even a single case followed by insanity, when there was no predisposition to it. As to Dr. Baldy's case of melancholia after rectocele, that had obviously but an accidental association with operations on the sexual organs. Like other speakers he placed little reliance on the records of autopsies; if operations were performed only for such diseases as directly threatened life, they would do only one-tenth of the present number. Nine-tenths were operations of expediency: would a man die of piles if not operated upon? Moreover, it was ridiculous to talk of the mortality of a disease as being the only thing to consider; it was suffering mainly which they had to relieve, especially in cases where women were unable to earn their living, and whose lives were a burden to them. Many of the so-called conservative operations were really "meddlesome surgery," for they did not restore functions that had been lost, and often left behind parts that were diseased.

Mr. **Jessett** felt that Dr. Routh's views must be received with considerable respect; but it did not seem to him that the whole of the paper was germane to the subject. He would consider only the first and the last two "conclusions." If it were proved that the ovary secreted "spermin," and that its loss was an injury to the body, then, of course, they could never advise the removal of the appendages, especially if Dr. McFarlane's conclusion were correct, "that it may be affirmed, that more women, 10 to 1, have been consigned to hospitals for the insane (victims of needless or unskilful surgical operations) than have been restored to reason by the most commendable and skilful abdominal surgery." But Gorzet found that the ovarian extract had no effect at all, and Mrs. Brown's experiments were hardly extensive enough to be conclusive. With the fifth conclusion, "that complete castration had been practised too frequently and often unnecessarily; but it then took the form of an epidemic, as other things have done before and since; not long ago it was the fashion to diagnose all right iliac pain as typhlitic, and to advise removal of the vermiform appendix. Mr. Jessett related an illustrative case in which he had removed the ovaries; and concluded by thanking Dr. Routh for his paper.

Dr. **Routh**, in reply, regretted that some of the speakers had spoken with a little unnecessary heat; he would, however, excuse them as no doubt they felt strongly. He pointed out that several of the speakers had misapprehended the drift of his statements on the subject of spermin, perhaps they had not read the paper with sufficient care. So far from recommending the practise of injecting these fluids, he expressly deprecated it, as they would find by referring to the paper. The whole question of ovarian secretion was a physiological one, and could not be decided on any *à priori* grounds. Much objection had been made to the word "castration;" it was the term used in France, Germany, and America, and by no means implied that the ovaries were healthy. Further he disclaimed the responsibility of sharing the opinions he had quoted in his paper, to review the whole subject in an impartial spirit it was necessary to quote views with which he did not agree, as well as those on the other side. He defended the use of the aspirator on the lines he had laid down, with antiseptic precautions, and quoted recent results in support of the practice.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Surgery.

Meeting held Friday, May 4th.

Sir W. Stokes in the Chair.

NASO-PHARYNGEAL FIBROMA.

Mr. **Woods** read a paper on Naso-pharyngeal Fibroma. The patient whose case was detailed was a young man, æt. 24, who, about May, 1888, noticed a difficulty in breathing through his nostrils. This difficulty progressed to complete nasal obstruction, associated with giddiness, failure of memory, and great drowsiness. Towards the end of 1889 he was operated on by two American surgeons consecutively but without being materially bettered. In 1891 he put himself under the care of Mr. Thornley Stoker who operated on his nose from the front, but who did not attempt a radical removal of the growth owing to the extent of its attachments and the fierceness of the hæmorrhage. Mr. Stoker, in January, 1892, transferred the case to Mr. Woods. At this time the whole naso-pharynx and the greater part of the left nasal fossa were filled with a typical fibroma. Nasal respiration was completely stopped, and his voice was without nasal tone. Mr. Woods repeatedly operated with the galvanic snare and lopped off pieces until the snare would no longer grip. He then devised an instrument which he calls a "galvanic curette," and which consisted of a semicircle of platinum wire brazed to the ends of two insulated copper rods; the platinum arc could be heated at will by an electric current. With this instrument he ploughed the tumour away piecemeal sometimes attacking it from the front through the nostril and sometimes from behind through the naso-pharynx. The patient never suffered very much, and the bleeding was never very considerable. By January, 1893, the tumour was completely removed and the patient perfectly well again. His voice was quite normal and admitted of his adopting the stage as his profession. The advantages claimed for this method of operating are the following :—1. It is less dangerous and more certain than any other method, experience proving the bleeding to be trivial. 2. The patient is neither maimed nor disfigured, as frequently happens in cases of operation where the nose is cut or the palate divided by any of the well-known methods. 3. There is no danger of injuring healthy structures, since the operator can see exactly what he does.

Sir William Stokes congratulated Mr. Woods on his success, and said that formerly this case would have required to be treated by an operation which would have necessitated great cicatricial deformity, in which there would have been danger from hæmorrhage at the time of operation, and which would have been difficult of performance. Mr. Woods' method gets rid of all these objections, and the shock to the patient is infinitely less. It seems to him that nasal polypi were less likely to recur after removal by the galvano-cautery than after removal by other methods. Perhaps this might be due to the firm cicatrix produced by a cautery.

Mr. Swan wished to know could this method be applied to removing osseous growths.

Mr. F. Nixon asked Mr. Woods did he think the disappearance of the somnolence to be due to the removal of the tumour.

Mr. Maxwell said that inability of concentrating one's mind upon work is a rather common symptom in adenoid tumours occurring in the naso-pharynx. Their removal often resulted in the patient being freed from this symptom. He had occasionally noticed that patients, shortly after operation, complained of pain in the occipital region.

Dr. Myles mentioned a case in which he had assisted the late Dr. Robert M'Donnell. The patient had a recurrent growth in the naso-pharynx. It had been previously operated on by the snare, but had recurred. Dr. M'Donnell determined to try and gouge away the growth from the front. He succeeded in detaching the tumour, but the hæmorrhage was something appalling. The patient recovered, but the growth afterwards recurred and came under the care of Mr. Thomson at the Richmond Hospital.

Mr. Thomson said that he had not much difficulty in removing the recurrent growth when the case came under his care. The tumour was reached by splitting the nostril and raising the lip. Recurrence took place in fifteen months, and the tumour was again removed. The boy lived for two years, but he had not been able to find out what was the cause of his death. The only objection he saw to Mr. Woods' method was that it was rather a prolonged procedure. He did not think any cicatrix would prevent the recurrence of a tumour if the tumour was one of those which had a tendency to recur. By this method the disease might be more thoroughly attacked and got rid of, and this element seemed to have more to do with preventing recurrence than a firm cicatrix.

Mr. Chance wished to know would the time of treatment be shortened if a plastic operation giving greater room were first done and then Mr. Woods' instrument immediately applied.

Mr. Woods, in reply, stated that diminished likelihood of recurrence of the tumour he considered to be due to the method being more thorough. He saw no reason why the instrument should not be used to remove exostoses, particularly those in the external auditory meatus. In all cases of naso-pharyngeal tumours there existed in the patient great stupidity. The drowsiness and somnolence he considered to be this stupidity in a greater degree. With regard to Mr. Chance's suggestion, he did not think that it could be followed, because the very essential for success in the operation was that you should see exactly what you were doing. The bleeding consequent on a plastic operation would prevent this.

Mr. Wheeler read a paper entitled "On Hydroceles of the Neck."

Sir Wm. Stokes said that, as far as his experience went, the treatment of tapping the hydroceles and injecting iodine was not successful. Either the cyst quickly refilled or such extensive inflammation was set up as to endanger the patient's life. He advocated free incision and dissecting out the cyst. In a case he had operated on last January he had found the wall of the cyst exceedingly thin and the contents of the consistence of glycerine. The submaxillary gland he also found enlarged, and he removed it. Since the operation the patient has had no recurrence of the disease. He had been a soldier in India, and when there, four years ago, became troubled with this swelling. It was tapped, but recurred, and was tapped twice again. After the last tapping the disease did not recur for three years, when the patient came under his care.

Mr. Swan said he thought these hydroceles were due to a failure of closure of the branchial clefts occurring in the embryo. Many years ago he saw a case of a lady with a supernumerary auricle in the neck. She developed what he believed to be a hydrocele of the corresponding branchial cleft, for a cystic tumour arose extending from the auricle deep into the substance of the neck, and ultimately reaching the wall of the pharynx. It burst in front of the auricle.

Mr. Wheeler, in reply, stated that in all cases of recorded hydrocele the fluid withdrawn had been quite watery and not unlike glycerine in consistence. He doubted, for this reason, whether Sir Wm. Stokes' case was a true hydrocele. A true hydrocele was usually too deeply attached to admit of dissecting it out.

The Section then adjourned.

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EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, May 16th, 1894.

The President, Dr. T. S. Clouston, in the Chair.

DISCUSSION ON MASSAGE.

Dr. Halliday Croom, who introduced the subject, first gave a short historical sketch, and then proceeded to describe the different forms at present in vogue, premising that it was a good thing that good men now devoted themselves to its practice. He divided massage into four classes :—(1) simple massage, with its different movements of tapping, kneading, and hacking ; (2) the Weir Mitchell treatment ; (3) the Swedish system, and (4) mechanical massage, where the patient is rubbed, shaken, and pummelled solely by machinery. The first, or simple massage, he had found in his experience to be good in constipation or neurasthenia, but not advisable in cases of gall-stones, in many of whom he had seen peritonitis set up. The Weir-Mitchell treatment had, in his own hands, led to a few successes, but many failures, and, for his part, he was disappointed with it. He had, however, seen some marvellous results at the hands of others. In his own department of gynæcology, massage was used for all sorts of diseases, both externally and internally. Of these, the internal was most repugnant to all but Frenchmen and some Americans, while the external form proved to be dangerous now and then. He had seen a hæmatoma formed by it, and grave results could follow its application for pyosalpinx, for which it has been recommended. For gynæcological massage, the operator must have "clean hands and a pure heart."

Dr. Keiller, who followed, described the methods and detailed some cases.

Dr. J. H. A. Laing laid great stress on the advantage of combining massage with exercise short of over-fatigue. In constipation, for instance, the action of massage was much increased if the abdominal muscles were exercised at the same time by bending movements. These movements, however, should not be carried on to over-fatigue. The same thing applied to dyspepsia. In the treatment of neurasthenia by the Weir-Mitchell system, his rules were very much too slavishly carried out. All patients did not require exactly the same treatment, and especially the prohibition of reading was, in his opinion, often a mistake. For gynæcological cases, the external method was the only form admissible, while the addition of body movements to the massage was of use notably in dysmenorrhœa. In Sweden and Germany no oil was used, but he thought that it was of use occasionally. Another very common mistake arose from the idea that an hour was the proper period for a *séance*, while in many cases, at first at any rate, a quarter of an hour was quite sufficient. The time depended on the case. He had found muscular rheumatism greatly benefited by it, short of fatigue. He had been struck by the fact that in Paris a patient with a sprained ankle was able to go about on it without pain, in fact, was cured in seven days, while in this country three weeks was the usual time allowed. This was due to the use of massage which should be begun on the day after the accident, beginning just above the sprained joint.

Dr. **Allan Jamieson** had found massage of service during the early stage of baldness and, combined it with the application of warm water, in symmetrical diffuse scleroderma.

Dr. **Joseph Bell** said that there were sprains and sprains, some of which when severe were not benefited by massage. He advocated the treatment of Colles' fracture without splints and with the use of massage. In those cases of synovitis of the knee-joint in weak young people due to weakness of the muscles of the thigh and simulating white swelling, massage was of great service. In neurasthenia, in his opinion, the most necessary thing was a good nurse.

Professor **Chiene** divided massage into (1) gentle, for the relief of pain, (2) firmer, for the prevention of adhesions, and (3) firmer still, to break down old adhesions. In bad fractures massage should be begun after the first week, splints being put on in the intervals. He thought with regard to the question of early tuberculosis that the white swelling of joints oftener occurred after mild than severe injuries, and that these cases would be fewer if rubbing was practised early.

Dr. P. A. **Young** gave details of some cases, and supported the use of body exercises along with massage in constipation.

Dr. **Cathcart** had noticed that massage of a limb had by amputation set up fibrillary tremors in the muscles, and he thought that similar rubbing over a gland might stimulate its action by fibrillary movements. He would hesitate before recommending its application to tubercular joints even at an early stage.

Dr. **Somerville**, of Glasgow, who had lately been in Sweden, spoke well of the combination of massage and medical gymnastics. In Sweden he had even seen the heart massaged, tapped, &c., combined with gymnastics in a case of mitral incompetence.

Dr. **Carmichael** deprecated the growing practice of leaving the cases suitable for massage under the sole charge of a masseur without personal supervision of part at least of the treatment.

Dr. **Affleck** had found it useful in alcoholic neuritis, chronic rheumatism, and in insomnia, but had had many failures in cases of neurasthenia.

Dr. **James Ritchie** recommended the dry form, although on occasion he had found the use of oil of service.

Dr. **Hunter** wished to warn members against the indiscriminate use of massage in supposed neurasthenia, instancing a case in which the underlying cause was spinal disease, and in which it proved hurtful rather than beneficial, while

Dr. **Playfair** also warned the members that the treatment must be thorough, and that much depended on the nurse.

Dr. **Stiles** thought massage of use in very early cases of tubercular disease.

Dr. **Clouston** said that when this system of treatment was first advised he obtained a striking success in a case of melancholia, and thought that the millennium had arrived with regard to such mental diseases, but later cases failed to substantiate the first results. It had proved of most benefit in cases of melancholia, especially if it were combined with exercise, but some of them were rendered much worse, especially by the seclusion. In patients suffering as a result of trophic deficiency much good might be done. He finished by proposing a resolution, which was carried by the Society unanimously, that the members of the Society protested strongly *against the use of internal massage of the female pelvic organs.*

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The annual election of candidates for Pensionerships and Foundation Scholarships of the Royal Medical Benevolent College, Epsom, was held on Thursday last. The names of the twenty-two successful competitors will be found on reference to our advertisement columns.

GENERAL MEDICAL COUNCIL
OF
EDUCATION AND REGISTRATION.

SPRING SESSION, 1894.

The President, Sir Richard Quain, Bt., in the chair.

SIXTH DAY.—Monday, May 28th.

The Royal College of Surgeons of Ireland and the Apothecaries' Hall of Dublin.

Sir Dyce Duckworth resumed the discussion on the resolution which he moved on Saturday. He urged that the examination of this conjoint board was admitted to be neither creditable nor desirable. This was particularly the case in respect of the Apothecaries' Hall of Dublin, of which body the examinations had invariably been the subject of unsatisfactory reports. He held that this body was incorrigible, and he said that in his opinion the time had come for the College of Surgeons to break with what he called the "left-handed board" in Ireland. He insisted on the fact that in arriving at this report the Examination Committee had been animated by a strong feeling in the interests of the profession.

Mr. **Bryant** seconded the resolution, and urged upon the Council that there was no valid reason for postponing action in the matter.

On the suggestion of Sir William Turner the resolution was taken in two parts, the first part of the resolution simply declaring the opinion of the Council that the examinations in question were "insufficient."

Dr. **Atthill** said that as the representative of the College of Physicians nothing but feelings of duty had induced him to take the position he was compelled to take. He discussed the details of the reply of the management of the conjoint board to the memorial of the College of Physicians, and pointed out what he stated to be inaccuracies. He complained of the unfair competition which the conjoint board of the Royal Colleges had to contend with in the face of the laxity of the incriminated board, and he concluded by saying that the matter before the Council was very simple, being, in fact, simply the question whether yes or no they intended to allow one examining board in the United Kingdom to become the refuge for the dullards who could never learn, and for those who preferred to spend their days in idleness.

Sir **Philip Smyly** said the conditions laid down by the Council had been placed before the Conjoint Board and were being fully complied with. He was instructed, on behalf of the body he represented, to acknowledge the irregularities complained of, but he was in a position to assure the Council that changes had been made which would secure them against any repetition thereof.

Dr. C. **Moore**, on behalf of the Apothecaries' Hall of Dublin, endorsed the remarks that had fallen from the preceding speaker, and he pledged himself and his Board to do all that could possibly be done to meet the wishes of the Council.

Thereupon the resolution, as divided, was agreed to.

Sir **Dyce Duckworth** then moved the second part of the original resolution to the effect that a representation be made to the Privy Council.

Dr. **Heron Watson** called attention to the fact that his amendment had not been disposed of, and by direction of the President it was taken as an amendment to this motion.

Dr. **MacAlister** pointed out that as the Council had formally recognised the examination to be insufficient they had no option but to represent the matter to the Privy Council.

Dr. **Heron Watson** then moved his amendment to the effect that, as the Board had promised to remedy existing defects, the Council should not forthwith make any representation to the Privy Council, but should direct that all the examinations of this Conjoint Examining Board, whether final or previous, should be specially visited, inspected, and reported upon, during the ensuing twelve months.

Dr. **Pettigrew** seconded the amendment which was agreed to by a majority of 8, out of 20, and was subsequently adopted as a substantive motion.

Preliminary Examinations.

The next item of business was a report by the Education Committee on Indian, Colonial, and Foreign preliminary examinations. It was stated that certain of these examinations were not up to the Council's standard but before definitely removing them from the list of preliminary examinations recognised by the Council it was suggested that copies of the report should be forwarded to the bodies interested inviting them to comply with the Council's recommendations on this subject.

On the motion of Dr. **Tuke** it was decided to obtain at least two copies of the *Calendars* of all Bodies conducting examinations recognised by the Council.

Penal Procedure.

Mr. **Carter** moved a resolution, drafted by Mr. **Muir Mackenzie**, providing that in penal cases, when a person had been adjudged guilty of the offence charged against him, the Council should either proceed to decide forthwith whether or not the offence amounted to infamous conduct in a professional respect, or might postpone a decision upon these questions and adjourn the inquiry *sine die* or until the next or some future session.

This modification of the Standing Orders is tantamount to authorising the Council to bind the defendant to come up for judgment if called upon.

The motion was seconded by Sir **Walter Foster** and was agreed to.

Various items of formal business were then disposed of.

Dental Representatives.

The Council then took into consideration the proposal emanating from the British Dental Association urging the addition to the Council of a member or members cognisant of the requirements of dentists.

Sir **Wm. Turner** moved that the Council had no power to take cognisance of such a proposal.

Sir **Walter Foster** was of opinion that the dentists were hardly treated in having no representative on the Council, but he agreed that the Council had no power to give effect to such a resolution.

Sir **John Simon** said he did not see why dentists should be represented on the Council more than any other special group of practitioners.

After some discussion the Council adopted Sir Wm. Turner's negative resolution, and the matter then dropped.

Advertising Dentists.

Mr. B. **Carter** moved, "That the attention of the Council having been called to the practice of advertising by certain dentists, it is hereby resolved that the issue of advertisements of an objectionable character, and especially of such as contain either claims of superiority over other practitioners or depreciation of them, may easily be carried so far as to constitute infamous conduct or disgraceful conduct in a professional respect."

After being seconded by Sir **Dyce Duckworth**, the motion was agreed to, and it was also ordered that certain pictorial and other advertisements exhibited on the walls of the Council should be referred to the Dental Committee for their consideration.

This concluded the business of the Session.

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Germany.

[From our own Correspondent.]

Berlin, June 2nd.

At the meeting of the Medical Society of the 30th ult. Hr. Leyden related an interesting case of

Phosphorus Poisoning.

The patient was, on Feb. 1st last, shot in the temple by her young man, and a second time in the region of the heart, and about the same time he gave her a dose of phosphorus. The patient was at once removed to the Charité, when the stomach was thoroughly washed out with at least 45 litres of water. The washed-out fluid not only smelt of phosphorus, but it was distinctly luminous. Three doses of cup. sulph. had no effect, but after ipecac. and antimony were given vomiting of about 400 grm. of brown-greenish fluid took place. The patient was then given ol. terebinth. The wound in the temple had healed without cerebral symptoms. The bullet that had penetrated the chest gave rise to no special symptoms. The day after the attempted poisoning slight albuminuria and swelling of the liver were noted, and continued for some time. The excretion of nitrogen was also increased for a time. These changes pointed to moderate phosphorus poisoning. Phosphorus acted mostly after it had passed the stomach, and if this was washed out sufficiently early and thoroughly, one might hope to prevent a fatal result. The second bullet had not yet been found. On the fifth day pericarditis developed, with friction sound and increased cardiac dulness, pulse 140, slight fever. The speaker was of opinion that the heart had been injured by being grazed by the bullet. At the posterior part of the thorax there was a patch of dulness which was pronounced to be extravasated blood. Puncture confirmed this pronouncement.

Jubilee of the Society for Obstetrics and Gynæcology.

The jubilee of this Society, the oldest of the kind on the Continent, was celebrated on the 9th and 10th ult. in the way such functions are usually carried out here. The Society was founded by Carl Mayer, who in the year 1844 was the means of uniting 10 practitioners of the city into a society (called the Geburtshelfleshe Gesellschaft), the meetings of which were at first held in his own house.

One of the earliest subjects brought before the Society was that of the artificial feeding of infants, and it still remains one about which a deal more will have to be said. Not only practical subjects were discussed, but also those relating to pure science. One of the four addresses before the Society was on the discovery of Bischoff, just then made public, on the periodical ripening and extrusion of the ova. On account of this tendency towards science the three distinguished Berlin pathologists, Virchow, Reinhardt, and Leubuscher, were induced to join in the labours of the Society as members extraordinary, and it was through this combination that gynæcology was first put upon an anatomical basis. This new impulse led to good results, as the publications of the Society show. These for the first 25 years were entitled "Proceedings of the Obstetrical Society (Verhandlungen der Gebustshelflichon Gesellschaft)," and the next six years, "Contributions to Obstetrics and Gynæcology (Beiträge zur Geburtshilfe, Gynækologie)." Carl Mayer, whose son-in-law Virchow became, died in 1868. After his death Ed. Martin became President, and after him the late Carl Schroeder. During the latter part of Schroeder's presidency Prof. Gusserow was associated with him in the management, and after the death of Schroeder in 1887, Prof. Olshausen, the latter's successor in the University Chair of Obstetrics, became joint manager. The Society took on its present name in 1876, when it coalesced with the Gynæcological Society, which originated in 1873.

The celebration took the form of an extraordinary Gynæcological Congress, to which distinguished *confrères* made their pilgrimage from even distant lands. Amongst those present were the following, whose names are household words amongst gynæcologists:—Freund, Strassburg; Winckel, Munich; Chrobak, Vienna; Fritsche, Bonn; Schultz, Jena, Slawiansky, St. Petersburg; Pozzi, Paris; Pasquale, Rome; Vuillet, Geneva, &c. Nearly all the hospitals and societies sent deputations. The large hall of the Langenbech Haus, in which the Session was held, was ornamented with the laurel-crowned statue of the founder and the crowned marble busts of his successors, Ed. Martin and C. Schroeder. Prof. Gusserow greeted the assembly; the Festschrift published in celebration of the event was then distributed, after which a number of honorary members were elected. Prof. A. Martin then delivered the "Fest" report. The "Fest" address was to have been delivered by Prof. Olshausen, who was unfortunately prevented by illness from taking part in any of the proceedings. The address was, therefore, read by Prof. Peit. Then followed so many congratulatory addresses from so many public and scientific bodies that the wonder is how all the business was got through successfully in the time at their disposal. Not the least interesting event of the day was the address delivered in French of Prof. Pozzi, representative of the Surgical Society of Paris. In his reply to the address Prof. Gusserow expressed his pleasure that the learned of one and the other side of the Rhine could work together on the neutral ground of science. A dinner at the "Rerchshof," and an excursion to the Havilsee, near Potsdam, concluded the celebration.

SUNK CONTINUOUS SUTURES IN HERNIOTOMY, &C.

Hr. Schede discusses this important subject in a late Report of the Hamburgh Eppendoifer Hospital, on the occasion of an operation on an enormous umbilical hernia in a child, æt. 1½. Schede made use of a form of suture that had already given him good results in similar cases. He now uses only silver wire which has been boiled in a one per cent. soda solution, and then placed in a three per cent. carbolic solution. First of all three to four sutures are passed through the whole thickness of the abdominal wall, but not tied at first. By putting these sutures on the stretch the edges of the wound are brought close together, an assistant seizes the sheath of the rectus on each side with a pair of strong forceps, and a large number of silver wire sutures are inserted, which only pass through the sheath of the rectus and the peritoneum. The upper edges of the wound are then brought together by tying the sutures first inserted. These latter are removed in about ten days.

These sunk wire sutures have now been used by Schede in 121 laparotomies of the most varied kind, and in only 4 of them have slight hernial protrusions taken place. In 163 cases of herniotomy a permanent cure was determined in 90 per cent. of the cases.

POLICE WARNING IN REGARD TO ICE.

On the 27th ult. the Kgl. Polizei President announced to the public that investigations made in the Imperial Health Office had shown that the ice used in Berlin even when to all appearance of good quality contained disease germs that were capable of development and originating disease. It had become, therefore, probable that the illness frequently observed after partaking of iced drinks did not arise from the coldness of the beverage but from the disease germs taken into the system from the ice. The same thing held good as regarded solid articles of food that had been kept cool on ice, such as butter, &c. The public are, therefore, warned against the use of drinks and foods that have been cooled with ice in the before-mentioned way and rendered possibly dangerous in consequence.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 1st.

GONOCOCCI.

AT the surgical meeting this week, Dr. Finger reviewed the past and present knowledge of gonococci. He said Wertheim was the first to discover these bodies in human serum by means of plate cultivations, but this method was complicated and unreliable. He found uric agar more accurate and easy of application. Concerning the biology of gonococci, he assured the meeting that the microbe flourished better in acid nutrients than in weak alkalines; that they were not fully developed by the ordinary temperature of the room, but commenced to flourish about 25° C., which reached the maximum at 38° C. After this point was past the growth was retarded and was entirely destroyed with 40° C. of temperature; it is equally destroyed by drying. From a forensic point of view he pointed out the practicability of this exact knowledge in foul clothes if kept moist; but if the discharge be allowed to dry the test is destroyed. He has found gonorrhœal discharges capable of being cultivated after lying 36 hours in the ordinary temperature of the room. The microbe is not so sensitive to chemical reagents as some others, silver nitrate one in a thousand, sublimate one in six thousand affecting them slightly after two minutes, but not destroying them. His experiments against immunity showed that they would attack the canal after a perfectly healed condition of acute urethritis as well as chronic. In all the inoculations he is convinced that the gonococcus is the sole irritant. Whatever may be the cause of urethritis posterior he found it always occurring from fourteen to twenty days after inoculation. In many of the inoculated cases inflammatory condition of the joints followed with circumscribed peritonitis in which gonococci could be found 24 hours after inflammation had commenced. In eight patients where exitus letalis was expected, inoculation was three times positive and five times negative. In the former there was little or no fever, while the latter had high temperature. It is an old clinical experience that high temperature during the course of urethritis has the effect of drying up the secretion, which may again recur; a febrile temperature, therefore, acts as temporary immunity against the gonococci; in mammalia this fact is also found also to exist.

With respect to the gonococci found in tissues, he could not understand why Neisser was opposed to this view, when the gonococci could be found shortly after penetrating the fibrous tissue, which had been repeatedly proved and confirmed by anatomical specimens.

Frisch had discovered these organisms in the glands as well as the fibrous tissues in a case of rectal gonorrhœa; he even assures us they were found in abundance in the muscles. The changes produced by the microbe differ according to the cellular structure; in the squamous epithelium the gonococci remain near the surface, while in cylindrical epithelium they are found burrowing deeply in the structure. It would appear that the squamous epithelium acts as a protecting cover, while the cylindrical is a dangerous absorbent. Other dangerous sources are the pouches of Morgagni and the glands of Littre. Before Wertheim it was believed the complications arose from mixed production, but recent investigations connect the gonococci with arthritis the most common, and occurring as a primary cause of gonorrhœa. In an infant eight days old who had double-sided ophthalmo-blenorrhœa agonitis with other affections ensued, and on examining the matter from a puncture a large number of gonococci were found. Where streptococci were present the gonococci exceeded them.

Finger finds the easiest form of colouring the gonococci is with borax-methylbleu, which is five of borax to five of methylbleu to 100 of water; the slide is then washed in a half per cent. of acetic acid, and next treated with alcohol, bergamot oil, and Canada balsam. This method has the disadvantage of making temporary slides, as the preparation will not last longer than three or four months.

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Russia.

[From our own Correspondent.]

St. Petersburgh, May 31st.

Bulbar Paralysis after Influenza.

L. **Stembo** has recently been demonstrating some of the influenza sequelæ, believing in Althaus's dictum that "there are few disorders or diseases of the nerve system which are not liable to occur as consequences of grip." He showed a cook, æt. 29, to the Medical Society, suffering from progressive bulbar paralysis. The patient was descended from a good family, no nervous affections having previously been known. At 16 she commenced to menstruate, which appears to have recurred regularly; at 20 she married; husband healthy, and three children were born, the last six years ago. Two years ago was left a widow.

Two months ago she was smitten with a severe attack of influenza, but made a speedy recovery. A month later she observed her speech was impeded, while saliva and discharge came from nose and mouth, with difficulty of swallowing. The speech still became more hoarse and nasal, with pain in the head, till she reached the condition shown at the meeting. She appeared well nourished, skin in mucous membrane pale, bones and muscles well-developed, head of normal configuration, intelligent though much depressed. The brow fell in folds, eyes could be opened and closed, and ocular movement normal. Pupils medium size, reaction prompt, accommodation good, and fundus of the eye normal. The lips are small and thin—whistling and blowing with the lips impossible. The tongue when protruded was tremulous, and appeared thinner than normal, although its movements were complete. The uvula was drawn to the left, and when making efforts to swallow fluids, they would return by the nose. Paresis of the constrictor pharyngis cause difficult deglutition. There was also paralysis of the crico-arytænoideus posticus muscle, leaving a vocal cord loose in the middle. Countenance, taste, smell, and hearing normal; heart, lung, and abdominal organs healthy, appetite good, bowels regular, urine normal in quantity and containing nothing abnormal, sensibility of the skin and accessible mucous membrane of the throat and other orifices of the body, as well as tendon reflex, normal. He concluded that this was a typical case of progressive paralysis, or what might be better termed atrophy of the tongue, lips, soft palate, and larynx (paralyse progressive glosso-labio-pharyngo-laryngée) due to affection of the centre in the bulbus medullæ spinalis, and has been termed by Wachsmuth, progressive bulbar paralysis..

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The Operating Theatres.

ROYAL FREE HOSPITAL.

Ovariotomy (Twisted Pedicle).—Mr. **Battle** operated at this hospital for an unusual example of ovarian tumour with symptoms which differed somewhat from those usually met with: the woman, æt. 46, had been admitted from the out-patient department six days before, having applied on account of difficulty in micturition; she presented a swelling of the abdomen which resembled a distended bladder or the uterus at the end of the sixth month of pregnancy; she stated that this swelling had been first noticed five or six months before, but had caused no inconvenience until the last fortnight, when she had experienced difficulty and pain on micturition; a week before she was seized with pain in the abdomen and vomiting, and was obliged to keep her bed for a day or two; since then she had been able to get up, and although the pain had continued there had been no more vomiting. She had had several children, menstruation had been regular, and no enlargement of the breasts had taken place. During the short time since her admission a sound had been passed the normal distance into the uterus, the patient had again menstruated, and examination showed no evidence of pregnancy. The tumour had become more rounded, but remained tender in its upper part, and evidently contained fluid. The temperature was normal, although the tenderness of the tumour continued, and she complained of pain. Before beginning the operation Mr. Battle said he expected to find a multilocular ovarian cyst with partial twist of the pedicle and adhesions to the surrounding parts. He thought that some of the adhesions might be firm and cause trouble, as she gave a history of two somewhat similar attacks two or three months before. The usual median incision was made and a cyst exposed, the walls of which had a purplish mottled appearance. A trocar was put in and the contents of a large cyst evacuated; the opening was then drawn outside the abdomen and the cyst wall, which was adherent throughout, gradually separated from omentum, intestine, and abdomen by means of the finger. The adhesions, which were recent, separated easily, but as they were very vascular, much oozing of blood ensued. The pedicle was on the left side, and had been twisted a half turn, so that it lay in the median line on the front of the cyst; a double ligature was applied to it, and the cyst removed. The space the cyst had occupied was carefully cleansed with sponges, but as the oozing still continued it was thought desirable to insert a Keith's drainage tube into Douglas's pouch. The wound was closed in the usual way, and perchloride dressings applied. The tumour, on examination, was found to consist of one large cyst, which had been emptied by the trocar and several smaller ones situated near the attachment of the pedicle; there had been intense congestion throughout with hæmorrhage, especially between the smaller cysts; there was no lymph on the surface. The omentum was inflamed and folded up on itself so as to form a distinct tumour which could not be unravelled, and the right ovary, which was not removed, appeared normal though rather small. Mr. Battle remarked that the difficulty in micturition which had been complained of appeared to be due to traction on a short pedicle by a cyst which had rapidly increased in size when it had escaped out of the pelvis, and that this traction had been increased by the partial rotation of the cyst to the right.

Excision of the Rectum.—The same surgeon operated on a woman, æt. 63, suffering from malignant disease of the rectum of some three or four months' duration. The patient had applied at the hospital for prolapse of the posterior wall of the vagina, but she was transferred to the surgical department for the more serious condition which was then found. The growth extended on the right side of the bowel from the margin of the anus upwards for about three inches, then completely encircled the gut, but did not reach so high up or so low down on the left side; there were hard everted edges, and a ragged and depressed ulcerated surface which bled freely when examined, the base was not adherent to the surrounding parts; no enlarged glands could be felt, nor was there evidence of disease elsewhere. An incision was made from within the anus backwards to the tip of the coccyx, the bleeding vessels were secured, silk loops inserted on each side of the wound to act as retractors, and incisions made on each side of the anus so as to isolate it; the dissection was then carried upwards, great care being exercised in front, as it was thought the peritoneum was probably lower than usual on account of the prolapse of the vaginal wall. The peritoneum was recognised about an inch and a half from the anus, and an attempt made to separate it from the rectum, but it was adherent, and tore easily in front of the finger, so the opening was enlarged, and the separation of the bowel continued at the sides and behind. There was very little bleeding during this part of the operation. The bowel was then pulled down and divided about half-an-inch above the growth, each vessel being secured with catch forceps as it showed itself. After the wound had been washed out with perchloride solution, the opening in the peritoneum was closed with continuous suture; the edge of the bowel was then sutured to the wound in the skin by interrupted sutures of fish gut; the posterior wound was closed in a similar way, excepting for the last inch, through which two drainage tubes were passed, one on each side of the bowel. A large tube with a covering of iodoform gauze was inserted into the rectum so as to convey any fæcal matter which might escape into a dressing independent of the posterior wound. The patient bore the operation well. Mr. Battle said that some nine years ago, he had operated for more extensive disease in a woman of the same age, and that he had found it easy in that case to separate up the peritoneum. This patient, he believed, was still alive; and he had no doubt that the difficulty of separating the peritoneum in the present case was due to changes in its structure as a result of the old-standing prolapse of the posterior vaginal wall.

MIDDLESEX HOSPITAL.

Ovariotomy — Simulated Pregnancy. — Mr. Bland Sutton performed ovariotomy on a woman with the following curious history. She was 40 years of age and the mother of two children, the youngest being 12 years old. Since the birth of this child she had missed a period. In December, 1893, the belly began to enlarge, and at Christmas the patient believed she felt the movements of a child. As the case progressed, the woman, in conjunction with the nurse, calculated from the size of the belly that delivery should take place in April. Everything was arranged for the confinement, but the child did not manifest any signs of appearing, and the patient was confident that she again felt movements of the fœtus. The doctor began to suspect that something was wrong and carefully examined the abdominal swelling, and came to the conclusion that it was probably a tumour. Mr. Bland Sutton was asked to see the case and determined that it was an ovarian tumour; his view was confirmed at a consultation within the hospital. The tumour was a multilocular cyst, with one big loculus predominating. There were no adhesions. The cyst contained twenty pints of fluid. Mr. Sutton remarked that the chief interest in the case was the way in which the rapid growth of the tumour simulated pregnancy. He said he had dealt with two other similar cases. In one an elderly man married a woman of 45, and congratulated himself when, a few months after marriage, he detected an increase in the circumference of the abdomen of his spouse. A year later Mr. Sutton determined the presence of a large ovarian tumour and successfully removed it. He also pointed out that very great care is necessary in some cases to avoid mistaking an ovarian cyst for pregnancy and *vice versâ*.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 6, 1894.

SOME POINTS ON THE LEICESTER SMALL-POX EPIDEMIC.

The last annual report of Dr. Priestley, Medical Officer of Health for Leicester, contains many valuable and suggestive observations upon the late small-pox epidemic. The outbreak was traced to a tramp who, in August, 1892, lodged for a few nights in the workhouse. Since that time the disease has been introduced into the borough by tramps in no less than 11 separate instances, a fact that speaks volumes for the need of stringent supervision of this vagrant section of the community. Altogether 308 cases were notified, and of these 15 died, giving a death-rate of 4·8 per cent. The highly significant fact is added that all the deaths occurred in non-vaccinated persons. A further analysis of the figures shows that a large proportion of the cases occurred in children under ten years of age, an observation which is of special interest when recorded of a town which is a centre and stronghold of the anti-vaccinationists. As to the value of vaccination and re-vaccination, Dr. Priestley remarks that his own faith in its efficacy is well known, and further, to use his own words, "that faith has not been shaken, but, on the contrary, strengthened by what I have seen in dealing with the Leicester small-pox epidemic, not only whilst treating the patients in hospital, but also in dealing with the cases generally in the town (quarantines and others). It will be admitted that I have had exceptional opportunities of judging, having seen every case of small-pox, and having visited every infected house." This evidence has been before the public long enough to place powerful weapons in the hands of all who are called upon to carry on defensive or offensive warfare against the anti-vaccinationists. There is another aspect of the report, however, which is less reassuring to the apostles of public health, inasmuch as it furnishes cogent reasons against the erection of hospitals for infectious diseases in the midst of inhabited quarters. When the epidemic first started in 1892, the Leicester Sanitary Authorities attempted to treat small-pox cases in or near the buildings used for scarlet fever, but with disastrous results. Latterly, the hospital has been reserved for the reception of small-pox patients only. It is situated on a site that is more or less isolated except in one portion, where a strip of vacant land 620 feet across separates it from a district of 660 houses, containing some 3,000 persons. Nearly the whole of these houses would be contained within a circle of 2,000 feet radius, having the hospital for its centre. About the second week in June, 1893, numerous cases of small-pox were notified within this area, which may be regarded as a kind of isolated suburb, and is known by the name of Newfoundpool. Many of these cases, according to the statement of Dr. Priestley, it is impossible to account for except on the assumption that they were infected from the hospital. The medical officer confesses himself unable to point out exactly in what way the contagion was spread. He thinks, however, that probably several causes were at work, which he classifies into—(A) *direct*, through contact between patients and people outside the hospital, and by infection carried out by visitors, members of the staff, &c.; and (B) *indirect*, through the air, which may be (1) the atmosphere, or (2) sewer-gas, *i.e.*, through the drains. But whatever the exact means of infection, there can be little doubt as to the startling nature of the results, a fair idea of which may be gathered from the following extract: "There were in all between Dec. 23, 1892, and Dec. 12, 1893, 55 cases in Newfoundpool, a number which represented thirty-eight infected houses. Of this number of houses sixteen were in the road which was nearest and which ran parallel to the hospital site, and of these sixteen, eleven were on the hospital side of the road. Thus, of 347 cases of small-pox which occurred in Leicester during the recent outbreak, 55 were located in Newfoundpool, giving a case-incidence there of 18·3 per 1,000 of population, as against 1·6 per 1,000 in the remainder of the borough." A further interesting fact was that the hospital proved a more potent source of infection in June than in any other month, and this Dr. Priestley attributes to the prevailing direction of the air currents during that month. With regard to the danger of small-pox hospitals as foci of disease, it may be at once stated that the observation is by no means new. Seldom, however, has it been more forcibly illustrated than in this Leicester experience, which presents an object lesson of the utmost value to sanitary authorities. Obviously the moral to be drawn is that under no circumstances should small-pox wards be allowed to exist within a considerable distance of inhabited dwellings. After a warning of this kind any local body which erects a small-pox hospital within the limits either of town or of suburb must be held responsible for the margin of preventible disease that will almost certainly result from its unwise action. A greater inconvenience is likely to ensue from the fact that inhabitants who object to have a fever hospital located in their district will have their hands greatly strengthened by being able to point to such facts as those recounted by Dr. Priestley. The difficulty of obtaining suitable sites for these establishments is already very great, and authorities all over the country will help to smooth the path of preventive medicine by placing all small-pox hospitals outside their towns.

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THE GENERAL MEDICAL COUNCIL AND THE EXAMINATIONS OF THE IRISH "COLLEGE AND HALL."

It will be noted upon perusal of our report that the General Medical Council has declined—for the present—to accede to the entreaties of the Irish and London Colleges of Physicians that they should ask the Privy Council to extinguish the examinations of the Irish College and Hall. The majority of the Council was, no doubt, influenced by a feeling of justice; but, as we judge from the reports, they were also impressed with the idea that it would be a very unwise thing to give the Irish College of Physicians a monopoly of diploma-granting in Ireland, especially in view of the traditionally impractical character of that body. It was suggested by one of the speakers that to restrict Irish educated candidates to a body which insists on keeping up the diploma price to forty-two guineas would be a fatal error, and we entirely agree with this view. Time after time the Irish College of Surgeons has urged upon its sister College the propriety of making a *pro rata* reduction of fee, and has been met, even within the last few months, with a reiteration of the *non possumus* with which the proposal was met on previous occasions. In the interests of justice, of medical education, and of the Irish "College and Hall," however, we almost regret that the apologies of the representatives of those bodies were so profuse, and that the Medical Council did not carry out its threat to appeal to the Privy Council. We say this because we entertain little hope that the respite of twelve months granted to the Apothecaries Hall examinations will have much effect upon the present situation. The examinations will be inspected and reinspected, and repeated official reports will be published; but, unless a change takes place in the policy of the wire-pullers of the General Medical Council, we know, beforehand, that these reports will be more and more condemnatory, and this time next year the Irish College and "Hall" will have to meet the Irish College of Physicians at the bar of the Privy Council. The dictates of truth and justice compel us to state—whether our doing so offends the General Medical Council or not—that the recent inspections of these examinations were carried out in a spirit not of honest criticism, but of captiousness and fault-finding, and that the system was pre-doomed to condemnation before the Examiners met at all. We should be sorry to suggest anything but honesty of intent in either of the Visitors; but we declare that to send a high officer of the prosecuting College, and a gentleman from England who has distinguished his inspectorial reports by a uniform depreciation of everything medically Irish, to nominate such judges to pass verdicts on the Irish Apothecaries' scheme, was to ensure conviction and condemnation. The reports carry this fact "writ large" across their pages. The first report undoubtedly hit palpable blots in the examination, the reality of which the Irish College and Hall were the first to acknowledge and to remedy; but it was also largely occupied with captious criticisms of petty details which could scarcely have been discovered without diligent search, and which, if all the criticisms were just, would not materially prejudice the efficiency of the scheme. The second report, inasmuch as the substantial blots had been erased, was limited to the latter form of criticism, and the Visitors were fain to give substance to their condemnation by placarding the ignorance of the candidates, which the Examiners had fully recognised by peremptory rejection. We speak with intimate knowledge when we assert that the examinations condemned by the Visitors were conducted with painfully careful regularity, and, if conducted by any other Examining Board in the kingdom, would have received at least a modified approval, and we will add that there is not an examination in the kingdom which would have "'scaped whipping" if submitted to the ordeal of hostile search to which these examinations were subjected. If it be considered presumptuous in us to place our word against that of the General Medical Council, we plead that that body has no source of information whatever—at least, none that sees the light—save the statement of the Visitors, which it seems to have accepted with an alacrity which looks like prejudice. It must be, indeed, manifest to anyone who reads between the lines the reports of the Examination Committee and the Education Committee of the Council, and the debates thereon, that a vigorous attempt has been made by these Committees to persuade the Council to do the work of the Irish College of Physicians by extinguishing that scheme. The fact that at the previous meeting of the Council condemnation was passed and ostentatiously published without affording the Irish College and Hall the opportunity of seeing the accusations or giving an answer, affords conclusive proof that the destruction of Carthage had been resolved upon. Corroboration is now afforded by the fact that the defences offered by the Irish College and Hall have been totally ignored in the reports of these Committees, and, lastly, the purpose of this onslaught on the examinations is admitted to be, not the improvement or perfection of the system, but its total extinction. "The Committee think it very desirable that the General Medical Council should suggest to the Royal College of Surgeons in Ireland the propriety of severing their connection with the 'Hall.' The Committee is of opinion . . . that the continuance of that combination in Dublin is no longer desirable . . . Two Universities and two Royal Colleges can certainly supply sufficient qualifications for the requirements of practitioners in Ireland." Recollecting that the sole duty of the General Medical Council is limited to making examinations perfect, and that the Council itself approved of the establishment of this Conjoint Scheme, we are tempted to ask whether it is not the Irish College of Physicians that speaks these words. For ourselves, we say that, having no interest whatever in the continuance of these Conjoint Examinations, and being in perfect sympathy with every honest effort of the General Medical Council to make these examinations perfect, we cannot stand by in silence and see the drama of "The Wolf and the Lamb" brought to its conventional conclusion. If the Irish College of Physicians wants to get the Irish Apothecaries Hall out of its way it can do so by more ready and more honourable means than by trumping up charges and exercising influence in the General Medical Council.

DENTAL ETHICS AT THE GENERAL MEDICAL COUNCIL.

It seems to be still a moot question whether or not the dentists on being raised to professional status did or did not forfeit their right to advertise. The difficulty arises, of course, only in respect of dental practitioners admitted to registration in virtue of their rights at the date of the passing of the Act. So far the dentists have been divided into two very distinct classes, viz., those who practise in virtue of a diploma, one of the conditions of which is that they bind themselves to abstain from advertising under penalty of forfeiture, and, secondly, those who are admitted to registration on the ground of their practising, or of having commenced the study of, dentistry previously to the passing of the Act. The resolution passed by the General Medical Council at the end of the session which has just terminated does not in the least help to put matters straight, nor does it tend to place the two classes of dentists on the same footing in this respect. Indeed, it may fairly be construed to legalise advertising of a kind, that is to say, advertisements which do not comprise claims of superiority over other practitioners, and this admission is decidedly a retrograde step. It exhibits, indeed, a curious want of logic. Either dentists may advertise or they may not. If not, why should one class be allowed an advantage which is denied to the other? Taken as a whole, the resolution, which will be found in our report of the Council's proceedings, is likely to be productive of more harm than good, for the reason that it inferentially admits the legality of self-advertisement under certain restrictions. We trust the Council will studiously avoid any such ambiguity in respect of medical practitioners, for the result would be extremely detrimental to the status of the profession. It would be a good thing if the Council could be induced to recognise once and for all that its mandate is peremptory and not advisory; in fact, that it is for the Council to lay down the law and not to discuss it. No earthly good can result from resolutions condemning in advance advertisements of an "objectionable" character. What is objectionable? Opinions, even on the Council, differ very widely on such a point, and advertising dentists can hardly be expected to find out for themselves, except at their cost, what precise ethical standard the Council is prepared to enforce. A few will have to be executed, professionally, *pour encourager les autres*, and then, after a time, the Council and the dental practitioners will understand each other. This question of "objectionable" advertisements, the most important detail of the resolution, is left deliciously vague, and we doubt very much whether the Council will have the courage to mete out justice on the strength of such a vague and indefinite declaration. It is necessary to guard against the tendency to listen to individual claims to mercy in the consideration of penal cases, for it often happens that too little attention is given to the wrong inflicted upon the public and the profession. We are willing enough to welcome dentists to the fold on condition that they fully and completely comply with our code of ethics, but otherwise they must remain with us but not of us. It will be for the Dental Association to take steps to bring the resolutions affecting dental practice into line with those regulating the practice of medicine.

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Notes on Current Topics.

The Operating Theatre Connected with the Martha Ward at St. Bartholomew's Hospital.

In the "Operating Theatres" of our last week's issue, an operation was reported which was done in the theatre connected with the Women's Ward at St. Bartholomew's Hospital; it may be as well to point out the really admirable arrangements which exist in this theatre for the welfare of patients undergoing abdominal section. The theatre, which is always prepared by being thoroughly ventilated and cleaned, is nearly square, and is well lighted by windows south and east and by a lantern skylight; it is heated by hot water coils and by a fireplace, hot and cold water are laid on to a marble washing basin, the wastepipe of which discharges into the open air, so that sewer contamination is impossible. The operating table is made of a light framework of polished brass, the top consisting of a shallow copper tray forming a hot water reservoir, over which there is an inch thick plate glass slab; upon this last is laid a narrow perfectly clean folded blanket on which the patient is placed, the reservoir having been previously filled with water at a temperature of 130°. Fitted to slide along the table is a plate glass tray 12 inches wide and the same length as the width of the table; this, supported by four uprights, fits over the patient's knees, the supports resting on a projecting slot which enables the tray to be slid backwards and forwards; it is very handy for the sponge bowl and for the instruments in actual use. The tables for the dressings and instruments are of plate glass on metal supports, the one for the latter being semi-circular, fitting, as it were, round the surgeon, bringing all the instruments within reach, and keeping off too zealous spectators. There are three sterilisers fixed in the theatre made of fine polished copper, one for the water, one for the instruments, and the third for the dressings. The instruments are made to take to pieces and are thickly nickel-plated except the cutting edges; they are kept in an absolutely air-tight case. The sponges and forceps are always counted out loud before the operation and their number written down on a blackboard, they are again counted before closing the wound. All water to be used at the operation is boiled.

Blood-Poisoning in Workshops.

An inquest recently held at Wolverhampton in regard to the death of an ironworker who had contracted blood-poisoning at his work revealed some facts to which it is only right that public attention should be drawn. The main facts of the case were as follows: The patient, a man aged thirty, while following his occupation had his foot burnt by a cinder, and two days later his trousers caught fire. In order to extinguish the flames, he placed his leg in some water. Subsequently, however, he began to complain of pain in the leg, and he was accordingly removed to the hospital, where, after a few days, he died of acute septicæmia. In the course of the evidence, it transpired that the water used in the ironworks in which the deceased was employed was obtained from an adjoining canal. Under the circumstances, therefore, it is not surprising that the man should have contracted blood-poisoning in view of the fact that he bathed a wound of his leg with water which could hardly have been less than diluted sewage. The facts adduced at this inquest should undoubtedly be brought under the notice of the masters of the ironworks throughout the Kingdom. That a workman should have lost his life in the manner above narrated is a sad reflection upon the principles of sanitary science of the present age. Even supposing that no direct harm happened to the workman by coming in contact with foul water in the workshop, is it supposed that such foul water does not continually give off poisonous effluvia, especially when its temperature is raised by plunging hot metal into it? Clearly this is a matter into which inquiry should be made by the sanitary authorities of the districts in which ironworks are located, and notices should be placed in the works warning the men against using the water for any other purpose than that to which it is usually applied. Moreover, if the men are exposed to any risks by which their clothing is apt to catch fire, requiring water to extinguish the flames, a set of rules should be drawn up and other precautions adopted by which the necessity for resorting, as the only alternative, to a tank of foul water would be avoided.

Vaccination and Cancer.

We are glad to see that Mr. Lawson Tait, in the columns of the *Birmingham Gazette*, has exposed the fallacy upon which the anti-vaccination faddists lay so much stress, that vaccination is responsible for the dissemination of cancer. Some person appears to have written to our contemporary—we have not seen the letter—claiming that the increase of cancer was due to vaccination, and basing on this false supposition a series of equally false inferences, which are well disposed of in Mr. Tait's letter. In the latter the following sentence appears: "I could burden your columns with a large number of facts which are absolutely inconsistent with Mr. Williamson's views, and my own belief is that vaccination has no more to do with cancer than has the eating of tomatoes. I mention the latter theory, for scarcely a month of my life passes in which I am not appealed to as the author of this absurd conjecture." The medical profession—it may be said—generally has not been able to congratulate Mr. Tait on his public utterances so far as the vivisection controversy is concerned, but in this instance he has certainly done good service in exposing the wiles of an ignorant anti-vaccinationist. So much nonsense and so many perversions of truth are published in the newspapers which trust to increasing their circulation by adopting popular fallacies, opposed to the true teaching of medical science, that any medical man of standing, who runs the risk of professional criticism by sending communications to the offending journals refuting the pernicious statements, is undoubtedly worthy of commendation.

Dental Caries and Cervical Abscess in Children.

At a meeting of the Odontological Society on Monday evening last, Mr. Edmund Owen opened a discussion on the treatment of carious milk molars. He gave it as his opinion that the conservative treatment was being carried too far; that many such teeth were stopped which ought to be extracted. He said that it was worse than useless to prepare and stop a temporary molar whilst septic micro-organisms were left lurking about the fang, for in due course these germs found their way into the cervical lymphatic glands, and produced suppuration. He held that if a tooth were far advanced in caries it was practically impossible to render it aseptic, as children could not submit to the necessary manipulation and restraint. He strongly condemned the method of treatment of "capping" a carious tooth and leaving the elements of disease uninterfered with. A brisk discussion ensued; and though it was evident that Mr. Owen's views did not receive universal assent, it is not unlikely that good will result from the ventilation of the subject. It is beyond question that dental caries is a very common cause of glandular abscess in children, and the more general the view which the dental specialist takes of the question the better. It is quite possible to carry conservatism too far in dental surgery as elsewhere.

Prosecutions by the Pharmaceutical Society.

The Council of the Pharmaceutical Society have for some time now been on the warpath against the unauthorised sellers of poisons, and some signal victories in connection therewith have been gained. The spirited action of the Society in undertaking the prosecution of the persons dealing in quack nostrums of a poisonous nature has, however, in some cases not been successful, and the necessity of an appeal has thus arisen. One such case has, nevertheless, we are glad to see, just been declared in favour of the Society. It was that of a watchmaker who sold a preparation containing perchloride of mercury. But the County Court Judge before whom the action was first tried, held that there was no case for a conviction, under the Acts, because the shop did not disclose externally that poisons were sold within. The Society, however, appealed against this decision, and the appeal was allowed with costs at each Court, on the grounds, as stated by Mr. Justice Cave, that the defendant used the shop for the sale of poisons, and that anybody was at liberty to go in and purchase his preparations. The action in question must have proved a somewhat costly matter to the enterprising watchmaker, who, saving for the Society, might have still been selling broadcast quantities of poison to the public in his neighbourhood.

Fish Poisoning.

Two cases of fatal gastro-enteritis following the eating of fish have been reported during the last week. The first was that of a young Birmingham woman, who was seized with sickness and violent pains shortly after eating some smoked haddock in a raw state. Her death illustrates the fallacy of the popular notion that it is safe to eat uncooked cured fish, and the warning should prove useful when one reflects how much of that particular article of diet is daily consumed. Curiously enough, the Jews, who are usually sound in their gastronomic habits, indulge greatly in the delicacy in question. The second case, reported from Gloucestershire, is a much commoner kind of fish poisoning. It appears that a woman bought some mackerel, of which she and two children partook. Two days after one of the children, a boy of four, was taken ill with vomiting and diarrhœa, which soon after proved fatal. It is a pity that the subject of mackerel poisoning has not been scientifically investigated, so as to ascertain the exact conditions under which the fish becomes dangerous. Exact knowledge on these points would probably prevent a large proportion of the deaths from the consumption of mackerel reported every year.

Thyroid Extract in Skin Diseases.

At the first annual meeting of the new Dermatological Society, an interesting paper was read by Dr. Byrom Bramwell on the action of thyroid gland in skin diseases. Since his first communication on the subject at the British Medical Association last year, he has gained a large amount of additional experience as to the handling of this powerful drug. He states that it is not uncommon for a fresh crop of spots to appear in treating psoriasis, but that the fresh eruption is ill developed and comparatively short lived. He pushes the administration of the remedy until "thyroidine" is attained, and in some instances gives the enormous dose of thirty or forty-five grain tabloids daily. As announced in his original paper, the best results have been obtained in psoriasis. Lupus appears to derive benefit up to a certain point, and then to relapse. One case of ichthyosis, in which the remarkable improvement took place under thyroid treatment, was shown in a series of photographs demonstrated by a lime-light lantern. Altogether, the added experience of Dr. Bramwell appears to confirm the first impression that in thyroid gland we have a potent weapon against many diseases of the skin.

Cholera in India.

M. Haffkine will now be able to fully test the value of his inoculation treatment in India. The disease has at present assumed an epidemic form at Chittagong, and already the deaths of five Europeans have in consequence resulted. As soon as the outbreak occurred, M. Haffkine was communicated with, with a view to the inoculation of as many of the community as felt inclined to submit to the preventive procedure. About a thousand persons were soon inoculated, including almost all the officials, their wives, and other European residents, also a large number of the coolies. So far, no information has reached us respecting M. Haffkine's results, or whether the European community which has submitted to the treatment has had reasons for being satisfied that any immunity from the disease has been derived. These are matters into which one or other of our Indian contemporaries might make it its business to inquire within the next few weeks. The facts collected in connection therewith would be sufficient, probably, to make an interesting report.

The Testimonial to Sir George Buchanan.

In accordance with Sir George Buchanan's wish, the money raised to commemorate his services while Medical Officer to the Local Government Board, has been devoted to the foundation of a gold medal of the value of twenty guineas, to be awarded by the Royal Society every three or five years in respect of distinguished services to hygienic science or practice in the direction either of original research or of professional, administrative, or constructive work. The medal shows Sir George's portrait on the one side, and an allegorical group on the other. The presentation ceremony took place at Dr. Bristowe's house last week. The die, it was stated, together with £276 12s., had been handed over to the Royal Society. The first Buchanan Gold Medal was then presented to Lady Buchanan, and a bronze medal, together with the book containing the names of the subscribers, was handed to Sir George.

Suicide by Deputy.

A curious case, possessing a certain medico-legal interest, was tried at Marseilles, the accused being a lad, only 16 years of age. He was arraigned on a charge of murder, the victim being an elderly man with whom the prisoner was known to be on intimate terms. It transpired that the victim was suffering from an incurable malady and was desirous of putting an end to an existence which afforded him little joy, and threatened in the near future to become an intolerable burden. His physical courage, however, was not equal to the carrying out of the fatal project, and at this juncture he sought to secure the assistance of the lad in question, in return for the payment of a comparatively large sum of money. The documentary evidence left no doubt as to the authenticity of this version, and although the law does not recognise the validity of any such delegation of lethal powers, the jury—influenced possibly by the fact that suicide, in France, is not accounted a crime—could not find it in their hearts to condemn the deputy suicide, and contented themselves with confining him in a reformatory until his majority. A very different fate would have been his lot in this country, and careful anthropometric observation may possibly justify the conclusion that this precocious youth might have been sacrificed to the outraged majesty of the law without detriment to society at large.

Offence against the Rabies Act.

The provisions of the Rabies Act have been carefully framed with a view to safeguarding the vital interests of the community. One of them directs that cases occurring in animals must be at once reported by owners to the local authorities. The neglect of this particular duty has lately led to the conviction of a gentleman in the Birkenhead Police-court. It appears that he destroyed two dogs that became afflicted with rabies, but by omitting to notify the police of the occurrence he committed a technical offence for which he was very properly fined by the magistrates. The defendant pleaded ignorance of the law, a defence which is, of course, powerless to excuse non-compliance with legal enactments. In commenting on this case one of the local newspapers suggests that it would have been more in the interests of the town if the matter had not been brought into the police-courts. By a simple extension of that argument it would be better for all watering places to draw a veil of discreet silence over any such little unpleasantness as an outbreak of diphtheria, of typhoid, or of small-pox. Fortunately, however, for the safety of seaside visitors the omniscience of modern journalism and the enlightenment of improved sanitary methods render such catchpenny and selfish reticence impossible.

The Medical Defence Union.

The original dispute between members which has led to so much subsequent commotion has ended in an unlooked-for way. Last week it was announced that the consolidated actions between Drs. Collie and Bloxham had been arranged out of court, each party withdrawing imputations against the other. This unexpected termination places the Council of the Society in a somewhat awkward dilemma. The Council took up Dr. Collie's case, and defended their action when questioned by several members of the Union on the ground that there were "exceptional circumstances" to justify them in doing so. When Dr. Bloxham brought his action for undue maintenance against the Society, the Council lost the case rather than disclose the "exceptional circumstances." The costs of the action, several hundreds of pounds, will, we understand, have to be defrayed by the Union. We shall await with interest the Council's declaration of the "exceptional circumstances," which have now been abandoned by Dr. Collie, the complainant, who brought them forward in the first instance.

Insanitary Bakehouses.

The Local Government Board has caused a circular to be issued in which it calls attention to the responsibilities and duties of the sanitary authorities with reference to the London bakehouses. It invites not only periodical inspection but reports of cases of non-compliance with the statutory provisions of the Health Act with the view of ulterior proceedings against those who persistently set the law at defiance. The sickening details of the conditions under which much of the bread making is carried on is fresh in the public mind. It is likewise probably well known to the owners of these insanitary places that the magistrates have power to inflict upon them a choice of punishments—varying in severity. Why should there, then, be any hesitation on the part of local authorities in the matter? The circular imposes no new regulations, but merely reminds authorities that the existing law is sufficient for the purpose of closing the filthy dens to which officers of health have repeatedly called attention. To what end does the sanitary inspector draw attention to a heap of garbage, which emits a foul stench to the sickened senses, and is seen to be a fruitful nidus of disease, if it fails to move the constituted authority to take immediate action for its suppression or removal?

A Leprosy Commission to Iceland.

A new Commission has been appointed. It is to consist of medical men, who will be sent out at the cost of the Danish Government to study the disease in Iceland. The date of its departure is fixed for the 6th of July next, and the vote for the necessary funds has been formally passed by the Danish Assembly. Amongst the members of the Commission will be Dr. Eichmuller, of Paris, and Dr. Neisser, of Paris. So much interest has been aroused during late years as to the etiology and pathology of this interesting disease that an event of this nature cannot fail to excite considerable attention in scientific circles. Fortunately leprosy as an endemic affection has disappeared from Great Britain. In Iceland, however, it is still prevalent, and late statistics reported the existence of fifty lepers upon the island, although it is believed in many quarters that in reality the number is greater. Iceland is fairly accessible from our own country, and any enthusiastic student of leprosy would doubtless find himself well repaid for his trouble were he to pay a visit to a place that is interesting on other than purely scientific grounds.

Outbreak of Small-pox in Dublin.

We regret to announce the occurrence of eight cases of small-pox under circumstances which inspire alarm as to a possible extension of the disease. A man was admitted to the Hardwicke Fever Hospital with well-developed variola, and immediately afterwards it became known that the disease had attacked four patients in the North Dublin Workhouse, which is quite close to the hospital. On inquiry it was ascertained that the original patient had been in the workhouse as a casual a few days previously, and it is assumed that he communicated the disease to the inmates. Up to Sunday last eight victims had been stricken, but the occurrence of the zymotic in an institution like the North Dublin can hardly be expected to stop there. Needless to say, Sir Charles Cameron, the Executive Officer of Health of the city, and all the Medical Officers of the Union have adopted the strictest means to prevent the spread of the epidemic.

Evanescent Prescriptions.

The unfair use made of prescriptions by the public has over and over again been made the subject of complaint, but so far no practical suggestion has been made whereby the physician would be enabled to restrict the use of the prescription to the persons and to the particular ailments for whom or for which it was originally given. It must have occurred to many practitioners that it would be a great boon if it were possible to arrange matters so that a prescription should become invisible at the expiration of the period for which it was ordered. An ingenious correspondent suggests that this might be achieved, in a certain measure, by writing the prescription in an ink composed of iodide of starch. This can be prepared at will with the greatest ease, and the coloured fluid thus obtained has the property of becoming invisible after the lapse of a sufficient period of time to allow of the evaporation of the iodine. We give the suggestion for what it is worth without being over sanguine as to its practical value.

A Difference.

A short while ago a member of the Royal Family while shooting at Windsor, was unfortunate enough to receive a shot-corn in his eyeball. A great authority in ophthalmic surgery, though a general surgeon, was sent for, and he promptly removed the eye-ball. But so quietly did the affair pass off, that even members of the profession were asking who the surgeon was. When they heard, they knew that everything had been done well. A well-known politician has cataract. Far and wide it becomes known who is looking after him, and even what the specialist thinks of the progress of maturation of the cataract. An account is given of the way in which the operation was borne, and also the name of the assistant who sponged the wound. We are of opinion that the course adopted by the surgeon in the former case is to be preferred.

Suppression of a Medical Officer's Report.

A curious affair has come to light in the management of the public business of the Lambeth Vestry. An epidemic of enteric fever has lately prevailed in the district, and a report dealing with the occurrence was duly sent in to the Sanitary Committee. By a majority vote of seven to six, however, that body decided not to bring the matter before the notice of the Vestry. This attempt at reticence was checkmated a little later on by the publication of the complaint of a neighbouring parish that it was unable to get a copy of the report of the Medical Officer of Lambeth on the late outbreak of enteric fever. Several members of the Lambeth Vestry took the matter up, and a motion directing the sub-committee to forthwith furnish the report was unanimously agreed to. It certainly seems an unwise step to try and hush up the existence of a serious epidemic in the midst of a populous community, more especially when the source of infection lies, as in this case, in a contaminated milk supply. It is to be feared that the reluctance to interfere with vested interests unduly influenced members of the Lambeth Sanitary Board. We trust that there are few Health Committees in this country that would attempt to hoodwink their constituents in so unwise a manner.

A Half-Sovereign in the Left Bronchus.

A curious case of death from the lodgment of a coin in the lower air passages has been lately reported from Carlisle Gaol. It appears that a convict had been sentenced in that town for stealing a purse which contained a half-sovereign. He swallowed the coin in question, which found its way to the "bottom of the left lung," and caused fatal hæmorrhage. This interesting item of criminal jurisprudence is by no means unique. Several cases are on record in which coins swallowed by thieves have become lodged in the larynx or one of the bronchi. In a lecture some years ago Mr. Bernard Pitts related a case of the kind in which a pedlar swallowed a small sham ornament, which, so far as we remember, was ultimately removed after a prolonged sojourn in the air passages.

Infectious Diseases Among Tramps.

The Outdoor Relief Committee of the St. Pancras Guardians, at a meeting of the board last week, recommended that the medical officer of the workhouse be specially engaged for three months to examine all persons admitted to the casual wards of the parish. It was pointed out that the guardians had information in their possession which showed that infectious diseases were spread by vagrants, and fully warranted the step proposed, particularly with the prospect of a small-pox epidemic. When a similar precautionary measure was taken a few months since, several persons seeking admittance to the wards were found to be suffering from small-pox. The motion was unanimously agreed to.

The Approaching Accouchement of H.R.H. the Duchess of York.

The arrangements in connection with the approaching accouchement of Her Royal Highness the Duchess of York have now been completed. It has been decided that the accouchement shall take place at the White Lodge, Richmond Park, the home of her mother, the Duchess of Teck, and for this purpose the Duchess of York is now on a visit at the White Lodge. The services, we understand, of Dr. John Williams have been engaged for the occasion, and from the 12th inst. he will be in attendance on Her Royal Highness. In common with all the loyal subjects of this realm, we can only express the hope that all will be well, and that Her Royal Highness will make a speedy and safe recovery.

The Prevention of Cruelty to Children.

It is greatly to be regretted that this much-needed philanthropic measure for the amelioration of the condition of our little ones should have been *talked out* in the House of Commons on Wednesday last! There was no reason for spending a whole morning debating the report stage of a bill which everybody approved. The sacrifice was deliberately made and solely for party purposes. Thus the chances of passing a purely beneficial measure were deliberately flung away, and the Act for further prevention of cruelty to children has thereby been indefinitely postponed.

The Burton Infirmary, through Mr. W. H. Worthington, has just benefited to the extent of £10,000. The donor, who is principal member of the well-known brewing firm, imposes the condition that the money shall be invested in debentures or preference stock of some first-rate railway company, and that the dividends shall be used for ever towards the maintenance of the institution. It is to be kept separate from the other investments, and the capital amount must never be used.

We have to record the death of Dr. Turner, at the age of 63, an old medical practitioner of Ryde, which took place on Saturday afternoon last, at his residence, Barfield. Deceased had been in practice in Ryde 30 years, having succeeded his uncle, Dr. Mark Brown.

The annual collections in aid of the Metropolitan Hospital Sunday Fund take place on Sunday next.

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Special Articles.

MODERN VIEWS ON COD-LIVER OIL.

Many of our physiologists claim that cod-liver oil is the most readily assimilated fat known, to which belief they attribute its value in treating disease. Scientific research often corrects erroneous theories and beliefs. The results of the French investigators in isolating and determining by clinical work the physiological action of the individual active principles of cod-liver oil is a decided advance in pharmacy, and we believe will be welcomed by the most conservative of medical men.

The discoveries of the composition of cod-liver oil have developed gradually. For a long time, we were content with the statements that it contained oleic, palmitic and stearic acids, with glycerine, butyric acid, various biliary principles, iodine, phosphorus, and traces of bromine; following these, gaduin and propylamin were reported.

Gradually the work has gone on until it is settled beyond doubt that cod-liver oil contains certain specific principles peculiar to itself which are not present in other fats or oils, to which it owes its medicinal value, and not to the long held theory of its being the most readily assimilated oil or fat known. Furthermore, these specific principles can be removed from cod-liver oil, retaining their full activity, and administered to patients, either alone or dissolved in a palatable vehicle, such as wine.

We do not wish to go into an exhaustive report of the methods employed for extracting the true active principles from cod-liver oil, but will present briefly the substance of the reports of the French investigators on the active principles of cod-liver oil and their therapeutic properties.

M. Gautier and L. Mourgues, of Paris, after giving cod-liver oil an exhaustive series of analytica researches covering a period of several years, were successful in isolating certain alkaloidal and other active principles, the most important of which have hitherto been unknown. These principles were tested clinically on animals. The following is a short abstract of Gautier and Mourgues' exhaustive paper:—

The total amount of mixed basic extractive matter obtained from cod-liver oil gave, by successive distillation, the following constituents:—

1. Butylamine, amounting approximately to one-sixth of the total bases.
2. Amylamine, constituting one-third of the whole.
3. Hexylamine, a small amount.
4. Dihydrotoluidine, forming about one-tenth of the total alkaloids.

Fixed bases:—

1. Aselline.
2. Morrhuine, constituting about one-third of the total alkaloids of the oil. This substance, the authors consider to be one of the most efficacious principles in cod-liver oil.

Besides the volatile and basic substances, Messrs. Gautier and Mourgues separated several other acids previously combined with the bases:—

1. Morrhuic acid.
2. A mixture of formic and butyric acids.
3. A small proportion of phosphoric acid, derived from the phosphates, phosphoglycerates, and lecythines of the extracts.

We now come to the more important consideration, viz., the properties of these constituents. Butylamine, hexylamine, and particularly amylamine increase the urinary secretions. Dihydrotoluidine is a convulsivant toxic base. Aselline in sufficient doses produces dyspnœa, stupor, convulsive disturbances, and, if continued, death. Morrhuine, the most important of the extractive principles of cod-liver oil, is a powerful stimulant of the functions of nutrition and assimilation, promoting metabolic changes; it produces a rapid circulation of the extractive residues of cell life towards the excretory organs, where they are eliminated, provoking in their way indirectly a powerful movement of assimilation (anabolism) correlative of the losses consequent upon the inverse movement of de-assimilation (katabolism). This is considered to be proved by the super-excitation of appetite in animals brought under its influence.

The phosphorus contained in cod-liver oil is by no means all combined in the form of lecithines, and since it is not fully saturated with oxygen and constitutes part of a complex organic molecule, there can be no doubt that it is essentially assimilable and suitable to the recuperation of tissue.

Under the nfliuence of morrhuic acid—(corresponding to what previous experimenters have designated under the name of gaduin)—the urine of guinea pigs, usually scanty and turbid, augments considerably in quantity, and rapidly becomes clear; at the same time the animal attacks food with avidity. These characteristics show, in the authors' opinion, that morrhuic acid, like morrhuine excites the assimilatory functions and the appetite. Morrhuic acid occurs in cod-liver oil to the amount of upwards of a gram per litre (1·54 per cent.). It would appear, therefore, to be one of the most important factors in the efficacy of the oil.

As a summary: The physiological experiments carried on by MM. Gautier and Mourgues demonstrated that cod-liver oil is a reconstituent of the tissues through its richness in phosphates, phospho-glyceric acid, and organically combined phosphorus. Bromine and iodine, which are present in small quantities, also contribute to the reparative action, but chiefly to the active principles butylamine, amylamine, and especially morrhuine and morrhuic acid does the oil owe its true medicinal value.

M. J. Bouillot (abstract of thesis read at the French Academie des Sciences, November 15th, 1892) after an exhaustive series of careful clinical experiments ascertained that the combined active principles of cod-liver oil, given as a medicinal unit, in doses of 15 to 25 centigrammes ($2^1/_3$ to $3^4/_5$ grains) have a distinct diuretic action, increasing not only the quantity of urine but of urea; that they acted as powerful stimulants to the intra-organic oxidation, the oxidation of the leucomaines being greatly facilitated and the toxicity of these bodies diminished. His clinical work confirmed the report of Gautier and Mourgues that the combined active principles of cod-liver oil act as powerful stimulants of nutrition and assimilation, and show definitely the nature of the principles to which the oil to a very great extent owes its medicinal properties.

In his paper M. Bouillot says he believes in place of cod-liver oil its combined active principles will sooner or later be dispensed by the pharmacist as the alkaloids of plants are now used in place of the crude drug.

L. J. de Jongh, M.D., of the Hague, one of the best fitted and most exhaustive writers on the value of cod-liver oil in the treatment of disease, as far back as 1840, did not value the oil as a nutrient, but recognised in it certain therapeutic effects not produced by other oils. We give his view briefly in his own words: "The first apparent advantage resulting from the use of cod-liver oil is always an improvement in the chylopoetic and reproductive system, a decided improvement in the nourishment of the body, as well as an increase in the biliary secretions. Cod-liver oil does not act directly in affording nourishment, as many erroneously suppose, but only indirectly by the promotion of chylopoesis." De Jongh also recognised the alterative and diaphoretic properties of the oil. He was always in doubt, however, as to what part of cod-liver oil it specially owed its virtues.

It is reported by Dr. Doremberg (in *Deutsche Medicinische Wochenschrift*, Nov. 14th, 1889, p. 955) that he has established experimentally that in animals in which tuberculosis has been artificially produced, the disease runs a more rapid course if glycogen be introduced into the system, either subcutaneously or with the food. A weakening of the action of the glycogen attends the administration of cod-liver oil in cases where the tubercle poison has been injected into the animal subcutaneously. The oil does not appear to exercise any influence upon the poison itself, its action appears rather to consist in increasing the animal's power of resistance. This fact may serve in some measure to explain the mode of action of cod-liver oil when given to consumptive patients. Glycogen is a normal product of the liver, always present in more or less noticeable amount in the blood, and increasing by its presence the activity of the tubercular process. Cod-liver oil retarding the pathological evolution of the disease cannot but prove beneficial in this class of cases.

In the above report by Dr. Doremberg he attributes the value of cod-liver oil in treating tuberculosis to its property of increasing the animal's power of resistance, which property resides in the active principles, not in the fatty matter, of cod-liver oil.

According to Chaneaud the extractive matter of cod-liver oil favours anabolic changes, securing more complete assimilation and utilisation of the food ingested, thus coming under the class of medicinal agents to which Prof. Gubler, of Paris, gave the name of Euphoric medicines, which makes a patient bear up well by increasing the organic resistance.

Germain Sée, the well-known professor of clinical medicine in the Hôtel-Dieu Hospital, Paris, in his work, "Le Regime Alimentaire des Malades," recommends the combined active principles of cod-liver oil as being readily retained and easy of assimilation. The therapeutic properties of the extract, he says resemble those of the oil and has, moreover, the decided advantage of rendering assimilable the food ingested with it.

Lafage (*Merck's Bulletin*) has given extensive study to the action of the combined active principles of cod-liver oil in the Paris hospitals. He reports that he found these principles to produce marked improvement in pulmonary catarrhs, in scrofula and certain conditions of tuberculosis, and particularly noted the action of these principles in producing a very decided increase of the patient's strength and return of appetite.

Detailed reports of careful clinical studies of the active principles of cod-liver oil have been published by Dr. E. Locksy, of Paris, and other eminent French physicians, which confirm the work of MM. Gautier and Mourgues, and emphasises the fact that cod-liver oil owes its value as a medicine to its active principles.

In referring to conditions influencing the prognosis of consumption, Dr. I. Burney Yeo (Professor of Clinical Therapeutics in King's College Hospital, London) in the *British Medical Journal* for January 16, 1892, says :—"There is a most essential condition of cure, and without it most of our therapeutic effects will end in failure, and that is a sound organic state, and a sustained functional activity of the organs of digestion and assimilation. The phthisical patient, who cannot digest and assimilate nourishment is in the greatest peril."

This condition, as already stated at some length, is relieved by the active principles of cod-liver oil, which are powerful stimulants of nutrition and assimilation.

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THE COUNCIL ELECTION AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

The annual election of President, Vice-President, and Council took place on Monday last. The outgoing members of Council all offered themselves for re-election excepting Dr. Kidd, who retires, and Mr. Myles, who has become an Examiner. The outgoing President, Mr. Hamilton, did not seek a seat on the Council, so that there were two natural vacancies in that body besides such others as competition might create. For Council seats the following Fellows offered themselves in addition to the outgoing Councillors :—Dr. Archibald H. Jacob, Mr. Purefoy, Dr. Cranny, Mr. Sherlock, Dr. Auchinleck, Mr. Thompson, of Omagh ; Dr. Harrison Scott, and Mr. Arthur Chance. The ballot resulted in the return of Dr. Jacob, who scored 131 votes, and Mr. Chance, with 113 votes. The poll was headed by Sir Charles Cameron with 153 votes, and Dr. Meldon was next with 150, and the candidate who was nearest success was Mr. Sherlock with 107 votes. The lowest score was 35. As we stated last week, Mr. Thornley Stoker, the Vice-President, becomes President, Mr. William Morrison, Vice-President, and Sir Charles Cameron, Secretary of the College, all without contest.

THE IRISH MEDICAL ASSOCIATION MEETING

Was held at the Royal College of Surgeons in Ireland, on Monday, and was influentially attended. The chair was occupied at first by Dr. Meldon, the outgoing President, and afterwards by Dr. Hercules MacDonnell, of Dundalk, the newly-elected successor to the chair. An animated discussion took place upon the matter contained in the Annual Report of the Council and upon the various resolutions recommended for the consideration of the meeting. The late hour at which the proceedings terminated precludes us from publishing the report or the resolutions this week.

Scotland.

[FROM OUR OWN CORRESPONDENTS.]

Notification in Edinburgh and Leith.—The close juxtaposition of Edinburgh and Leith, of which the first practises compulsory notification of infectious diseases, the second only voluntary notification, should be of use in comparing the advantages of the two systems. And if there is anything to be deduced from the fact that epidemics of infectious diseases have been more severe and longer protracted in Leith than in Edinburgh, then compulsory notification is of benefit. Against any comparison, however, it can be pleaded, that whereas Leith is placed in a low-lying neighbourhood, Edinburgh is situated in an elevated, healthy position and minus the miserable slums inseparable from ports to which also sailors of every nationality resort. Small-pox has now been existent in Leith for several months, and instead of abating seems to be steadily increasing, the number of cases reported the week before last, 61, being equal to more than 200 in Edinburgh and 500 in Glasgow, if their proportional population be taken into account. In Edinburgh, the disease has only made headway within the last week or two and then only in parts of the city conterminous and in direct communication with Leith. The Edinburgh Town Council, last week, went so far as to remonstrate with the Leith authorities, and even to offer to pay the half crowns for the notifications of small-pox in that burgh, while the medical officer of Glasgow traces a case of small-pox which occurred lately in that city to infection from Leith, a place which he recommends should be shunned by Glasgow citizens. The Leith Town Council, rightly or wrongly, still hold out against compulsory notification, although urged thereto by almost all the medical practitioners in the town, by the Board of Supervision, and by other bodies. The plea that without proper hospital accommodation it would be useless is a weak one, for the present hospital arrangements are admittedly poor, and it is the fault of the Council themselves that they have not long before now provided adequate and healthy buildings for the purpose.

Edinburgh Fever Hospital.—The Edinburgh Town Council have still before them the question of the enlargement of the City Fever Hospital, and the Health Convener has brought forward a plan which will cost somewhere about £120,000, to enlarge it on its present site. To enable this to be done, part will have to be built on ground which is at present divided from the existing hospital by a densely-populated street, over which a bridge must needs be carried. Although the hospital is in the middle of the city, statistics have been prepared which show that the adjacent streets are not more subject to infectious diseases than others in remoter parts, while the mortality tables of the hospital compare favourably with those of the Belvidere, in Glasgow, although the one is old-fashioned, and all the wards massed together, while the other is built in isolated blocks on the latest plan.

Too Comfortable in the Poorhouse.—A meeting of the Kyle Union Board was held on the 28th May. The Governor's report showed that the daily average number of inmates for the quarter was 140, as compared with 126 for the corresponding period of last year. It appeared from the Visiting Officer's report that he was of opinion that the house was too comfortable, and he thought if the allowance of tobacco to the male inmates was stopped, and tea-making prohibited, it would diminish the number of inmates. The General Committee were of opinion that the large increase in the number of inmates was due to the number of labourers attracted to the district by the railway extension between Maybole and Stranraer, and to the *severity* of the past winter. The Board were unanimously of opinion that it would be a pity to deprive the inmates of their small privileges.

Glasgow Hospital for Skin Diseases. — The thirty-third annual general meeting of the subscribers to the Glasgow Hospital for Skin Diseases was held on 30th May, when Professor McCall Anderson submitted the medical report. It is stated that during the year 1,460 new cases were admitted to the hospital, making a total of 40,872 cases since 1861. While 106 of the more serious cases were received into the cutaneous wards of the Western Infirmary, making 1,734 in all since these wards became available. The donation of £500 from the Bellahouston Trust had enabled the managers to clear off the whole of the debt on the Elmbank premises. The report also referred with satisfaction to the good beginning made with workmen's subscriptions, the amount received under this head being £16 7s., and the total subscriptions for the year amounted to £260 17s. 9d.

Doctor's Action for Slander.—In Dunfermline Small Debt Court, Sheriff Gillespie decided the case brought against a cabinet maker by Dr. A. Lees Bell, both of that town. Pursuer claimed £100, restricted to £12, as damages for defender having made false and calumnious statements regarding him. Defender had offered to make a public apology for repeating a rumour, but the pursuer would not accept an apology unless defender undertook to pay a sum of £5 towards the funds of a local charity. The defender had refused to settle the case on this condition, and asked the Sheriff to assess the damages. Taking into consideration the fact that defender had offered an apology, the Sheriff fixed the damages at £3, with 14s. 3d. of expenses.

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Literary Notes and Gossip.

The second volume of the "Edinburgh Hospital Reports," the first volume of which met with such a favourable reception on publication last year, will appear in June, under the chief editorship of Dr. C. W. Cathcart.

⁂

Mr. Lawson Tait has in hand an autobiographical sketch of the late Dr. Chas. Clay, of Manchester, of much professional interest. Unfortunately, the material is deficient in events from 1842 to 1850, and his biographer seeks the co-operation of any members of the profession who can supply the necessary information. Mr. Tait's letter will be found in another column.

⁂

Messrs. J. Wright & Co., of Bristol, are issuing two forms of "Prescription Books." The one before us contains 150 forms, 6½ by 4 inches, perforated to facilitate detachment, on good white paper, bound together in a neat volume. The other, we are informed, contains 100 pages in duplicate, so that the prescriber obtains the prescription and copy at one writing. The price of either form is 1s. Smaller sizes of the same are also procurable.

⁂

The literature of "Hospital Sunday" has been further enriched by a four-page reprint from the *Lancet* which was placed in the seats of the various places of worship on Sunday last. This is distinctly enterprising by our contemporary, and if we can summon up sufficient courage to the task and induce the *British Medical Journal* to do the same, each of the three leading medical journals might next year send its "epistle to the churches" for the edification thereof!

⁂

The appearance of the fifth edition of the "Formulaire des Médicaments Nouveaux and des Médications Nouvelles," by M. Bocquillon-Limousin (Baillière et fils. Paris, 1894), within so short a time of its predecessor, is, we presume, evidence of this little work having "supplied a long-felt want." The additions are numerous and important, and they comprise drugs of which we have *heard* along with many others of which even the names are as yet unfamiliar to us. With the preternaturally rapid increase of therapeutical agents some such guide as this is indispensable to the practitioner, and those to whom the French language does not constitute an obstacle will welcome this handy little volume.

⁂

Published by the same well-known firm is a twin-work with the foregoing, this being the "Formulaire des Eaux Minérales de la Balnéotherapie et de l'Hydrotherapie," by Dr. de la Harpe. If the therapeutics of the natural mineral waters may safely be ignored by practitioners who minister to the wants of the working classes, it is quite otherwise with physicians who number among their *clientèle* patients of the class whose ailments, at certain periods of the year, are supposed to be amenable only to a sojourn in one or other of the famous spas of Europe. To the latter a smattering, at any rate, of the properties claimed for this or that water is indispensable, and this can be obtained from this little volume. Though the spas of France and Switzerland naturally appear the most important to a Swiss author, those of Germany also find a mention, and England is credited with one, viz., Bath.

⁂

That stupendous work ("Index Catalogue of the Surgeon-General's Office, U.S.A.") is drawing to a close, and when completed, it will remain as a monument to the patient industry and untiring zeal of Dr. John S. Billings, the librarian. Nothing but an intense love of books, together with a great familiarity with medical literature, could have successfully carried out this prodigious undertaking, an undertaking which makes all medical scholars his debtor. This volume includes 10,124 author titles, representing 6,426 volumes and 8,850 pamphlets. It also includes 9,867 subject titles of separate books and pamphlets, and 38,461 titles of articles in periodicals.

⁂

A new edition of "Aids to Examinations" has just made its appearance from the pen of Mr. David Walsh, M.B., previous editions having borne the name of Mr. Douglas Hemming, now deceased. This little volume has been entirely rewritten; it deals with medicine, materia medica, midwifery, pathology, and forensic medicine under the form of detailed answers to examination questions. It certainly contains a surprising amount of up-to-date knowledge presented in a readily available form. Mr. Walsh has brought a wide amount of reading to bear upon the subjects of which he treats. His statements are trustworthy, and the book can be cordially recommended not only to students but also to practitioners who require modern facts in small compass.

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Dr. Linn's "Guide to the Health Resorts of Europe"

(Wright and Co., Bristol, 2nd Edition) has been carefully revised and brought up to date. The several descriptions, although brief, afford useful information to those in search of it on all the more important medical stations in Europe, special attention being given to the sanitation of each resort and to its hygienic condition generally. A useful addition to the volume appears in the shape of a handy reference map, folded and neatly packed in a pocket in the cover, in which the seaside health resorts are underlined in blue, and the smaller country or inland places in black, while important suggestions made by competent authorities have met with attention, and tend to increase the usefulness of this handy book.

⁂

An article on the "London Cellar Bakeries" appeared in the current number of the *New Review* written by the editor of a trade journal, *The Bakers' Times*. The general tenour of its arguments is to defend the existing state of affairs and to minimise the insanitary abuses lately disclosed by Dr. Waldo in the columns of The Medical Press and Circular a few weeks since. We regard it as unfortunate that a magazine should publish an article of this kind from the pen of an individual whose interests are so clearly involved in the defence of the master bakers. As the columns of such a magazine are closed against discussion, its readers are in this case presented with an unfair and one-sided view of an important sanitary topic. It is characteristic of the attitude of the editor in question and his friends, that the health of the unfortunate workmen is never even mentioned in their discursive speeches and articles on this "burning" question.

⁂

In the current number of the *International Journal of Microscopy and Natural Science* (Baillière, Tindall, and Cox) appears a translation of the first portion of a valuable memoir by Dr. Filandro Vicentini, of Chiete, on the bacteria found in the sputa of whooping-cough. A summary is given of previous researches on the subject, and this is followed by reports on clinical cases in which the sputa, especially prepared and stained, have been examined. The text is illustrated by an elaborately coloured plate in which the various bacterial forms are depicted at different stages of development of the bacteria and cryptogamic bodies of the mouth generally. The remaining sections of the memoir will deal in detail with myelin and fungi of the sputa, and particulars will also be given of the best methods of preparing and staining specimens, so that the contribution may be expected to form a valuable addition to the literature of the subject.

⁂

The little pamphlet ("Causes of Voice Failure," by Mrs. Emil Behnke) has the merit of being practical and of containing some truths which must appeal forcibly not only to singers but also to listeners. The authoress finds that the most frequent and most injurious mistakes leading to vocal failure are: 1. Wrong methods of breathing and of breath management; 2, loud singing and shouting; 3, neglecting to cultivate the resonators; 4, forcing, (*a*) the register, (*b*) the top notes. The evils attending these faulty methods of voice production are then pointed out both from an anatomical and from an artistic point of view; diaphragmatic breathing being especially insisted on in opposition to mere clavicular breathing; this is undoubtedly correct; but we think the advice here embodied would have been even more valuable had the authoress mentioned if from her experience she thought it applied in an equal extent to both sexes, as it is well known that nature, or we may perhaps more correctly say, the art of dress, causes women to breathe in a far more "clavicular manner than men.

⁂

We generally look for some evidence of original research in a monograph on any given subject, this being really the only *raison d'être* of such publications, yet in his monograph on sciatica, Dr. A. Symons Eccles expressly disclaims any novelty, either in the views expressed in regard to the nature of sciatica or in the methods advocated for its relief! In this the author does himself an injustice, for if, strictly speaking, no individual fact owes its elucidation to his researches, he is certainly entitled to the credit of having co-ordinated existing knowledge on the subject, and of making it relevant to the issue—which is the relief of a very distressing and disabling affection. As sciatica is tolerably common in such a climate as ours we can confidently recommend this monograph to the notice of practitioners who have such cases, for they will not only find assistance in arriving at an exact diagnosis—not so easy a matter as might be supposed—but will materially extend the scope and usefulness of remedial intervention.

⁂

New Books and New Editions.—The following have been received for review since the publication of our last monthly list:—A Manual of Diseases of the Ear, by George P. Field, M.R.C.S. (Fifth Edition). Diseases of the Nose and Throat, by F. De Haviland Hall, M.D., F.R.C.P. Lond. The Physician's Wife, by Ellen M. Fairbaugh. An International System of Electro-Therapeutics, by H. R. Bigelow, M.D. Biological Lectures and Addresses, by A. Milnes Marshall, M.D., F.R.S. Die Bedentung der Hypnotischen Suggestin, von Dr. Med. J. Grossmann. Analyses of Twelve Thousand Prescriptions, compiled by W. Martindale, F.C.S. Micro-organisms in Water, their Significance, &c., by Percy Frankland, Ph.D., F.R.S. Clinical Medicine, a Manual for Students and Junior Practitioners, by J. S. Bury, M.D., F.R.C.P. Materia Medica, Pharmacology, and Therapeutics, by C. D. F. Phillips, M.D., F.R.S.Ed. (2nd Edition). Hydatid Disease, by the late John D. Thomas, M.D., F.R.C.S., edited by A. A. Lendon, M.D.Lond. Supplement to the Calendar Royal University of Ireland, 1894. Army Medical Report for 1892, vol. xxxiv. Nature's Hygiene, a Systematic Manual of Natural Hygiene, by C. T. Kingzett, F.I.C., F.C.S. Brain, part lxv. Manual of Hygiene, by J. W. Wallis. The Mother's Help and Guide, by P. M. Braidwood, M.D., F.R.C.S. Spinal Caries, by Noble Smith, F.R.C.S.Ed.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE PENAL CLAUSES OF THE MEDICAL ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am not quite certain that the British Medical Association possesses any valid claim to speak in the name of the profession; and I am much less certain whether the Parliamentary Bills Committee of the Association has any warrant to operate in the name of the Association. But to everyone who has an intimate acquaintance with medical legislation, and has followed the practical working of medical laws in late years it must seem very clear that if the proposed amendment of the penal clauses of the Medical Act presented for acceptance to the General Medical Council last week by the Committee, represents the best that the combined wisdom of the profession is able in this direction to produce, the prospects of protection of the public or profession against the grosser forms of quackery must be remote indeed. Nothing could be much more fatuous than the enumeration of titles in clause 2. If it is possible to drive a coach and horses through the present penal section, it would be possible to drive six abreast through this precious amendment. It will need the most stupid of quacks and the most arbitrary and severe of magistrates to come into collision before any conviction for a flagrant offence is obtained. Why, for instance, specifically mention doctor of medicine as a title forbidden to the unqualified? No quack wants to call himself doctor of medicine; he merely needs to add the prefix "Dr." to his name. This is the title by which the public know every medical practitioner. If challenged, he may be a doctor of philosophy, of music, or of dentistry. For a few pounds he can always possess himself of an American diploma of several such doctorates, and that no magistrate will convict is certain from the experience of attempts to enforce present laws. Dr. ———'s establishment for diseases of the eyes, or ears, or teeth is enough without use of the forbidden designations, aurist, oculist, &c.—these simply show the quack what to refrain from in order to keep clear of the law. An honest unqualified practitioner —in the existence of which the law at least believes—will assume no equivocal title; the fraudulent quack can be effectually dealt with only by a law which shall forbid in general terms the assumption of *any* medical title by an unqualified person practising for gain.

I am, Sir, yours, &c.,
S.

May 30th, 1894.

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THE "ANTI-MEASLY" TREATMENT OF MEASLES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I know nothing whatever of "C. R. Illingworth, M.D.," or his treatment.

I never heard of "The Anti-Measly Treatment of Measles," and desire to know nothing about it. I never made any statement of any kind whatever upon any subject whatever to the "Year-book of Treatment for 1890," or any other year. I know nothing whatever as to what is found useful or useless in the London Fever Hospital.

I have never referred enthusiastically and confidently to the curative treatment of syphilis, and I have never accused anyone of being "no clinician," or of "rashly vaunting a remedy."

In spite of these facts, a letter signed by "C. R. Illingworth, M.D." appears in your issue of May 30th, which contains a grave libel upon me, and accuses me of lying in regard to these matters. I have, of course, placed the matter in the hands of my solicitors.

I am, Sir, yours, &c.,
Leslie Phillips.

⁂ [Dr. Illingworth, having evidently made a mistake as to authorship, will doubtless make the *amende* to which Dr. Leslie Phillips is undoubtedly entitled.—Ed.]

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BINIODIDE OF MERCURY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Lately having prescribed for secondary symptoms, Liq. Hyd. Perch., with Potass. Iodid., the mixture being flavoured with Syr. Currant, the patient sent the mixture back to the druggist in alarm at some white matter which deposited in the bottle. I put the substance under 1-5th power, and found a beautiful and branching micelium.

My powerful germicide mixture if continued long enough will no doubt cure the secondaries, but I am not converted to any definite belief that such result will be due to killing "germs." The expression is too vague for positive belief or dogma; the germ-statement is, however, a legitimate temporary hypothesis.

But it is interesting to note that a micelium grew in the germicide mixture with great vigour. Thus, one may fairly doubt the power of the biniodide to destroy so many enemies!

I have used, of late, the biniodid. of mercury in sodii iodid. solution in ringworm, and I think the results have been very satisfactory. Formerly, I used sulphurous acid, glycerin. acid carbol, or ung. hyd. nit., &c., and my cases did well; but, as far as I can judge at present, and it is very difficult to estimate the value of remedies, the biniodid. in sodii iod. solution is more rapid and more sure than the other applications.

The ubiquity and polymorphism of "germs" are, I fear, too cunning and varied to be wiped out by any one remedy —as my micelium, *to wit*.

I am, Sir, yours, &c.,
Receptive.

Plymouth, June 2nd, 1894.

◆

COUNTER-PRESCRIBING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Although your correspondents have hitherto appeared unanimous in condemning the revolutionary proposal of Sir Benjamin Richardson, it is curious to note that Dr. Norman Kerr now occupies the position of a waverer. "Although not convinced," he nevertheless thinks "nothing but good can come from a thorough discussion of Dr. Richardson's suggestions." One of two things, therefore, must be evident, that is to say, either Sir Benjamin Richardson is gifted with remarkable persuasive powers, or else Dr. Norman Kerr is easily open to conviction. It might appear at first sight that it a proposal of this kind were at all feasible steps would have been taken a generation ago, before diagnosis and general medical research had achieved their present standard, to introduce a clause in the Medical Acts exempting chemists to some degree from the provisions of these Acts, but so far from any relaxation having taken place in their favour in those rude and rough times, chemists themselves have since been placed by a Pharmaceutical Act under more or less restraint. I merely observe this because, no doubt, in bygone days, when the line of demarcation between a chemist and medical man was not nearly so pronounced as it now is, there might have been some conceivable recognition ot chemists as prescribers of medicine; but seeing how they have been completely isolated one from the other by distinct Acts of Parliament the contrast between the past and present appears to me to bring out in bold relief the almost miraculous conception of Sir Benjamin's proposal. Dr. Norman Kerr, in his letter of the 16th inst., very properly said, "There is a wide difference between tacitly permitting and legalising," and no doubt a good deal is done nowadays by chemists which is not strictly legal, but which is winked at, and this is one thing: but Sir Benjamin Richardson's proposal, which practically yields the whole range of medical diagnosis in the first instance into the hands of chemists (ground which has been ably covered by your other correspondents) is assuredly quite another.

I am, Sir, yours, &c.,
Clement H. Sers.

Queen's Road, Peckham, May 31st, 1893.

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THE VIVISECTION CONTROVERSY—CORN OR CHAFF?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—No one regrets more than I do the bitter feeling which now exists between certain self-appointed champions of the medical profession and a large section of the public, which has evidently lost confidence in some of our principal hospitals. Whether my letter will be found as "oil upon the waters" or not, I cannot predict; but, as I have not hitherto had anything to do with the hospital controversy, perhaps I may be allowed to say a word to clear the atmosphere. Your essayist is in some confusion about the "London Anti-Vivisection Society," as the bishop who was expected to preside was not present at their annual meeting, and consequently could not have made the remark referred to in your article.

Besides, it must be difficult to decide what a bishop does or does not believe. Some clergymen are so largely endowed with theological faith that there seems no sufficient reason for disputing their sincerity in other matters.

But, on the other hand, are we not called on to believe a little too much when some six score of vivisecting enthusiasts are made to represent the views of 40,000 medical practitioners, and are allowed to talk in the medical journals in the name of the profession? As one of its humblest members, I protest against these men (whether natives or foreigners) being considered as our representatives. That knowledge is often gained by experimental research goes without saying. But what of its tendency to mislead, and of the proved danger of following the dictates of these theorists? Is Dr. Koch's cure for consumption and lupus so very dead that the manner in which many leaders in the profession identified themselves with his secret remedy has been quite forgotten? Surely so-called "scientific experimentation" has a good deal to answer for. With regard to the position assumed in the latter part of your article, I think it is at once too hopeful and too modest. I do not believe that science can ever give us a general law applicable to *all* cases of disease, and I admit that we have to contend with much difficulty and uncertainty in the acquisition of knowledge. But, when it is once gained, it is no longer uncertain, and it ought to be simple in its application. When you speak of "conflicting interpretations," you describe only too accurately the disputes of experimenters, who seem never to arrive at finality, even after sacrificing *hecatombs* of victims!

Where I think you are too modest is in doubting the existence of laws of general applicability to large classes of cases, and thoroughly reliable, as being based on repeated observation.

All the laws of hygiene are of this character, and if medicine is ever based upon any other foundation, it can only come of that pride which "goes before destruction" and forgets the true limits of the physician's art. I do not care to bring the personal element forward in this discussion, and have no ambition to have my name "rescued from obscurity" by publication. I therefore have the honour to subscribe myself,

Your obedient servant,
E. H.

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NOTIFICATION AND ITS RESULTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Wynter Blyth in his latest Health Report gives ground for believing that scarlatina, which has hitherto run a distinctly seasonal course (being most prevalent in the autumn and least in the spring). will, with a few intermissions, go on, not diminishing, but increasing. This certainly looks like an admission that notification has done but little in the past towards checking this disease, and is likely to do but little in the future. Mr. Biddle gives me the following figures deduced from the report above mentioned:—In London, with a population of 4,300,000, there were in 1893 no less than 56,425 notifications of infectious fevers, or 1 in 76 of the population. Of these 18,674 were treated in the Asylums Boards Hospitals, *i.e.*, 33·1 per cent., or 1 in 230 of the population. What the number of unnotified infectious cases was it is impossible to say. While we must remember that no account is taken of measles, rotheln, chicken-pox, diarrhœa, &c.

The population of London in 1894 being estimated at 4,349,000 there were in the infectious hospitals on May 26th last—

236 persons with small-pox, or 1 in 18,428
2,271 „ „ scarlatina, or 1 in 1,915
324 „ „ diphtheria, or 1 in 13,423

The number of enteric fever patients does not appear, but these three diseases alone account for 2,831 that were isolated in fever wards, and that is equal to 1 in 1,536 of the population. It is well known that the Asylums Board are already finding difficulty in providing for all cases of diphtheria, and it has been officially declared that, supposing things go on in their usual course, the hospital accommodation is within measurable distance of being exhausted. Such a state of things cannot but call for immediate consideration.

I am, Sir, yours, &c.,
F. P. Atkinson.

Surbiton.

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Medical News.

The West London Hospital.

The Annual Subscription Dance in aid of the Extension Fund of the West London Hospital will take place at the Queen's Hall, Langham Place, W., on Tuesday, June 12th, under the immediate patronage of H.R.H. Princess Louise (Duchess of Fife), and H.R.H. Princess Mary Adelaide (Duchess of Teck). The list of patronesses and all other information in respect to the tickets may be obtained from the Honorary Secretaries, Mr. Percy Dunn, 54 Wimpole Street, and Mr. Leonard A. Bidwell, 59 Wimpole Street, London, W.

Society for Relief of Widows and Orphans of Medical Men.

At the annual general meeting of this Society, held a few days since, under the chairmanship of the President, Sir James Paget, the report, read by the Secretary, showed that 13 new members had been elected in 1893, 15 had died, and 2 resigned, leaving 308 on the books. Fresh applications for grants had been received from 2 widows and 1 orphan; 6 widows had died and 4 children had become ineligible for further grants. A sum of £2,880 10s. had been distributed among the widows and orphans receiving assistance. At the end of 1893 there were 54 widows and 9 orphans on the funds of the Society. The expenses of the year had been £250. The receipts available for the payment of grants and expenses had been £3,247. A legacy of £791 had been paid, and the funded property increased by the purchase of £843 10s. stock. A vote of thanks to the editors of the medical journals for their kindness in making known the objects of the Society was passed. The following gentlemen were elected to fill the vacancies in the officers of the Society: Mr. Merriman, a Vice-President; Dr. Church, a Treasurer; and Dr. Braxton Hicks, Dr. Russell Reynolds, Dr. Morison, Mr. Rouse, Mr. Langton, Dr. Oswald, and Dr. Wharton Hood, Directors. A vote of thanks to Sir James Paget for his kindness in presiding at the meeting was carried unanimously.

Volunteer Medical Staff Corps.

The annual dinner of the officers of the London companies of the Volunteer Medical Staff Corps was held last week at the Café Royal, Regent Street. The chair was taken by Surgeon-General Sir Guyer Hunter, and amongst those present were Surgeon-General Sir Thomas Crawford, the Master of the Society of Apothecaries, Brigade Surgeon-Lieut.-Colonels Evatt and Clark, Surgeon-Major Hayes, and others. Surgeon Lieut.-Col. Norton (Commandant) proposed the toast of "The Army, Navy, and Reserve Force." In submitting "The Volunteer Medical Staff Corps," Surgeon-General Sir Thomas Crawford congratulated the corps that they were the only body of Volunteers that had from the first been intended for general service. Although they could not be sent out of the country without specially offering themselves for the purpose, nobody had any doubt that the corps would volunteer for such service the moment their assistance was required. Surgeon Lieut.-Colonel Norton, in reply, spoke of the services rendered by Sir Thomas Crawford (then Director-General of the Army Medical Department) in connection with the formation of the corps. Other toasts followed. The annual dinner has always been a great feature of the regimental year, and on this occasion proved a more than ever brilliant and successful affair.

The West London Medico-Chirurgical Society.

On Wednesday, May 30th, the members of the West London Medico-Chirurgical Society held their annual dinner at the Criterion. Including visitors about eighty gentlemen assembled, Dr. Donald W. C. Hood, the President of the Society, being in the chair. After the usual loyal toasts, proposed in very felicitous terms by the president, the toast of the evening, that of "The West London Medico-Chirurgical Society," was given by Sir W. Broadbent, the Cavendish Lecturer, who, after alluding to the rapid growth of the Society during the twelve years of its existence, dwelt on the great utility of such societies as antidotes to the natural laziness of the human species. The health of the visitors was then proposed in a humorous speech by Mr. Keetley, and responded to by Dr. Eastes, President of the Harveian Society; the last toast being that of the "Officers of the Society," proposed by Mr. Bowreman Jessett, and answered by Dr. Clemow.

St. Thomas's Hospital.

The following gentlemen have been selected as House Officers from Tuesday, 5th June, 1894:—

Resident House Physicians: R. E. Nix, B.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.; A. M. Collcut, M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S. **Non-Resident House Physicians**: F. Pershouse, L.R.C.P., M.R.C.S. (extension); C. W. Windsor, M.A., M.B., B.C., Cantab. (extension). **House Surgeons**: S. W. F. Richardson, B.Sc.Lond., L.R.C.P., M.R.C.S; E. M. Hainworth, B.Sc.Lond., L.R.C.P., M.R.C.S.: A. R. O. Milton, L.R.C.P., M.R.C.S.; G. W. Thompson, B.A., M.B., B.C.Cantab, L.R.C.P., M.R.C.S. **Assistant House Surgeons**: L. J. Miskin, L.R.C.P., M.R.C.S.; A. W. Cuff, B.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.; **Obstretric House Physicians**: (Senior) C. S. Jaffé, M.B., B.S.Lond., L.R.C.P., M.R.C.S.; (Junior) P. C. Fenwick, L.R.C.P., M.R.C.S. **Ophthalmic House Surgeons**: J. H. Fisher, F.R.C.S., L.R.C.P.; J. F. Rudall, M.B., B.S.Melb., M.R.C.S. (both reappointed). **Clinical Assistants in the Special Departments for Diseases of the—Throat**: F. E. Appleyard, B.A.Cantab., L.R.C.P., M.R.C.S.; A. F. W. King, L.R.C.P., M.R.C.S. **Skin**: T. G. Nicholson, B.Sc.Lond., L.R.C.P., M.R.C.S.; A. S. F. Grunbaum, B.A., Cantab., L.R.C.P., M.R.C.S. **Ear**: C. W. Cooke, M.D. Lond., L.R.C.P., M.R.C.S. (extension); R. Fox Symons, L.R.C.P., M.R.C.S.

Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

THE LATE DR. CHARLES CLAY, OF MANCHESTER.

To the Editor of The Medical Press and Circular.

Sir,—The representatives of this distinguished surgeon have placed at my disposal a mass of material for the preparation of a suitable memorial of him, including an autobiographical sketch of much interest.

Unfortunately the material is deficient in that period of his life which is of greatest interest, between 1842 and 1850. A still greater misfortune is that the great age to which Dr. Clay lived has left few who can tell much about him at that time. My own efforts by private inquiry have failed so far, and I am therefore compelled to trespass on your courtesy for permission to ask through your widely-read columns that any who may be in possession of documents or recollections of Charles Clay would be good enough to lend them to me for the purpose specified.

I am, Sir, yours, &c.,
Lawson Tait.

7 The Crescent, Birmingham.

Fable.—Our correspondent will find on reference to another column, the obvious reason why his contribution is held over.

THE CAMBRIDGE EXAMINATION IN STATE MEDICINE.

We are asked by the Registrar to state that the names of all candidates for examination in State Medicine, together with the necessary certificates, must be sent to him on or before Tuesday, Sept. 18th. The examination will begin on October 2nd.

LADY DOCTORS FOR INDIAN HOSPITALS.

In the advertising columns of our present issue will be found an announcement which at first sight appears a little startling. It runs thus: "Wanted, a lady doctor for the post of *First Physician* to the Kama Hospital," &c. The lady selected will come under the ordinary rules for "leave, pension," &c. The ladies are to be congratulated that the ball is being kept rolling for their especial benefit.

Meetings of Societies, Lectures, &c.

Wednesday, June 6th.

Obstetrical Society of London.—At 8 p.m. Specimens will be shown by Dr. Crawford, Dr. Blacker, Dr. Lewers, Dr. Horrocks, Dr. Cullingworth, and Mr. J. Bland Sutton. Dr. Remfry: Ligature and Division of the Upper Part of both Broad Ligaments, and the Result as compared with that following Removal of the Uterine Appendages.—Dr. Braithwaite: A case of Adenoma of the Portio Vaginalis Uteri forming a Depressed Sore or Ulcer.

London Post-Graduate Course.—Hospital for Skin Diseases, Blackfriars.—At 1 p.m., Dr. Payne: Lupus Vulgaris.

Metropolitan Hospital (Kingsland Road, N.E.).—At 5 p.m., Mr. Walsham: Diseases of the Nose and Naso-pharynx. (Post-Graduate Lecture.)

Royal College of Surgeons, England.—At 5 p.m., Prof. Raymond Johnson: Tumours of the Breast.

West London Hospital (Hammersmith).—At 5 p.m., Mr. Keetley: Orthopædic and other Surgical Cases. (Post-Graduate Course).

Thursday, June 7th.

London Post-Graduate Course.—Hospital for Sick Children, Great Ormond Street.—At 3.30 p.m., Mr. Bernard Pitts: Treatment of certain Congenital Deformities in Children.—National Hospital for Paralysed, Bloomsbury.—At 2 p.m., Dr. Charlton Bastian: Aphasia and other Speech Defects.—Central London Sick Asylum, Cleveland Street, W.—At 5.30 p.m., Mr. Watson Cheyne: Cases in the Wards.

Friday, June 8th.

London Hospital Medical College.—At 4 p.m., Mr. Jonathan Hutchinson: On the Eruptions which Occur after Vaccination.

Royal College of Surgeons, England.—At 5 p.m., Prof. Raymond Johnson: Tumours of the Breast.

Royal Institution.—At 9 p.m., Mr. C. Vernon Boys: The Newtonian Constant of Gravitation.

Saturday, June 9th.

London Post-Graduate Course.—Bethlem Hospital.—At 11 a.m., Dr. Percy Smith: Alcoholic Insanity.

Monday, June 11th.

Royal College of Surgeons, England.—At 5 p.m., Prof. Thorburn: The Surgery of the Spinal Cord and its Appendages.

St. John's Hospital for Skin Diseases (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Syphilides.

Vacancies.

Carlow District Lunatic Asylum.—Assistant Medical Officer. Salary £100 per annum, and emoluments valued at £100 per annum. Election June 8th. (See advert.).

Coventry and Warwickshire Hospital.—House Surgeon and Assistant House Surgeon. House Surgeon's salary £100 per annum, and Assistant £15 per annum. Applications and testimonials to the Secretary on or before June 18th.

Devizes Union.—Medical Officer. Salary £25 per annum, with the usual extra fees. Applications and testimonials to the Clerk on or before June 12th.

Earlswood Asylum for Idiots, Redhill, Surrey.—Medical Superintendent (married preferred). Salary £500 per annum, with furnished residence in the building, together with coals and gas. Applications and testimonials to the Board of Management, 36 King William Street, London Bridge, E.C., on or before June 12th.

Leicester Infirmary.—Assistant House Surgeon. Salary £80 per annum, with board, apartments, and washing. Applications and testimonials to the Secretary, 24 Friar Lane, Leicester, on or before June 11th.

Parish of St. Pancras.—Medical Superintendent. Salary £400 per annum, with house, &c. Applications and testimonials to Clerk to the Guardians on or before June 12th.

Royal Berks Hospital.—Assistant House Surgeon. No salary, but board and lodging will be provided. Applications and testimonials to the Secretary on or before June 12th.

Sunderland Borough Lunatic Asylum.—Medical Superintendent. Salary £350 per annum, with furnished house, &c. Applications and testimonials to Clerk to the Visiting Committee on or before June 30th.

University of Edinburgh.—Chemical Assistant. Salary £180 per annum. Applications and testimonials to the Secretary on or before July 1st.

Wexford Union.—Broadway Dispensary.—Medical Officer. Salary £125 per annum, and £15 per annum as Medical Officer of Health. Election June 15th.

Appointments

Hale, E. S., L.R.C.P., L.R.C.S., L.M.Edin., Medical Officer for the Fourth Sanitary District of the Bedminster Union.

Hancock, R., M.R.C.S., Government Medical Officer at Childers, Queensland.

Hartnell, E. B., Junior House Surgeon to Chesterfield Hospital.

Hutton, H. R., M.A., M.B.Cantab., Physician to the Manchester Hospital for Consumption and Diseases of the Throat.

McGowan, R., L.F.P.S.Glasg., Government Medical Officer for the District of Silverton, New South Wales.

Moore, T. C., M.D.Dub., Ch.B., Medical Officer of H.M. Prison at Napier, New Zealand.

Bake, A. T., M.B.Lond., F.R.C.S., Registrar and Pathologist to the East London Hospital for Children, Shadwell, E.

Reid, J. A., M.D., Ch.M.Aberd., Health Officer for the Borough of Sale, Victoria, Australia.

Rudd, A., L.R.C.P.Lond., M.R.C.S., Medical Officer for the First Sanitary District of the Parish of St. Giles, Camberwell.

Santi, P. R. W., L.R.C.P.Lond., F.R.C.S., Surgical Registrar to the Westminster Hospital, S.W.

Saunders, W. S., M.D., M.R.C.S., Medical Officer of Health and Public Analyst for the City of London.

Senior, E. W., M.R.C.S., L.R.C.P., House Physician to the East London Hospital for Children, Shadwell, E.

Syme, W. S., M.B., C.M.Edin., Medical Officer for the Third Sanitary District of the St. Neots Union.

Troutbeck, H., M.A., M.B., B.C.Cantab., House Surgeon to the East London Hospital for Children, Shadwell, E.

White, T. G., L.K.Q.C.P., L.M., L.R.C.S.Irel., Surgeon to the Geraldton Hospital, Queensland.

Wilson, J. G., M.A., M.B., Dispensary Surgeon to the Tradeston Dispensary of the Victoria Infirmary, Glasgow.

Births.

Baker.—May 28th, at Norfolk Terrace, London, the wife of William H. Baker, M.R.C.S., L.R.C.P., of a daughter.

Barrow.—May 31st, at Uffculme, Devon, the wife of Valentine E. Barrow, L.R.C.P., of a son.

Musson.—May 31st, at 15 King Street, Clitheroe, the wife of Alfred W. Musson, M.B.Cantab., of a son.

Sansom.—June 2nd, at 8 Wilton Street, Grosvenor Place, London, the wife of Dr. C. L. Sansom, F.R.C.S., of a son.

Scott.—May 31st, at Elmsleigh, Plymstock, the wife of S. Noy Scott, L.R.C.P., M.R.C.S., D.P.H., of a son.

Warriner.—May 29th, at De Crespigny Lodge, Denmark Hill, the wife of Dr. J. Warriner, of a son.

Marriages.

Ealand-Coad.—June 2nd, at Holy Trinity Church, Upper Tooting, Hugh Fawsit Ealand, L.R.C.S., L.R.C.P., L.S.A.Lond., of Puckeridge, Herts, to Edith Agnes Cochrane, second daughter of Thomas Coad, R.E.E., of the Horse Guards, Whitehall.

Ward—Chadwick.—June 2nd, at St. George's, Hanover Square, Howard Percy Ward, M.B.Lond., M.R.C.S., to Amy, daughter of the late John Chadwick, J.P., of Buile Hill, Manchester.

Deaths.

Brown.—May 27th, at Westbourne, Dumfries, Samuel Brown, M.D., L.R.C.S.Ed., late of Bradford, Yorks, aged 74.

Hunt.—May 27th, at St. George's Square, S.W., John Hunt, M.R.C.S., aged 71.

Jackson.—June 2nd, at the Rectory, Belturbet, Dr. Charles Jackson, of Ballyhaise, in his 49th year.

Kipling.—May 29th, at Romaldkirk, William Kipling, M.R.C.S., L.S.A., L.R.C.P.Lond., aged 47.

Reece.—June 3rd, at his residence, Walton-on-Thames, Richard Reece, M.R.C.S., L.S.A., aged 90.

Saunderson.—June 1st, at Edenderry, Robert Saunderson, M.D.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY JUNE 13, 1894. No. 24.

Original Communications.

THE FACTORS OF INSANITIES.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.Lond., F.R.S.,

Physician to the Hospital for Epilepsy and Paralysis; Consulting Physician to the London Hospital.

I HAVE often urged that for the scientific study of maladies of the Nervous System we should investigate them as Dissolutions (reversals of Evolution) of this or that part of the nervous system; we must also take into account the undamaged remainder—the evolution still going on in what is left intact of a nervous system mutilated by disease. The supposition is that the principle indicated will ultimately be found to apply to all nervous maladies—from those produced by lesions at the periphery of the nervous system, to those produced by lesions of the highest cerebral centres—from, for example, those produced by lesions of nerve trunks to ocular muscles, to cases of insanity. I have never put forward the opinion that nervous maladies should be classified on the principle of dissolution for clinical purposes, but, on the contrary, have urged that for those purposes we should continue our empirical arrangements of cases by types. In particular I have urged the necessity of arrangements by type of cases of Insanity for clinical purposes, as well as the study of them, as they exemplify Dissolution of the highest cerebral centres. It would be as absurd to attempt to arrange patients in an Asylum on the principle of Dissolution as it would be to arrange plants in a kitchen garden on the "natural system" of botanists.

In every insanity there is morbid affection of more or less of the highest cerebral centres or, synonymously, of the highest level of evolution of the cerebral subsystem, or, again synonymously, of the anatomical substrata, or physical basis, of consciousness. There may be discoverable disease destructive of nervous elements, or there may be loss of function from some undiscovered pathological process inferred from symptoms. In every insanity more or less of the highest cerebral centres is out of function, temporarily or permanently, from some pathological process; for my present limited purpose it matters little what that process may be. It only matters as the pathological processes produce loss of function, that is Dissolution, of more or less of the highest centres, *at different rates* (Factor 3).

I do not use the term "function" in the sense often given to it in clinical accounts of nervous maladies, as, for example, when it is said of a patient that his "case is entirely functional." I do not believe that there is such a thing as loss or defect of function of any nervous elements without a proportionate material alteration of their structure and nutrition. Of course the separation into structure, nutrition and function of the nervous system is artificial; it is merely a convenient device, just as the separation into the surface, weight and mass of a body is.

I think a better term for my present purpose than "loss of function" would be "negative lesion"; the latter term would include not only destruction of nervous elements, but also all other conditions of nervous elements from which they function no longer, for example cases where, as after an epileptic fit, certain cells and fibres, or the endings of fibres, are, for a time, of no use. If a man be so soundly asleep that he cannot be awakened, there is for the time being no help to be had from him any more than there would be if he were dead. There is a difference between destruction of nervous elements symbolised by the dead man and the temporary condition of them after an epileptic fit symbolised by the man deeply asleep, but *for the time being*, during the existence of the insanity, the cases are alike in that more or less of the highest cerebral centres is functionally absent, although in the former they are structurally absent too. Recovery (re-evolution) may occur in the latter, but does not occur in the former.

Whilst studying insanities as dissolutions we consider them so far as we can as they are *departures from* mentation concomitant with normal states of the highest cerebral centres, and not as we do for clinical purposes as they *approach* certain clinical types, melancholia, general paralysis, &c. Hence we take heed of delirium in non-nervous maladies, in pneumonia for one example, of cases of poisoning by belladonna and cannabis indica and of degrees of drunkenness from alcohol, as well as of cases of insanity ordinarily so-called (*a*).

Enough attention is not given in certain cases to degrees of insanity. Whilst epileptic (post-epileptic I think) mania is thought of as an insanity, coma after a severe epileptic fit is not regarded as an insanity. Yet post-epileptic coma is acute temporary dementia, and is psychically a greater degree of the negative mental element which co-exists with a super-position element in post-epileptic mania. There are many degrees of post-epileptic states from slightest confusion of mind to deepest coma; in a scientific regard all these degrees of insanity should be taken into account (*b*).

Dreaming has long been likened to insanity. I suggest several degrees of the normal dissolution of

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(*a*) There are in a scientific regard many degrees of insanity caused by alcohol, from that slight degree in which a man "begins to think too curiously," to deep coma (acute temporary dementia). The taking such cases as being in a scientific regard insanities, they not being what would ordinarily, or I may say clinically, be called insanities, induces "mental diplopia." Although it is said that the term insanity is used in scientific exposition for the state of a person who has taken a very small quantity of alcohol and yet a little too much for him, only to signify a departure, a very slight one, from his normal mental state, there inevitably arises also the ordinary connotation of the term, and the notion that the case of a man slightly drunk is averred to be one suitable for a lunatic asylum; thus there is mental confusion. I can only repeat that in a scientific study of insanities we have to take into account, so far as is practicable, all degrees of departure, however produced, from normal mental states, from the slightest to the most extreme, regardless whether or not they are clinically insanities, insanities ordinarily so-called. Some very slight degrees of insanity, such as those after slight and transient epileptic fits, may be looked on as being re-evolutions: a patient as he is coming round from a slight epileptic fit may ask "Where am I?" "What day is it?" and the like; he is endeavouring to re-orient himself. But his need of such re-evolution implies slight dissolution. (I know of but a single study of re-evolution, a very valuable one by Professor Pick, of Prague.)

(*b*) In the Bowman Lecture, delivered November 13th, 1885 ("Trans. Ophth. Soc." vol. 6), I said "Deep post-epileptic coma is psychically dementia, but is, on the physical side nothing else than some universal, almost total, paralysis—paralysis not only of animal, but of organic parts also, proportionate to the degree of the prior epileptic discharge upon them. This contention of mine is, however, denied: let us say what cannot be denied, that the patient is nearly dead. I daresay my calling the psychical side of the condition insanity (dementia or amentia) will be objected to. Let us say that the patient is, or is nearly, mentally dead; this cannot be objected to."

sleep. (1) Sleepiness, (2) Sleep with dreaming, (3) Sleep with actions (somnambulism), and (4) Deep, so-called dreamless, slumber. At least 2, 3 and 4 ought to be considered as different depths of dissolution of the highest cerebral centres, with, in 2 and 3, and possibly in 4, lower ranges of evolution remaining in those centres.

There are four Factors (a) in Insanities. (1) There are different Depths of Dissolution of the highest cerebral centres. (2) There are different Persons who have undergone that Dissolution. (3) There are different Rates with which the Dissolution is effected. (4) There is the Influence of different Local Bodily States and of different External Circumstances on the persons who have undergone that Dissolution.

Although I speak of Dissolution of the highest cerebral centres as if it were uniform—as if all the divisions of these centres were "evenly" affected—it is clear enough that there are local Dissolutions of those centres. That there are different *kinds* as well as different *degrees* of insanity is evident—melancholia and general paralysis for two examples. Different regions of the highest cerebral centres undergo dissolution in different *kinds* of insanity. I shall nevertheless in this brief sketch (except incidentally for purposes of illustration) ignore *local* dissolutions of the highest cerebral centres and speak of different degrees of insanity as if the Dissolutions of those centres producing them were uniform. If we did consider local dissolutions of the highest cerebral centres we should have to say that there are five factors in insanities (b).

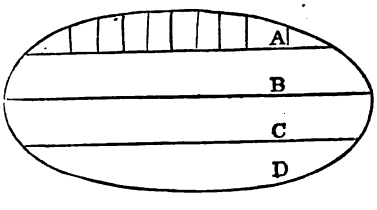
It is obvious that when studying insanities as Dissolutions—as reversals of evolution—of the highest cerebral centres we are making, by help of what may figuratively be called the experiments of disease, a study in psychology as well as one in the anatomy and physiology of a certain part (highest cerebral centres) of the nervous system. For, as I have said and I shall speak at more length on the matter later, we have in these cases to take into account not only the depths of dissolution of these centres, but also the evolution going on in the undamaged remainder of them—the mentation remaining possible when these centres have been mutilated in different degrees.

(1.) FIRST FACTOR IN INSANITIES. DIFFERENT DEPTHS OF DISSOLUTION.

No centres are in layers, but for simplicity of illustrations I shall imagine that the highest cerebral centres are in four layers, A.B.C.D. (c) In accord with this I make, still arbitrarily of course, four depths of Dissolution of these centres, and, correspondingly, four degrees of insanity.

(A) *First Depth. First degree of Insanity.*

In this depth the first, we may say topmost, layer of the highest cerebral centres is rendered functionless by some pathological process. The situation may be represented thus:—



I am obliged to stay here to consider a matter to which I attach extreme importance. I submit that, with obvious exceptions, the symptomatology of nervous maladies in which there are negative lesions is made up of two opposite elements, one negative, alone produced by disease, and one positive, or super-positive, the outcome of activities of healthy nervous arrangements. The simplest illustration of this dictum is given by the symptomatology of paralyses of ocular muscles from disease of the motor nerve trunks supplying them. In this paper I illustrate the dictum by the first depth of dissolution of the highest cerebral centres, first degree of insanity.

Whilst noting that in this, the first, degree of insanity, the layer A. is out of function, possibly permanently, we have to keep vividly in mind that the three other layers are intact. The only thing *disease*, in the proper sense of pathological process or result of one, has done, is to render functionless or to destroy the layer A., and we have necessarily to take into account the intactness, the functionability, of the layers, B.C. and D. I now try to show the importance of this.

In every insanity, (a) with one obvious exception, (complete dementia), there is a double symptomatic condition, a condition of two opposite mental elements, one negative and one positive (or super-positive). (b) Repeating what has just been said, there is in every insanity (1) negatively, defect of consciousness (loss of some (c) consciousness) and there is (2) the consciousness remaining. In the first depth of Dissolution the physical condition corresponding to the defect of, loss of some, consciousness is the abrogation of A; the physical condition corresponding to the consciousness remaining is the intactness of B.C. and D. In other words disease only causes the physical condition corresponding to the negative mental element, defect of consciousness; the positive symptoms signify, or rather they sample, the consciousness remaining, and are the outcome of activities of the layers B.C. and D. which are perfectly healthy. (d)

(a) I have several times stated what I suppose to be the factors of insanities; for the first time, I believe, in The Medical Press and Circular, Dec. 9th, 1874. when I wrote, "The varieties of insanity would be explained (1) by the depths of the reduction or dissolution; (2) by the rapidity of the reduction; (3) by the kind of brain in which the reduction occurs; and (4) by the influence of external circumstances and internal bodily states on the patient who is reduced."

(b) We rarely, if ever, meet with a dissolution from disease which is the exact reversal of evolution. Probably healthy senescence is the dissolution most nearly the exact reversal of evolution. In local dissolutions of the highest cerebral centres there plainly cannot be the exact antithesis of evolution. To take another example from the lowest level of evolution of the central nervous system. Wasting of cells of anterior horns (as in progressive muscular atrophy) being a morbid affection of motor elements only, cannot be the antithesis of evolution which is sensori-motor. Evolution may be rudely symbolised as raising an expression to a higher power (called involution in Algebra), and dissolution as reducing an expression to a lower power (called evolution in Algebra). But the quasi-random doings of disease must mostly, if not always, be symbolised as taking out some terms of an expression, and not as a reduction of the whole of it to a lower power.

(c) Of course I am not speaking of what are morphologically called layers of cells of the cortex, but of imaginary anatomico-physiological layers.

(a) As I have several times pointed out the late Dr. Monro first stated the doctrine that the mental condition in cases of insanity, is a double one—one of two opposite elements, negative and positive. Dr. Anstie and Dr. Thompson Dickson formulated the principle of "loss of control."

(b) Mind, Mentation and Consciousness are in the text used synonymously. I am ignoring Subject-consciousness and deal only with Object-consciousness. I may say that I consider ideation as certainly as perception to be a state of object-consciousness. (See Med. Press and Circ., Aug. 30th, 1893, p. 308) If a man in a dream "sees" a black cat that mental state is as certainly objective as is his seeing what we call a real black cat in the day is.

(c) Literally taken, the statements in the text imply that there is a sort of homogeneous consciousness, and that in the first depth of Dissolution, for example, there is a certain quantity lost, corresponding to abrogation of the layer A. and that there is retention of the rest corresponding to intactness of B.C, and D. In writing on so complex a subject it is not possible to be always giving qualifications. I repudiate the implication mentioned, looking on it as an absurdity. For as evolution is a passage from the simple, &c., to the complex, &c., the reverse process of Dissolution is a passage from the complex, &c., towards the simple, &c. Thus in the first depth of Dissolution there is loss of the most complex, &c., and retention of the next most complex, &c. Or more generally and roughly, the deeper the Dissolution the less elaborate is the mentation remaining possible.

(d) Here a question arises. It may be said that in certain cases of insanity there is no consciousness remaining in any of the degrees. I refer especially to post-epileptic states. When. a man, after a slight epileptic fit, acts elaborately and yet quite irrelevantly to his present surroundings, he is said to be unconscious. If this be taken literally the patient is for time a mere automaton, a neuro-muscular machine. Others would infer from the elaborateness of his actions that the patient, commonly said to be unconscious, really retains some degree of consciousness. Each view has consequences. Those who take the first view cannot say that when the patient is comatose after a severe fit there is greater negative affection of consciousness than there was after his slight fits, because they hold that he has no consciousness after the slight ones. Those who take the second view may say that there is greater negative affection of consciousness after the severe fit than after the slight fit. All that we *know* is that the patient on full recovery *remembers* nothing (this is the rule at least) from the

Putting the matter differently we have not only to take into account the dissolution of the one layer A. caused by the disease, but the Evolution going on in the layers B., C. and D., which no pathological process has touched. In every case of insanity, short of dementia, there is a problem in evolution as well as one in dissolution. We may say that "to undergo dissolution," to lose A. for example, and "to be reduced to a lower range of evolution," to B., C. and D. in the example taken, are equivalent expressions.

Dissolution and Evolution in cases of insanity vary inversely—the shallower the Dissolution the higher the range of evolution remaining; conversely the deeper the Dissolution the lower the range of evolution remaining. Correspondingly the shallower the Dissolution the less the consciousness is lost and the more of it remains. In other words the slighter the Dissolution the less the negative mental states and the more elaborate the mentation remaining possible. I will now try to illustrate the duplex mental state in insanities. Suppose a patient imagines, to take one delusion as a sample of his mental condition, that his nurse is his wife. It is not enough to dwell only on the positive element, that he supposes the person attending on him is his wife, for this delusion of necessity implies the co-existing negative element that he does *not* know her to be his nurse (or some woman not his wife). His "not-knowing" is a sample of the result of disease (Dissolution of A.); his "wrong-knowing" is a sample of the outcome of what is left intact of his highest cerebral centres (Evolution going on in B., C. and D.) (*a*)

I now take for further illustration a case of insanity from what I suppose to be a Local dissolution of the highest cerebral centres. When a general paralytic believes he is Emperor of Europe, I submit that this delusion (the patient's belief) arises during activity of perfectly healthy nervous arrangements, presumably those of the posterior lobes and those left intact of the anterior. The disease of the anterior lobes is reponsible for his not knowing that he is X.Y., a clerk in the City.

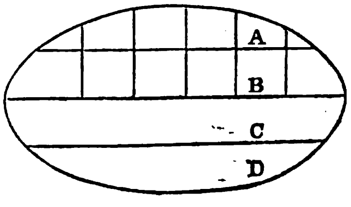
Illusions, delusions, extravagant conduct and abnormal emotional states in an insane person signify evolution, not Dissolution; they signify evolution going on in what remains intact of the mutilated highest centres—in what disease, effecting so much dissolution, has spared. The positive mental states mentioned *imply* the co-existing negative mental states, defective perception, less reasoning power, less adaptation to present surroundings and absence of the "finest" emotions (in comparison with the former, sane, person). To take examples, Any illusion implies that a thing is *not* recognised as it would have been before the insanity, and this means that there is a co-existing negative mental element; any delusion implies that the patient does *not* believe as he would have done before he underwent Dissolution, and this means that there is a co-existing negative mental element. (*b*)

To resume:—In the first depth of Dissolution the negative mental state is slight, the dissolution being very shallow; the positive mental state is very elaborate, the range of evolution remaining being very high. This depth (first degree of insanity) may be symbolised as $-A+B+C+D$. In fact the whole person is now $B+C+D$. The term $-A$ is only given to indicate how the new person, the man insane, $B+C+D$ differs from the former person, the sane man, $A+B+C+D$. Suppose the sane man is X. then the insane man, the new person Y, is $X-A$, that is Y is $B+C+D$.

And here when using the term "new person" for Y, we must urge that what we call his delusions are his beliefs, and most generally his positive mental "symptoms" are samples of a mentation which is only abnormal in contrast with the mentation of the prior self X. (or with that of some arbitrary standard of sanity.)

(B) *Second Depth of Dissolution.* (*Second Degree of Insanity.*)

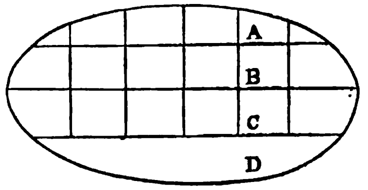
Let us imagine that disease (any pathological process productive of loss of function whether there be destruction also or not) has affected not only A. but B. also.



Now the negative mental element, defect of consciousness, is greater and the positive less; less consciousness is retained. Correspondingly since the dissolution is deeper, A. and B., the range of evolution is shallower, C. and D. This depth may be symbolised as $-A-B+C+D$. The new person is $C+D$.

(C) *Third Depth of Dissolution.* (*Third Degree of Insanity.*)

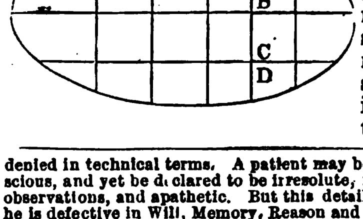
Let us imagine that the layers A., B. and C. have been put out of function.



Now the negative mental element is very great and the positive very little. Correspondingly the Dissolution is very deep; the range of evolution remaining, only D., is very shallow. This depth may be symbolised as $A-B-C+D$. The new person is now D.

(D) *Fourth Depth of Dissolution.* (*Fourth Degree of Insanity.*)

Let us imagine that the layers A., B., C., and D. are rendered functionless.



Here the negative mental affection is greatest, is indeed total; there is dementia. There are no positive mental symptoms; there is no mind or consciousness. There is complete Dissolution, and thus no

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period of his post-epileptic elaborate action. In the text I speak as if in cases of dissolution consciousness did attend activities of the lower, intact, layers of the highest centres—activities of the lower range of evolution remaining.

(*a*) Of course there is in normal states a rhythm of evolution and dissolution—a going in and a going out of function. I ignore this in the text. There is a big rhythm of evolution and dissolution in healthy people, being awake in the day and asleep at night. Some of the "uses" of sleep are that the highest ranges of the highest centres may be "swept clean" of trivial acquirements made during the day, and that "internal evolution" (evolution going on without interference by or reaction upon the environment) of the lower ranges may be facilitated.

(*b*) It may be said of some cases of insanity that there is no defect of consciousness. But I think we do not always take into account slight degrees of negative affection affection of consciousness; it almost seems to be assumed that above loss, or what is called loss, of consciousness, there are not slighter degrees of negative affection of consciousness. A patient in a lunatic asylum may write letters and occupy himself in other ways, may argue with his doctor about his own case with considerable pertinence. One does not say of such a patient that he has loss of consciousness, but that he has defect, slight defect, of consciousness, Moreover I think of some insane patients defect of consciousness is admitted in popular language, when denied in technical terms. A patient may be said to be perfectly conscious, and yet be declared to be irresolute, forgetful, not clear in his observations, and apathetic. But this detailed statement grants that he is defective in Will, Memory, Reason and Emotion, and since these are the (artificially distinguished) elements of consciousness, the statement amounts to saying that the patient has some degree of negative lower range of evolution remains. Here is what I called "the obvious exception" to the statement that the mental condition in insanities is a double condition, one of a negative and a positive element. In the fourth depth there is no *person*, but only a living creature.

Recapitulation as to Different Depths of Dissolution.

The deeper the Dissolution the lower the range of evolution remaining, and correspondingly the greater the negative affection of mind or consciousness and the less elaborate the mentation remaining possible, until the deepest (total) Dissolution when there is no range of evolution remaining and no mentation going on (dementia).

We must not speak crudely of disease "causing the symptoms of insanity." Popularly the expression may pass, but, properly speaking, disease of the highest cerebral centres no more causes positive mental states, however abnormal they may seem, than opening flood gates causes water to flow, or than cutting the vagi causes the heart to beat more frequently. Disease only causes the (physical condition for the) negative element of the mental condition; the positive mental element, say a delusion, obviously an elaborate delusion, however absurd it may be, signifies activities of healthy nervous arrangements, signifies evolution going on in what remains intact of the highest cerebral centres.

Suppose we compare and contrast the first degree of insanity with the fourth degree. The dementia in 4, no mentation at all, is not a greater degree of the "mental condition" in 1, but only a greater degree of the negative mental element (defect of consciousness) of that duplex mental condition. In 4 there is no positive mental element to compare and contrast with that of 1.

In regard to the hypothesis that positive mental symptoms of insane patients signify evolution going on in lower, intact, ranges of the highest cerebral centres, we have to consider not only the absurdity, but also the elaborateness, of the mentation remaining possible. An insane woman told me that she had seen some cats going in an open boat to meet our Saviour in the air. Nothing could be more absurd, but the statement was as elaborate as the statement of a healthy man who tells us that he went by the ten o'clock express to York to attend a railway meeting. I ask: Is it likely that what this patient said signified activity of any diseased nervous arrangements of her highest centres? (*a*)

To take another case. Alcohol is said to "excite the brain." That from its first action there may be a transient stage of stimulation of the cells of the highest cerebral centres I need not deny. But I submit that the uproarious drunkard is in a duplex mental state with correspondingly double physical states—that more or less of the highest ranges of his highest cerebral centres is out of function; his uproariousness is the outcome of over-activity of the lower ranges of those centres which have not yet succumbed to the poison. Hence we should not say that the alcohol "caused" the condition of which the uproarious conduct was the outcome; it caused only the negative physical condition co-existing with that super-positive condition. The alcohol may be said to be "constructively accountable" for the uproariousness; the loss of function of the topmost layer of the highest cerebral centres which it produces is a removal of control from the lower layers of those centres. Suppose the "uproarious" drunken man drinks much more; he becomes comatose (acute temporary dementia). Now all ranges of his highest cerebral centres have succumbed to the poison; no mentation goes on and there are no actions. Now for comparison and contrast of the four degrees of insanity.

Taking the negative elements, Dissolutions of the four depths, there is -A, than -A-B, then -A-B-C, and lastly -A-B-C-D—correspondingly increasing negative affection of consciousness and finally loss of it. These are things comparable and contrastable. Taking the positive elements, evolutionary ranges remaining, there is B+C+D, then C+D, then D, and finally nothing, no evolutionary remaining—decreasing consciousness and finally no consciousness. Whilst we may say that -A-B-C-D (dementia) is a greater degree of -A, it is absurd to say that it is a greater degree of the condition of two co-existing opposities -A+B+C+D.

(2) SECOND FACTOR IN INSANITIES. THE PERSON WHO HAS UNDERGONE DISSOLUTION.

This factor may seem to need little illustration. It is obvious that the insanity will vary according as the person who has undergone Dissolution of his highest cerebral centres is a child or an adult or an old man, clever or stupid, intelligent or unintelligent, educated (trade, &c., included) or non-educated. At any rate, it is obvious when the Dissolution is but of little depth.

Here has to be considered the question of heredity of insanity. I submit that no one inherits a tendency to insanity in the sense that he inherits a tendency to disease (pathological process) of any part of his brain. He inherits a healthy brain, but a smaller one than the average; I do not mean smaller morphologically, but smaller in the anatomico-physiological sense that he has fewer functional elements in the highest ranges of his highest cerebral centres. He inherits a brain which will "give out" more easily under unfavourable influences than the brain of the average man. (*a*)

(3) THE THIRD FACTOR IN INSANITIES—RATE WITH WHICH DISSOLUTION IS EFFECTED. (RATE OF REMOVAL OF CONTROL FROM RANGES OF EVOLUTION REMAINING.)

The more rapidly the Dissolution is effected the greater is the activity on the range of Evolution remaining. To take extreme cases. The senile dement undergoes Dissolution very slowly. The post-epileptic maniac has undergone dissolution with extreme rapidity. The former is quiet, the latter is very busy. In the former control is slowly, in the latter rapidly, removed from the lower ranges of evolution remaining.

Taking the first Depth of Dissolution for illustration

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affection of consciousness (of object-consciousness). All this is consistent with his doing common place things definitely, with memory of all ordinary matters and of many long past circumstances, with his talking to the point on simple things, and with his having some interest in striking occurrences; or, in other words, that with some defect of Will, Memory, Reason, and Emotion, there should be persistence of the rest of these so-called faculties—that with loss of "some" mind or consciousness (with some defect of consciousness, there should be retention of the rest of mind or consciousness. For a man to be absolutely unconscious, or synonymously demented, is for him to have no Will, no Memory, no Reason, and no Emotion.

(*a*) If any one supposes that what for distinction one may call primary delusions are "caused" by *disease* of the brain, there are certain "secondary delusions" which surely are not caused by any pathological condition. A patient of mine in the London Hospital had the painful delusion that she was to be hanged; that this delusion (really her belief) was framed during activities of any diseased nervous arrangements of her brain seems to me to be an impossibility. But granting for the moment that it was owing to disease, certain further statements she made—that "people ought to be tried before they are hanged" and that (on hearing the hammering some workmen made in altering a part of the ward out of her sight) a "scaffold was being erected for her"—were rational inferences from her primary "delusion." These inferences were unquestionably her beliefs, and they, at any rate, were not concomitant with activities of any diseased nervous arrangements.

(*a*) Griesinger wrote; "Sometimes we see individuals who, after partaking of a relatively small quantity of spirits and without being in a state of deep intoxication, but retaining fully their consciousness, present a great tendency to commit very extravagant, noisy and foolish acts; a circumstance which may be truly considered as a symptom of predisposition to mental disease." (*On Mental Diseases, New Syd. Soc. Trans.*, 1867.)

we may symbolise the first factor and the third factor. In two patients the symbolisation as to factor 1 is $-A+B+C+D$. But in one of them Dissolution of A. is rapidly effected, in the other slowly; this means that control is rapidly removed from $B+C+D$ in one and slowly in the other. So that in one the layers B., &c., are very over-active, in the others they are more nearly normally active. We may symbolise the two, one as $-A+B''' + C'' + D'$ and the other as $-A+B+C+D$.

(4) FOURTH FACTOR IN INSANITIES.

There is the influence of local bodily states and of external circumstances. A healthy man has muscæ from intra-ocular specks; they seem like moving spots and films in front of him. But suppose he undergoes Dissolution (as in cases of Delirium Tremens) and that there is the first depth of dissolution; then he sees mice and rats. Speaking roughly the muscæ "turn into" those animals for him. The most striking illustrations of the fourth Factor are given by provoked dreams in the normal dissolutions of sleep; cramp in a sleeper's finger developes the dream that a cat is biting his finger.

What we call external circumstances are perhaps artificially separated from "local bodily states." If a man had been reading about kings he might, if he became insane soon afterwards, believe himself to be a king. What was doing just before an epileptic fit may influence the patient's actions in the temporary insanity after it.

COMPLICATION OF FACTORS.

Although it is necessary for clearness to speak of the factors *seriatim*, it is evident enough that each must not be thought of in isolation from the others.

As in different Insanities there are different depths of Dissolution of the highest cerebral centres, as the persons who undergo dissolution are different, as dissolution is effected at different rates and as the local bodily states and external circumstances of different patients are not the same, we may say that every case of Insanity is a "function of four variables." With regard to what we may call the Complications of the Factors, it is of no use speaking of the fourth depth of dissolution—dementia. In this depth there are no longer highest cerebral centres, there is no mind, there is no person, the rate with which dissolution is effected, when that dissolution is established, is of no consequence (a) and local bodily states and external circumstances have nothing to influence. In what follows I shall ignore the fourth depth of dissolution.

Obviously the deeper the Dissolution the less we are concerned with the factors 2, 3, and 4. There is in deep dissolution reduction towards what we may rudely call a general personality, one in which individual peculiarities are more or less effaced—a reduction, still speaking rudely, towards what is common to the race. And in deep Dissolution the rate with which it is effected is of less consequence than in shallow Dissolution, the range of evolution remaining in the former case to be in over-activity from rapid removal of control being less. Further, in deep Dissolution there remains little range of evolution for local bodily states and external circumstances to act on.

We may say that the shallower the Dissolution the more elaborate is the mentation possible, the greater difference does the rate with which Dissolution is effected make in the activity of the lower range of evolution remaining, the more is there retention of "individual peculiarities" and the more do local bodily states and external circumstances influence the mentation still possible.

This must suffice, although many qualifications might be mentioned. The word "elaborate" may mislead. Although speaking generally, the shallower the Dissolution the more elaborate the actions possible, it is obvious that in comparatively deep Dissolution very elaborate actions may remain if the nervous arrangements for them have been (Factor 2) strongly organised, as, for example, manipulations of trade, &c.

I have in the foregoing spoken of insanities as if in all cases the disease producing dissolution were primarily of the brain. But I think that in many cases of insanity the brain suffers secondarily, for example, in acute non-cerebral maladies, such as pneumonia, when they are attended by delirium.

We have to bear well in mind that there are, broadly speaking, two factors in the physical processes corresponding to the mentation of healthy people. I cannot here go fully into this question. A man may have a highly developed brain, but not the full use of it, if the subserving organs (of digestion, circulation, &c.) are not well developed, or have become inefficient. Such a man may have many fine thoughts, and yet no system of thinking; his brain soon falls out of gear when dealing with complex subjects. And I believe that some cases of insanity ordinarily so-called, are owing not to primary disease of the brain, but to failure of the brain, because it is ill-served by the circulatory and other "vital" systems.

I think it is a legitimate hypothesis that the mental disorder from poisoning by belladonna—to take for definite illustration that artificially produced temporary insanity—is mainly owing to failure of the subserving systems (digestion, circulation, respiration) and not entirely, possibly not at all, to direct action of the drug on the so-called "organ of mind" itself. Atropine is known to poison certain nervous elements of the lowest level for regulating the circulatory and other "vital" systems (a) and connections of those elements with the organs of these systems. The cerebral hemisphere will suffer according to the degree of ill-service by the organs of the four "vital" systems thus put in difficulties by the poison. (b) I hope to consider this aspect of insanity on another occasion. (Here is given a qualification to the statements on heredity of insanity when speaking of the Second Factor.)

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THE THERAPEUTIC ACTION OF ORGANIC EXTRACTS.

By CHARLES FORBES, M.D., C.M., D.P.H.Cantab.

My object in writing the notes on above substances (Med. Press and Circular, April 18th, 1894) was not to claim any priority to myself of working with cerebrinin or orchitic extract, but to lay before the profession at large the results I have obtained (on certain broad and well-defined therapeutic lines, and in terms as simple and clear as possible) with a particular class of preparations of these extracts. I refer to "tabloids." These I have already stated my reasons for adopting after a somewhat lengthy trial clinically of other preparations, such as organic liquid extracts. We must all admit, however, that the merit of pointing out this line of therapeutic work gilds the name of the late learned experimentalist Dr. Brown-Séquard, who initiated all discovery in this direction: I mean, of course, the practical application of extracts as remedial agents in what had been deemed previously almost incurable diseases, such as pseudo-hypertrophic paralysis, &c. In his "Mémoires" he pointed out some of the diseases in which he thought they might prove of service. His methods, however, have met with no great success in the hands of English physicians. So it will be clearly seen that all our claims to the *κυδος* of discovery are thus invalidated, except so far as we shall be enabled by our experience and investigations to increase the list of morbid conditions for which we may use as preventive, palliative, or curative weapons any of these extracts, viz., cerebral, orchitic, ovarian, thyroid, or pancreatic, and formulate at least their apparent therapeutic action and further to elucidate more clearly to what principle or group of principles their activity as medicines may be due. I must now thank Dr. Felkin for correcting my statement as to date when the abstract of his paper on organic extracts was read in Edinburgh in his paper, "Notes on Organic Extracts" (Medical Press, May 23, 1894, p. 535-6), and cordially concur with his expression that a full report of all cases with an exact account of the minutiæ of phenomena occurring in patients taking these agents would go far to clear away some of the doubts as to the utility of these extracts. Dr. Bramwell has clearly shown us the value of thyroid tabloids in myxœdema, &c., in the *British Medical Journal*, and Dr. Clouston and Mr. C. F. Beadles have also given their testimony in able papers as to its effect on the mental affections coincident with the myxœdematous symptoms.

(a) I mean so far as we are concerned with it in the present inquiry.

(a) To take a slighter, but more chronic case, one we do not call insanity. I attribute the neurasthenia in Graves' malady (the so-called "emotional condition" and "mental instability" of the patient) to imperfect mental work of the "four systems" consequent on negative lesions of elements of the lowest level representing those systems. (So too for ordinary cases of neurasthenia.)

(b) It may, however, be asked how it is that there are *visual* illusions or hallucinations in cases of belladonna poisoning. In the first place most of the elements of normal mentation are visual ideas, and this will be so in the abnormal mentation of insane persons. But in the poisoning by belladonna, of young persons at least, the state of the intro-ocular musculature has to be considered. In two cases recorded ("Lond. Hosp. Reports," vol. iii), one by Dr. Gossett-Brown and one by Dr. Fraser, the pupils were widely dilated, and presumably the ciliary muscles were paralysed. Hence there was a peripheral, ocular, condition influencing the parts of the layers of the highest centres remaining in activity, one likely to affect visual ideation. In one of these cases objects appeared to the patient as a long way off—a very significant thing when it is remembered that uncomplicated paralysis of the ciliary muscle makes objects appear smaller. It is not necessary to suppose that in these two cases the poison acted especially on any "visual centres" of the cerebral hemispheres.

I am of opinion that this drug would also be useful in cerebral anæmia from various causes. The reports of cases I have mentioned would doubtless assist us in our necessary differentiation of the various properties of the extracts, but this time has not arrived yet, although the successes of Drs. Bramwell and Felkin have been marked when using suppositories, &c., (Burroughs and Wellcome) still the great plea I have in favour of their use (I refer to organic extracts) is their activity as medicines of which as yet we do not know the full value. Dr. Felkin seems to agree to the main conclusions in my paper. He quotes the case of a lady (Medical Press, May 23rd, p. 536—Masturbation =nymphomania?) where he says orchitic extract failed but cerebrinin succeeded. Her case seems to have been most inveterate, and the results of treatment point most surely to the fact that the seat of mischief was in the brain where the local irritation was generated and so to speak causing the habit reflexly. Whereas the first case he quotes as cured by orchitic suppositories was clearly due directly to local irritation tending to prolong the practice of onanism. This is commonly seen in boys under ten years, should they have an elongated prepuce. Again, he says orchitic and ovarian extracts are erratic in their effects. This may appear to be true, but, of course, much depends on the selection of cases, and the preparation used, and this is notably the case in connection with the liquid extracts. And now as to the use of thyroid gland in "Leprosy." This should be tried by practitioners in India and China, and should it prove successful in the smallest degree the matter should at once be taken up by our Government and pushed to its utmost, as it will be perhaps the greatest boon ever conferred on suffering humanity. Moreover, we are, indeed, justified, by the marked success gained in certain diseases, in experimenting with each of these extracts in whatsoever complaints we may judge will afford us any chance of success! Dr. Felkin in his paper (May 23rd, 1894, p. 536) seems inclined to the theory that there is *one* definite element contained in all the glands, and which *element* should be available in a wide range of diseases. This may be true, but it has not been corroborated by searching investigations which, when in a more finished stage I am of opinion will give as their consequence some such results as the following words express:—"That each gland, &c., possesses its own principle or group of principles (which perhaps may be classed as globulins?), but that all these principles probably, though thus differentiated, belong to one and the same complex group of organic chemical compounds (may we term them albumoses *pro tem.* for want of a better name.") In the near future I trust we may be able to differentiate still further these complex substances and then afterwards proceed to describe the properties, chemical and therapeutic, of each separately. At present, my belief is based on the fact that their very complexity is perhaps the greatest cause of their activity, and that when we succeed in splitting them up into their various constituents we shall get different results with them as medicines. However, this remains to be proved. Just now our knowledge of their utility must be confined to clinical effects. Dr. C. H. F. Routh, in his paper on "Castration in Females" (Medical Press, May 16th, 1894, p. 511) refers to *spermine* as being the active *element* in the ovary apart from its ovulatory function and implies that it is common to other glands as well. Perhaps it may be extracted from testicle, but my own work throws some doubt on his statement that it is found in any other glands. If this were established as a certainty, spermine would be a simple answer to a series of recondite questions, but I fear we cannot so easily cut the Gordian knot of our difficulty! Dr. Felkin, in his paper above quoted, calls attention to the practice of partial castration in Africa, leaving the castrated one with virile powers. Similar mutilations are carried on among the aboriginal tribes of Australia, and the same phenomena are developed by the partial destruction or alterations in the normal tissues of the testicle by general or local disease, such as constitutional syphilis, chronic phthisis, local tubercular disease, and orchitis from injury, gonorrhœa, &c. Just a word as to ovarian extract. This is a very active preparation, most efficient in relieving the troubles at the menopause or following ovariotomy, especially when only one ovary is removed. These troubles are mentioned by Dr. Routh in his conclusions (Medical Press and Circular, May 16, 1894, p. 511). They may be functional disorders of the nervous system, &c., but these may become organic; melancholia, and chronic mania sometimes having been noted; but this extract will, perhaps, also be more useful in functional nervous complaints produced by some irritative action to be referred to the organs of generation. As a conclusion, I may remark that both the testicle and ovary possess some function apart from the manufacture of semen and ova, which has not yet been clearly described by physiologists. I trust that these notes may prove a potent plea that will induce many learned practitioners to investigate this subject which will, I am convinced lead to results highly beneficial to the human race.

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THE TREATMENT OF NEURALGIA WITH ANALGEN ($N HO OC_6 H_5 H$).

By GEORGE FOY, F.R.C.S.,

Surgeon to the Whitworth Hospital.

Before the growth of cinchona in the East Indies became an assured success, the question of the quinine supply became a very serious one. Substitutes were sought out, the other alkaloids of the cinchonas were tried and other products of the vegetable kingdom such as salicin. About this time coal tar products were first popularised, in many different forms organic chemistry opened up a new field of research. The production of organic bodies artificially by the synthetic process was accomplished in numerous cases, and there were hopes that quinine would soon be included in the list. The hope was strengthened when it was demonstrated that quinine was a derivative of a simpler basic body, to which the name quinoline or chinoline was given.

Quinoline has the formula $C_9 H_7 N$. Working with this base Friedlander and Gohring produced a large number of compounds with methyl, phenyl, and so forth. Quinoline was also prepared from the cinchona alkaloids. And quinoline and its salts and compounds were found to possess the antipyretic, antiseptic, and tonic properties of the alkaloids of cinchona. Those who had taken up the subject were fascinated with the prospect of producing quinine, but always met with disappointment. Other chemists working out the aromatic series of organic chemistry produced salts, which, judging from their chemical composition they believed would be found to have therapeutic properties resembling quinine, and in the early years of the eighties many of these new drugs were introduced. Derivatives of the aromatic group were not always safe, they had a depressant action on the heart, and some of them were toxic, and the majority of them were prone to be followed by a rash which alarmed the patient, in many instances. From depressant effects compounds of the quinoline series were free. Physicians came to prefer them, and chemists came forward to supply the demand.

The latest, and, I think, one of the best products of the series is "Analgen." Its chemical title is a very long one, and its composition is very complicated. The manufacturers, by giving its composition and method of production, remove it from the list of secret remedies, a not unimportant fact for prescribers. The chemical formula given is $N\ HO\ OC_6 H_5 H$, and its chemical name is Ortho-aethoxy-ana-monobenzoy-lamido-quinoline. It is a white crystalline powder, insoluble in water, soluble in acids, readily soluble in hot, and sparingly soluble in cold, alcohol. As a criterion of its purity, it melts at 208° C., and leaves no residue when burned on a sheet of platinum. From experiments on dogs it has been determined that analgen is non-toxic, and when given in large doses the kidneys remained unaffected. Not unfrequently, however, the urine becomes a cherry red colour during the use of the drug, a discolouration caused by the action of the uric acid on the separated benzoyl group of the analgen, a purely chemical reaction of no physiological or pathological importance; neither blood, albumen, nor sugar were found in the urine of healthy persons to whom the chemical was administered, a statement which agrees with my experience after a trial of the drug for close on twelve months.

I obtained my first supply from Messrs. Thomas Christy and Co., of Lime Street, London, for a patient who had a violent facial neuralgia, and who for years found relief from the use of bromides; these in time lost their effect, and analgen was tried, at first in five-grain doses every three hours, but without any relief. I now decided to make the dose ten grains, and repeat as before; the effect was marked, the intense supra-orbital pain ceased after the second dose; the intolerance of light and sound disappeared, and the patient was able to resume her ordinary household duties. Still wishing to keep on the safe side in dosage, I ordered seven-grain doses for my next patient, a married woman, æt. 40, who for the past twenty years has suffered from toothache, neuralgia, and so forth, but in whose case there was no history or trace of syphilis. She took six such powders with little or no effect until, in her despair, she took two powders at one time. The fifteen produced a marked lessening of the pain. She repeated the double dose in three hours, and about an hour afterwards she declared that all pain had ceased. My experience of the drug is limited to about two hundred cases; of these the majority were neuralgic, and in every case I found that the drug must be given in full doses if relief is to be obtained. Except in the case of children of twelve to fifteen years, five-grain doses gave no results. The smallest effective dose for adults was ten grains; the largest dose I have given was fifteen grains, and the dose in every case was ordered to be repeated in three hours. I am, however, inclined to think that the dose should be repeated every two, instead of every three, hours. Migraine is quickly got rid of by a fifteen-grain dose, as is cephalalgia. For rheumatism the effects of analgen are more marked if it is combined with tartrate of soda in drachm doses, or if its use is preceded by the old-fashioned black draught and blue pill. In old-standing cases of sciatica I have not found the drug very effective—but what drug does benefit such cases? The insolubility of the drug in water is a drawback to its general use, but patients really suffering acute pain make no objection to swallow powders, or, indeed, any form of medication that offers hopes of relief.

As an anti-neuralgic remedy analgen is a distinct gain, and very welcome to the medical profession. Abroad it has been largely used, and the reports of its therapeutic effects are most favourable. Dr. Goliner, of Erfurt, reports (*a*) four cases, including visceral neuralgia, tabes, lues, and trifacial neuralgia. Dr. Treupel, of Breslau, recommends it for rheumatic gonorrhœa, articular rheumatism, and sciatica. A remarkable case of its beneficial effects in that most obscure of nervous diseases, agoraphobia, is given by Dr. Keberlet. (*b*) He prescribed fifteen grains of analgen morning and evening, and applied a cold embrocation to the patient's breast. "In fourteen days the nervous affection was effectually cured, to the great relief of the patient."

I may just add that in no case in which I prescribed analgen has the patient complained of singing in the ears, deafness, fulness in the head, nausea, nor have I known of a single case in which any rash followed from its use.

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Selected Prescriptions and Therapeutic Notes.

150.—To Allay the Itching in Urticaria:—

℞ Hydrarg. perchloridi, gr. iss;
Chloroformi, ♏xx;
Glycerini, ʒij;
Aq. rosæ, ad ʒviij.
M. To be dabbed on the affected parts.—BURGESS.

151.—"Carbolised Collodion":—

The following formula is a good one for the preparation of "carbolised collodion":—

℞ Acidi carbolici,
Olei ricini, āā ʒss;
Collodii, ℥j. M.

152.—For Vaginismus:—

℞ Iodoformi, gr. xv;
Extracti belladonnæ, gr. viij.;
Ol. theobromæ, q.s.
M. For one suppository. To be used at bedtime.—LUTARD.

153.—Useful in Alopecia Areata:—

℞ Resorcin, ʒiss;
Ol. ricini, ʒiss;
Sp. vin. rectificati, ʒv;
Balsami peruviani, gr. viij.
M. To be applied locally.—HAZARD.

(*a*) "Reichs-Medicinal Anzeiger," No. 4, 1893.
(*b*) "Der Praktische Aerzt."

Clinical Records.

HOPITAL SALPETRIERE, PARIS.

Case of Pedicellate Adenoma of the Posterior Wall of the Stomach—Ablation—Suture of Walls of the Stomach—Recovery.

Under the care of Dr. Chaput.

(Reported by our French Correspondent.)

A man, æt. 64, was admitted to the Salpêtrière on April 4th, 1894. He was extremely cachectic. No important hereditary antecedents. His present illness began nine months ago. He had first indigestion, colic, and flatulence. Three months ago he vomited during two days much black fluid, resembling tar. Since that date has suffered from dull pain in the epigastrium; has lost appetite and mostly vomits after feeding. He has been aware for three months of the appearance of an epigastric tumour. He has become extremely thin since the commencement of the dyspeptic symptoms.

There is in the epigastrium a large tumour visible externally, but more definable on palpation. It is limited below by a line passing horizontally through the umbilicus, above by the border of the false ribs, and another horizontal line passing five fingers' breadth above the umbilicus, externally by the costal margin, and forward it encroaches a finger-breadth on the median line, to the right of which it is prolonged. The tumour is hard, and does not fluctuate, and is sonorous to percussion; it is mobile transversely, less so vertically. It is painful, and tender to the touch. When the abdominal muscles are contracted the tumour disappears behind them. There is no sign of dilatation of the stomach; no enlarged glands discoverable.

In presence of the symptoms—digestive troubles, sanguinary vomiting, tumour, cachexia—cancer of the stomach was diagnosed.

M. Chaput hesitated at first to interfere, because of the cachectic state of the patient; he later decided to operate on consideration that the pylorus was probably intact, as the stomach was not dilated; that the tumour was situated on a level with one face of the organ, and that its ablation would be much less dangerous than that of a cancerous pylorus.

The operation was performed on April 18th. The patient was fed on milk only for several days before, and was kept without food from the previous afternoon. A median laparotomy below the umbilicus was performed. The stomach was then drawn forward. The anterior wall was healthy and glided over the surface of a more deeply-placed tumour. This wall was incised for a distance of 12 centimetres equidistant between the large and small curvature.

The tumour within the stomach showed a lobulated surface not ulcerated but covered by white mucus. The stomach was well washed with boiled water. It was then discovered that the tumour sprang from the posterior wall by a short thin pedicle, but of which the line of attachment to the stomach wall measured about 8 centimetres.

The pedicle was seized by long forceps, which were made to include some centimetres of sound adjacent surface, and divided. The peritoneum was not wounded by this procedure except in the left half of the incision; in the right half the mucous membrane alone was incised. The wound of the peritoneum was closed with a continuous suture and the stomach was closed.

The patient made a rapid recovery without fever or other untoward symptom. Examination of the tumour revealed the presence of numerous glandular cavities with a single layer of cylindrical cells and an interstitial tissue containing few cells. These characters of the growth, together with the existence of a pedicle, and the absence of ulceration, led to the belief that it was an adenoma rather than a true cancer.

The patient was shown at the Societé de Chirurgie on May 23rd, 44 days after operation. He had gained 6 kilograms in weight, and was in perfect health.

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The Woman's Medical College of Pennsylvania have just turned out fifty women who have received the degree of Doctor of Medicine.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Medicine.

Meeting held Friday, May 11th.

The President, Dr. Walter G. Smith, in the Chair.

AN UNUSUAL CASE OF EXOPHTHALMIC GOITRE (GRAVES'S DISEASE).

Dr. Craig exhibited a patient and read a paper on the above, the subject being a girl, in whom the eyeballs were markedly prominent and the lower half of the bulbar and palpebral conjunctiva of each eye formed a red protruding mass, which buried the edges of the lower lids completely beneath it. The lower portion of each cornea was ulcerated, there was no anterior chamber, and in the right eye a small mass which appeared to be the obtruded lens lay on the swollen tissues. The upper lids were freely movable, and the conjunctiva underneath was red and congested, but free from chemosis. The sight was gone, except that the patient could distinguish light from darkness, and the pain was so intense that sleep had been impossible for nearly a week. The full paper appeared in our last issue. In the discussion that followed its reading,

Sir Wm. Stokes said he had seen her shortly after her admission to hospital. The chemosis of the conjunctiva and the exophthalmos, especially the former, were much more striking then. As regards the surgical treatment of cases of this class, he suggested, in lieu of thyroidectomy, which was always a serious and difficult operation, the exposure and division of the isthmus of the thyroid body, He had performed this operation in three cases of goitre, in two of which a marked and beneficial result took place, while in the third case no change took place. The size of the thyroid became much less in two of them.

Dr. H. C. Tweedy said that many years ago he had seen inunction of red mercurial ointment tried in one of these cases, with the result that the patient's sufferings were much increased.

Dr. W. J. Thompson asked what line of treatment had been adopted in the present case. He had heard that in some cases there had been observed *post-mortem* changes in the inferior cervical ganglion.

The President said that it was worthy of note that there had been no history of a fright previous to the development of the disease. Many cases had occurred immediately after the Franco-Prussian War. This is interesting, as it may indicate the direction in which to look for the solution of the pathology of the disease. The chemical theory was a new one, and it showed that we might have diseases caused by a plus and minus derangement of the gland. It did not, however, explain the much greater frequency of the diseases affecting the gland in the female. Were we to assume that the metabolism of the female was different from that of the male body. As regards the treatment spontaneous recovery was not so rare as might be concluded from reading the text-books. Some years ago he had seen a young woman, in consultation with Dr. Ball, and she then appeared in imminent danger of dying. She subsequently got quite well. He wished to know had ligature of the arteries going to the gland been tried with a view to, as it were, starve it.

Dr. Craig, in reply, stated that, in regard to Sir Wm. Stokes' suggestion that in some cases division of the middle lobe might do good, this procedure was only of benefit in cases of goitre but not in cases of exophthalmic goitre. The superior and inferior thyroid arteries had been ligatured but without much good result. As regards drugs, belladonna, and ergot he believed to have been the ones most generally found useful. He had applied to the conjunctiva of his patient's eyes, to remove the local affection, resorcin with some good result, and silver nitrate with less effect.

NOTES ON CASES OF THE SEVERE TYPE OF INFLUENZA.

Dr. Burgess commenced his paper with the queries: 1. Are severe cases merely neglected forms of the common form of the disease. 2. Are they of the nature of malignant types of fever attacking internal organs primarily.

3. Is the medical treatment, beyond relieving the accompanying neuralgia, of any use. 4. Does one attack confer an immunity. The first case was one of adynamic pneumonia in a lady, æt. 51, with extreme cyanosis, subnormal temperature, and rapid death. The second was more protracted, the point of interest being the extensive consolidation of the right lung, without breath sounds or vocal resonance—the massive form of Grancher; also described by Skoda. Several exploratory punctures were made in the case, without disclosing any fluid. The third was a milder type in the beginning, but was following by gangrene, evinced by fœtid sputa and other signs; the identity was pointed out with the gangrene du poimon curable Saseque. The case ran a favourable course under treatment. The fourth was a case which presented peculiar features; it was one of rapidly-spreading pneumonia of the left lung, ending with copious discharges of pus by the mouth. In the early part there was high tympany over the upper left lobe. The author alluded to the different explanations given of this sign by Stokes, Williams, Gee, Skoda, and Guttman, and stated that although not uncommon in pleurisy, its existence in pneumonia, so exaggerated was rare. The site of the abscess was doubtful; there was no pneumo-thorax, yet the quantity and character of the fluid simulated empyæma. Dr. Burgess was of opinion that one attack had a protective tendency, and gave facts to support his belief.

The **President** said that he agreed with Dr. Burgess that post-influenzal pneumonias were peculiar. They lacked the characteristic rusty sputum, crepitus over the lungs, and were frequently complicated by limited pleural effusions. The bandbox sound he frequently observed in cases of pneumonia and of pleural effusions. As regards the treatment nothing was of much avail, except in the early stage, when you could lower the temperature and relieve the headache. Careful nursing, careful feeding, and rest for a sufficient length of time were what were needed after this.

Dr. W. J. **Thompson** said he had attended a gentleman who, in 1892, had a moderate attack of influenza. In May, 1893, he was seized with chilliness, and his temperature rapidly rose to 106°. He had cyanosis of his face, headache, and pain in his back and legs. He treated him with large doses of antipyrin and salicylate of soda, as well as some carbonate of ammonia and digitalis. His temperature in a couple of days had fallen and he recovered.

Dr. **Craig** said that he had frequently noticed that the apex and anterior parts of lungs were affected in pneumonia following influenza. He relied on stimulants very much in the treatment of these cases, especially in people past middle life.

Dr. **Burgess** briefly replied.

The Section then adjourned.

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HARVEIAN SOCIETY OF LONDON.

Meeting held Thursday, May 17th.

The President, Mr. **George Eastes**, in the Chair.

CASE OF SYPHILITIC LARYNGITIS.

Mr. G. C. **Wilkin** showed a patient, æt. 38, a married woman, suffering from syphilitic laryngitis, associated, when first seen, with consolidation of the apex of the right lung. The case came under his treatment at the London Throat Hospital, on February 6th last. There was no family history of phthisis. She had had two miscarriages and no children. Last August she had an attack which was described as "Erysipelas of the head and face." The throat then commenced to be troublesome. *Examination of Larynx* showed swelling of epiglottis. The false vocal cords were greatly swollen, meeting completely in anterior half. *Examination of Thorax* revealed dulness of right upper lobe back and front. Increased vocal resonance, and pectoriloquy above spine of scapula on right side. The sputum contained no tubercle bacilli. The examination having been made on three separate occasions. The lung symptoms entirely cleared up under a mixture containing iodide of potash and liq. hyd. perchlo. The laryngeal swelling also gradually subsided. The cough in this case had been very troublsome to treat.

The **President** said that he had found great benefit follow the use of syrup of codeia in some cases of severe cough. He also quoted Dr. Sydney Phillips who had brought forward a case of syphilis associated with high temperature which fell directly iodide and mercury were exhibited.

Dr. **Illingworth** submitted that in view of the chemical change which is immediately effected on the addition of iodide of potassium to solutions of the perchloride of mercury, it is not scientific accuracy to describe cures as being effected with "perchloride and iodide." They should be described as being effected with "solutions of the biniodide" in greater or less excess of potass iodide. Furthermore Dr. Illingworth pointed out that the same excellent effects as a curative agent were to be secured in all the other specific febrile disorders, as well as in this particular one, syphilis, by solutions of the biniodide.

PIGMENTATION OF CICATRIX AFTER OVARIOTOMY PERFORMED DURING PREGNANCY.

The interest of this case—brought forward by Dr. **Boxall** lay in the marked pigmentation which had taken place in the scar of an ovariotomy wound. The patient was 25 years of age and of fairly dark complexion. When she first came under observation last summer, there was a swelling in the lower part of the abdomen on the right side, reaching one inch above the level of the umbilicus. Since the swelling first attracted attention nine months previously, it had gradually increased in size, had perceptibly shifted its position from time to time, and had recently become painful. By examination *per vaginam* it appeared that the uterus was enlarged to the size of four months' gestation, though only two months had elapsed since the last menstrual period. The breasts gave no distinct evidence of pregnancy. On opening the abdomen by a median incision the tumour was found to be an ovarian cyst springing from the right side of an enlarged uterus with a long and twisted pedicle. After removal of the cyst the ovary on the opposite side was examined and found to be bulged in one situation as by a large corpus luteum; otherwise the left appendage was healthy; it was consequently retained. The operation was performed just in the middle of pregnancy. When the patient left the hospital three weeks after the operation, there was no appreciable pigmentation of the scar; but about a fortnight later it became deeply pigmented, almost black, and every stitch-hole also. The pregnancy went on to term. The pigmentation has been fading since, but is still quite distinct.

Mr. **Alban Doran** wished to hear Dr. Boxall's opinion about pigmentation in the middle line. It was often associated with pregnancy, but was sometimes seen in sterile women or even in men. Among the patients in a lying-in-hospital at Bordeaux, Mr. Doran noted that the line often extended above the umbilicus. He asked if Dr. Boxall had ever observed pigmentation in abdominal cicatrices situated elsewhere than along the linea alba. He had not found that pregnancy after abdominal section specially predisposed the subject to pigmentary deposit in the cicatrix. In January, 1892, Mr. Doran removed the appendages, much diseased from chronic inflammation, in a case of rapidly growing fibroid. The patient was a fair-haired, sterile woman, æt. 39. Within twelve months the skin along the abdominal scar became deeply pigmented and remains so to this day.

Dr. **Boxall** in reply to Mr. Doran's interesting remarks, pointed out that in pregnant women of dark complexion it was by no means unusual to find that the pigmentary deposit in the middle line of the abdomen extended above the umbilicus, occasionally, even as high as the ensiform cartilage; and that, in doing so, the line divided into two below the navel and joined again above it. A similar pigmentary line undoubtedly sometimes occurred apart from pregnancy; but having made no special observation on the subject, he could not say whether it took place in connection with the growth of uterine fibroids. It was interesting to note in the present instance, that, though the wound was made at the period of pregnancy when the deposit of pigment is usually most active, it was not till some weeks later and after the wound had completely healed that the pigmentation took place; and further, that the middle line above and below the scar was all but free from pigmentation, and that the marks of the stitch-holes, one inch away on either side, were as distinctly mapped out by pigment as the scar of the incision in the middle line. He thought it possible that any scar in the abdominal wall might become pigmented if pregnancy subsequently took place, for he had occasionally observed that even the striæ produced by the stretching of the skin in one pregnancy had become pigmented—not merely coated with dirt that would wash off—during a subsequent pregnancy.

UNINTENTIONAL POISONING BY STRYCHNIA.

The President related particulars of a case of unintentional poisoning by strychnia, which had been prescribed by a medical man in the form of liq. strychniæ in a mixture combined with bi-carbonate of sodium. The soluble sulphate of strychniæ had been thereby decomposed and replaced by the insoluble carbonate which became deposited as a sediment. The bottle was not shaken whilst the first eleven doses were taken, so that the last dose contained far more than the normal dose of strychnia. After swallowing this, the patient was quickly seized with severe tetanic spasms. Ipecacuanha wine and hot water were given, and vomiting produced, and the stomach was washed out with warm water. The patient recovered in the course of about half-an-hour.

ADENOMA OF THE BODY OF THE UTERUS.

Dr. Boxall related a case of adenoma affecting the body of the uterus. The patient is 59 years of age, a widow, who for five or six years had suffered from irregular hæmorrhage from the womb, associated with a tumour in the lower part of the abdomen. Her general health had not appreciably suffered except for the loss. A year ago she consulted an eminent gynæcologist, who regarded the case as one of uterine fibroids and prescribed ergot in full doses. The medicine failed to check the almost continuous loss. On examination the irregular mass felt by the abdomen gave the impression of uterine fibroids. The vaginal examinations confirmed this impression, for the mass was obviously an enlargement of the body of the uterus and was freely mobile. The cervix was healthy. Rest and ergot failing to give relief and the loss increasing, it was decided to dilate the cervix and to explore the cavity of the womb under an anæsthetic. It was then found that the main portion of the mass was composed of material the consistence of brain-matter, which broke down and bled freely when touched, apparently springing from the posterior wall and fundus, but whether in the form of a polypus or not it was impossible to determine. By means of the curette as much as possible was rapidly removed. The *débris* deprived of blood weighed 2lbs. 10ozs. The loss ceased. For a fortnight there was a slight discharge tinged with blood, but none at all for the last six or seven weeks. The uterus, still irregular in shape, contracted down to the size of a ten weeks gestation, and is now freely mobile on manipulation. A small portion of the mass was preserved for microscopic examination, and on section shows nothing but typical tubercular glands lined by a single layer of columnar cells without proliferation and possessing a distinct lumen. The specimen was exhibited.

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WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Meeting held Friday, June 1st.

Dr. Donald Hood, President, in the chair.

Clinical Meeting.

Dr. Scanes Spicer showed a case illustrating

THE RADICAL CURE OF FŒTID SUPPURATION OF THE NOSE

by free opening, curettement, and drainage of the maxillary antrum. The patient, a young man, came under treatment in July, 1890; there were polypi in the right nostril and discharge of pus from under the middle turbinated bone. The polypi were removed in November, 1890. On Dec. 27th the antrum was opened through a tooth socket and a plate adapted. On May 27th, 1892, as the foregoing treatment and antiseptics had proved of no avail, the antrum was opened in the canine fossa and freely curetted. The patient was very ill for some time, losing two stone in weight in a few weeks; leaden spigots were used, but in April, 1893, one was inadvertently pushed into the antrum. The opening into the canine fossa was then enlarged and a free opening made into the nose in the inferior meatus. The patient regained his normal weight, and had been free from any symptoms for one year.

Mr. Lake referred to a similar procedure adopted abroad.

Mr. McAdam Eccles showed a case of

PROBABLE DEPOSIT OF URATE OF SODA IN THE SCROTUM.

The patient had suffered with repeated attacks of gout, and had tophi in the ears. The testes were normal, the disease had been present and progressive 3½ months, and the skin of the scrotum now presents ragged openings, the edges are undermined, the floor is formed by a hard and fixed yellowish white mass, quite painless. Mr. Eccles had not put him on antisyphilitic treatment, though he believed this to be specific in charactor.

Dr. Clemow quoted a similar case in which a cure was quickly accomplished by biniodide of mercury treatment.

Messrs. Bidwell, Lloyd, and Atkinson were also of opinion that the disease was specific.

Dr. Eccles also showed two cases of subcutaneous nodules in rheumatic subjects.

Mr. Bidwell considered the nodules to be fatty in one case, with which opinion Messrs. Lloyd and Atkinson concurred. Mr. Bidwell showed a man, æt. 27, whom he had shown in November last with a large syphilitic nodule on the left humerus; since then he had spontaneous fracture, and the fracture was explored by free incision. No evidence of sarcoma being found, the wound was cleaned, and the future treatment, which ended in recovery, consisted of prolonged rest and the internal administration of iodide of potassium. Mr. Bidwell showed a girl, æt. 17, suffering from congenital syphilis. She presented patches of ulceration on both ankles and also on the chest; they much resembled scrofuloderma.

Drs. Abraham and Lloyd took part in the discussion.

Dr. Morgan Dockrell showed a case of rodent ulcer of twenty years' duration treated by resorcin. The patient persistently refused operation, and had improved markedly under the external use of resorcin.

Dr. Abraham said he had known of cases which had been cured by zinc ointment.

Mr. Bidwell said he was in favour of removal where possible.

Dr. Dockrell also showed a case of mycosis fungoides. The disease commenced eight years ago after probable psoriasis; it now presented well-marked erythematous scaly patches and fungating masses in the lumbar region and on the arm.

Mr. F. P. Atkinson read the notes of a case of multiple lipomata.

Dr. Abraham showed some cases of skin disease.

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France.

[From our own Correspondent.]

Paris, June 9th.

Depopulation and Alcholism.

The depopulation in France has been the constant theme of late years of both professional and lay journalists. France is being depopulated is the universal cry, and statistics seem to give support to the national complaint. In 1789 France was considered the most densely populated of European countries, and represented 27 per cent. of the total European population. While to-day she only represents 12 per cent. The excess of the death-rate is to be found in the infantile population. Within the last ten years 42,000 children were stillborn, and each year 240,000 children between the ages of one year and five years die, so that a German said that France loses every year a battle.

The causes of this progressive depopulation have been the object of active research, and a long list was drawn up, national immorality taking the first rank, then poverty, selfishness, *fin de siècle*, inequality of sex. It is certain that immorality is a powerful factor in the depopulation, as the paternity of a child born out of wedlock is a problem which the law in France refuses to solve, so that the seduced girl has no resource than that of either accepting her situation or that of suppressing the cause of her shame, either by infanticide, not uncommon, or killing the germ at a certain period, which is still common. If, however, animated by more worthy sentiments, the girl desires to provide for her child two courses are open to her, either to put it out to nurse and try to pay for it out of her more than modest wages, or hand it over to the town to take charge of, and in this case also the infant is sent out to the country. The result is very frequently identical, the child dies, unless endowed with a more than ordinary robust constitution. Baby farming in France is as lucrative as it is general, but the system increases the mortality of the children to a frightful extent.

A great deal might be said on the causes of the number of illegitimate births in France, which is, however, far inferior to what it might be if abortion were not so frequently resorted to, but the impossibility in a legal sense of identifying the father is one of the chief reasons. A movement is being made in this direction by a number of influential and right-thinking men who are addressing strong appeals to Parliament on the subj ect.

Amongst the many causes of the depopulation by increase of the mortality is certainly that of alcoholism, which is taking fast root in the country. Hitherto France was considered a sober country, the good wine which was so abundant in former years was regarded as a sufficient beverage; not so now. The invasion of the destructive phylloxera reduced in enormous proportions the production of the vineyards, and to supply the demand a manufactured wine, charged with impure alcohol, was furnished to the people, which played havoc, as may be imagined, with the constitutions of the consumers. Besides, absinthe, the worst of all drinks, became the favourite beverage of the lower classes, so that to-day France is considered on the question of drink in no way superior to England. Drunkenness is one of the causes of an impure and unhealthy posterity. It is well known and proven that the simple condition of drunkenness at the moment of procreation is sufficient to cause a mental and physical inferiority in the children, and the same may be said of those who habitually indulge in alcoholic stimulants, although they may not be drunk at the time of the physiological act. Dr. Legrain, head physician of a Paris asylum, has furnished some striking statistics on this subject. He selected 215 alcoholic families, represented by 819 descendants, with the following result:—

37	premature births.
16	stillborn.
121	premature deaths (generally convulsions).
38	cases of physical debility.
55	cases of tuberculosis.
145	cases of mental derangement.
412	

The remainder comprised a large number of epileptics, hystericals, idiots, &c. One of the causes of the depopulation of France is assuredly alcoholism. According to official statistics for the year 1892, the large amount of 1,735,369 hectolitres of alcohol were consumed, or nearly forty million gallons.

Progress of Cremation in France.

The average number of cremations in France for the first three months of the current year was ten a day, an increase of about twenty per cent., as compared with the same period of last year. In this connection it should be remembered that the facilities for cremation are much greater than is the case in England. The perfect crematorium at Pére la Chaise, in Paris, renders cremation practically as convenient as earth burial, whereas Woking is some distance from London, and there is no other crematorium nearer the metropolis than that in Manchester

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Germany.

[From our own Correspondent.]

Berlin, June 8th.

The Treatment of Pelvic Abscess.

At the Medical Society's meeting of the 2nd inst., Dr. L. Landau gave an address on this subject. He said that with the perfection of gynæcological *technique*, gynæcological diagnosis, as regarded the individual operations had not advanced with great pace. For, first of all, diseases had to be discovered for given operations; and in the second place a large series of diseases of unequal importance had been grouped together under collective names, and had been frequently submitted without discrimination to a single operative treatment. This was especially the case as regarded pelvic suppurations, where the usual diagnoses: pelvic abscess, pelvic suppuration, adnexitis, were used without distinction for simple non-suppurative inflammation in the tubes or ovaries, or peritoneum, as well as for multiple extra- and intra- peritoneal abscesses. He had above all endeavoured to fix an exact pathologico-anatomical basis and a rational division of pelvic suppurations. He distinguished in the large group of extra- or intraperitoneal abscesses, the abscesses in pre-formed spaces (pyometra, pyosalpinx) and those not in pre-formed spaces (abscesses in paravaginal, paramitral tissues, in subperitoneal pelvic tissues, and in the connective tissue of the abdominal walls), with intermedial position of ovarian abscess.

The abscesses might be single or multiple, or in the most varied combinations. The cause was always an infection. Amongst these was the gonorrhœal, the puerperal, and, "last not least," the infection of medical assistance (from the sound, curette, intra-uterine injections, caustics, operations on the cervix, and vagina). These abscesses terminated very differently. Inspissation, absorption, and spontaneous cure might take place, or perforation into the neighbouring organs, and spontaneous cure or perforation into the peritoneum with circumscribed or general fatal peritonitis and pyæmia. Occasionally death took place from amyloid disease. The old motto, *ubi pus ubi evacua*, was to be firmly held to, and this was to be carried out wherever the pus was accessible by simple, sparing, conservative methods. Incision came first under consideration. This was before all indicated with solitary uncomplicated pus cavities, whether lying within or without the peritoneum, or whether done from the vagina or abdominal wall. It should not be done through the rectum, as he had observed that healing was difficult.

He made abdominal incision either above or below Poupart's ligament, at one sitting where dulness was complete, at two sittings if intestine apparently intervened. The first incision as for ligature of the iliac artery, pushing up the peritoneum, packing with iodoform gauze, &c. A means of distinguishing abscesses from induration, exudation, and fibroids, indispensable in many cases, was exploratory puncture. It at the same time formed an important preliminary to the incision. When operating from the vagina it was always done at one sitting. Solitary abscesses in the pelvis of whatever kinds were to be treated in this way, even pyosalpinx when the pus was in one cavity.

Considering the good results obtained by simple incision the attempt was justifiable to try it in multiple abscesses (double one cavities, pyosalpinx, &c.). The causes of recurrence might be in fineness of the walls of the abscess, in adhesive fixations preventing the walls of the abscess falling in or otherwise.

For cases in which simple incision would evidently be insufficient as in multilocular pyosalpinx, with or without perforation into the pelvis or abdomen, bladder or multiple perimetric and perisalpingial abscesses, a variety of other procedures had been practised of which he would only mention historically the little promising sacral and parasacral incision.

Here laparotomy was the operation usually practised, with removal of the abscess walls and its contents.

He had treated 141 cases of inflammatory and suppurative tubal disease by laparotomy, with a mortality of 2·8 per cent. This undeniable good result coincided with those of other operators (Chrobak, Schanta, Zweifel, and others).

But, unfortunately, as observation had shown, the permanent results were not equally favourable. Complete cures took place in only from 60 to 80 per cent. (Chrobak, Schanta, Landau.) The reasons for this were threefold :—

1. In the disadvantages of laparotomy itself (abdominal hernia, adhesion of intestine and omentum to wound and to one another, &c.)
2. In recurrences of inflammation and suppuration through impossibility of removing all excitors of inflammation.
3. In the purulent nature of the disease.

Then arose the question, how could these disadvantages be guarded against ?

The first step thereto attended by success was made in France; in the first place by Péau, and after him by Ségond, Doyen, Richelot. The uterus was removed, and excellent results had been reported from this method of treatment. But want of exact pathological data made it difficult to determine the value of such a mutilating operation.

Spurred on by the statements of Péau and Ségond, and instructed by a number of vaginal extirpations of uterus performed since 1881, he had treated since May, 1893, 26 cases by the French vaginal procedure.

He had, however, deviated from this method in two essential points and had extended the limits of the operation as laid down by these authors.

He had never contented himself with removing the uterus and leaving behind the adnexa but had always removed the diseased parts. He had adhered to this principle so firmly that when it was impossible to root out all the disease per vaginam he had also opened the abdomen from above. He had, moreover, operated in this way on women when there was not only a simple double inflammatory disease, but in cases of complicated pelvic abscess. His definition of complicated pelvic abscess was one when, independent of double pyosalpinx or ovarian abscesses, there were present perisalpingial, periphoritic, or multiple isolated intra- or extra-peritoneal abscesses; thus perisalpingitis purulenta, perimetritis purulenta, pyocele uterina, retro-peritoneal suppurations.

Such were cases that could neither be treated by simple incision from the vagina or through the abdominal walls by laparotomy as it would either be impossible or would be too dangerous to carry out the operation.

In all these cases there were multiple collections of thick, yellow, or green stinking, decomposing, or creamy pus. In some cases there was fistulous communication into the bladder or rectum, most of the cases were disabled from long standing disease, and six had been repeatedly treated in other haspitals. In a large number operation had been already performed with temporary success (puncture, incision, resection, laparotomy).

In some cases the attachments to the rectum, and especially the sigmoid flexure and to the bladder, were so firm that in carrying out the principle of removing all diseased parts, the walls of these organs were torn. In two cases of vesical fistula originating in this way, he had operated there and then, once from the vagina and once from the abdomen. In two ruptures of the sigmoid flexure he had performed circular resection.

The whole of the 28 cases were cured by the operation.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, June 8th.

CANCER OPERATION.

Prof. Weinlechner showed a patient who in 1892 came to him with a carcinomatous infiltration which began to discharge the following year. Operation was then resolved on, which left a large defect over the anterior part of the High morian sinus. Later he removed a part from the side of the neck and by ingenious folding brought it over the epidermic surface and restored the defection.

DETERMINING LEUCOCYTES.

Dr. Elzholz gave his experience and the result of his examination of the morphological elements of the blood both in regard to quality and quantity. Erb's method, he said, was far too delicate and unreliable in practice. The apparatus known as Thoma-Zeiss' enumerator was also defective. Where the sheaves were thick the leucocytes escaped diagnosis, although present in abundance. The most rational method of determining with accurate results is either by diluting the blood, when the red blood corpuscles can be destroyed and the white preserved, or by determining by a micro-chemical substance which will attack the leucocytes. The latter method might be conducted with a solution of the following composition.

Two per cent. eosin solution, 7 gramms ;
Glycerine, 45 gramms ;
Aqua distillata, 55 gramms.

The whole to be shaken three or four minutes.

Another mixture of four drops of concentrated solution of gentian to 15 of water and one drop of alcohol, to be shaken for five minutes. The enumeration can then be made by means of Zappert's modified form of Zeiss' chamber. The polynuclear leucocytes will appear strongly coloured, while the eosinophile cells will assume their violet-red characteristic colour, and the other leucocytes the blue tint. A small number of cells in Erhlich's preparation which are never coloured are also left colourless by this test, which seem to be the transitional form of cell. In all his control experiments he found this colouring mixture was free from the usual blemish of destroying any of the leucocytes, and considered it most reliable in the diagnosis of leucocythosis. It had also the advantage of rapidity and accuracy. It has the disadvantage of Erhlich's method in not diagnosing the lymphocytes from the mononuclear transitional form; neither do the specimens come out so prettily as in Erhlich's preparation.

Diphtheria and School Hygiene.

Kolm raised a discussion on the prophylactic treatment and prevention of diphtheria in school children. The law affirms that where one case of diphtheria has appeared that the school shall be disinfected and the relatives of the child held in quarantine for fourteen days; if two cases appear the school must be closed. This he considered an unreliable test of diphtheria, and described his experience of two schools where diphtheria had thus been treated, and found in one class five children, in another eight with a white deposit on the fauces, uvula, isthmus faucium inflamed, and the tonsils greatly enlarged, while the children to all external appearances appeared well and healthy, complaining of nothing. In other cases catarrh was reported, which seemed to him only another name for a modified form of the disease, which included a number of nervous diseases, a dilation of the blood-vessels, with even slight paralysis, which was frequently accompanied with reddening of the mucous membrane and decided disturbance of its function. Concerning the contagious property of the virus, he thought there was no doubt on the subject, and that the principal site of attack in children was the isthmus faucium, which was more exposed by reading and swallowing, which would always remain a *locus minoris resistentiæ*.

It is now forty years since diphtheria appeared in Vienna, and since that time it has fluctuated greatly. Its intensity has varied as epidemics of pest and variola. The course of the disease is not modified by the individuality, but by the intensity of the contagium. It may, therefore, be assumed that diphtheria may be as easily banished as any other pestilence or variola by proper prophylactic methods. He thought the attacks might be divided into four groups, and that children had great exposures to infection by the mouth with lead pencils and pens from infected children, that others suffering from mild attacks infected healthy children in school. He thought the best protective measure would be the subjecting of every child to sprays of potassium permanganate, which was quite practicable with proper care in every school, and proposed that a committee of medical men should be appointed to investigate its propriety.

Dr. Eisenschitz thought that the lecturer's examinations were far too superficial to be placed as reliable data, although many of the red throats must be viewed with ominous danger.

Prof. Paltauf agreed with Eisenschitz, and added that simple spraying with permanganate of potash had no destructive effect on the contagium. In Austria they had more stringent sanitary laws on this subject than many other States. The parents were bound to keep the children at home till the affected members were perfectly well.

Kolm said that fourteen days in Austria was held to be sufficient, while in other countries it was six weeks.

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H.M. the Queen has sent a donation of £100 through the Duke of York towards the St. Mary's Hospital Fund.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

Wiring the Patella.—Mr. Rose operated on a case of transverse fracture of the patella which had occurred ten days previously in a man, æt. 28. Instead of making the usual median vertical incision, he reflected the integument by means of a crescentic incision; this was done for the following reasons:—(1) Because the parts beneath could be more easily exposed; (2) Because the resulting cicatrix is not subsequently in the patient's way when kneeling; (3) Because better drainage can thereby be obtained if necessary. On exposing the seat of fracture, an abundant deposit of lymph was found on the broken surfaces. Mr. Rose then pointed out a condition which he had met with several times before, namely, that the general cavity of the knee-joint was completely shut off by a dense velvety layer of newly-deposited lymph, hence the operation might be said to be in reality extra articular. Two holes were accurately drilled in each broken half, care being taken that the point of the drill emerged on the broken surface at the junction of the articular cartilage and bone, so that the silver wires when passed and tightened up would not show on the articular surface. The patella fragments were thus brought into complete apposition, a few bleeding points were secured by ligature, and the integumental wound closed by a continuous suture. No drainage tube was used in the case, but firm and distributed pressure was considered sufficient.

ST. THOMAS'S HOSPITAL.

Operation for the Complications of Otitis Media.—The patient operated on by Mr. Battle was a boy, æt. 16, admitted with symptoms of great severity, which had commenced about five days before. It appeared that he had suffered from disease of the middle ear, with purulent discharge and partial deafness on the right side for some time. The present illness commenced with pain about the head on the right side, and some sickness. He had also had one or two rigors, and some delirium, whilst the headache had become more intolerable; he suffered from fever, and was becoming very drowsy. On admission, the boy had a dusky face, complained of severe headache, and had a high temperature. Local examination revealed some purulent discharge which came from the middle ear, the presence of a very considerable enlargement of the glands on the right side of the neck, and a general tenderness of the glands, mastoid process, and right occipital region; there was no œdema or redness over the mastoid; slight optic neuritis was present in the right eye, and there were signs of early pneumonia at the left base. Mr. Battle operated at once on arrival at the hospital. He trephined the mastoid process, and opened up the sulcus lateralis; in the former a quantity of thick yellow pus was found, and in the latter a larger amount of thin extremely offensive pus, which was lying in a cavity, the lining of which was shreddy and sloughing. Pressure under the ear caused an increased flow from the extra-dural cavity. These cavities were washed out carefully with perchloride, 1 in 1,000, and the mastoid opening scraped out. Mr. Battle then made an incision in the line of the internal jugular with the intention of tying the vein in the upper part of the neck under the enlarged glands; these were, however, so adherent that they could not be displaced out of the way; the incision was therefore prolonged and the vein secured about the level of the cricoid. The operation at this point was difficult because an inflammatory infiltration along the vessels thickened and bound parts together, so that they were hard to separate and the pulsation of the carotid could scarcely be felt. Two ligatures were passed round the vein, the lower one was tied, the vein was then cut across, and as puncture of the lateral sinus proved it to contain fluid blood, and blood flowed freely from the upper end of the vein, that was closed, but the lateral sinus was not opened, Mr. Battle remarking that he considered it safer to close the vein as there might be a thin layer of clot near the extra-dural abscess, though it was not sufficient to completely block the sinus. A drainage tube was placed in each wound and double cyanide dressings applied. Mr. Battle considered that the patient was suffering from pyæmia in an early stage, and that two of the symptoms were specially unfavourable in considering the prognosis, namely, the duskiness of the face and the signs of pneumonia, but that he could not say when one of these patients suffering from the severer complications of middle ear disease was beyond chance of recovery if surgical help were afforded. He regarded the infiltration in the neck to such an extent as evidence of extension of the suppuration along the vein through the jugular foramen, an opinion confirmed by the increased flow of pus through the opening in the skull on deep pressure under the ear; he said it was not unlikely that an abscess might form in the upper part of the neck, which would require further operation. It is satisfactory to state, however, that no unfavourable symptom has occurred, and that the patient is rapidly convalescing. The medical man, Mr. J. S. A. Wright, who sent the patient to the hospital recommended his removal there some days before, but the patient would not consent.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 13, 1894.

MEDICAL CONGRESSES AND THEIR CRITICS.

OUR contemporary, *The Times of India*, devotes a long article in its issue of the 7th ult. to the discussion of the forthcoming Indian Medical Congress to be held in Calcutta, as well as to the subject of medical congresses generally. The conclusion arrived at is that international congresses have found more favour with medical men than with engineers, mechanics, lawyers, or clergymen, and the writer proceeds to say that "it is the doctors of Europe who have felt most that they had something to disclose for the benefit of mankind, and with this profession an annual international congress has become a confirmed institution. Eleven of these medical congresses have already been held, and the longer they are held the more they seem to be liked. Each succeeding congress is more largely attended than the one before it, the number of delegates increase, and so do the number of papers and speakers. This increase in the number of delegates and the number of papers may be assumed to be useful to the advance of medicine and its numerous branches. But these congresses are becoming costly businesses. Fêtes and excursions have now become parts of the annual function, and with the increase in the number of delegates there is exhibited an extravagant increase in expenditure on pleasure fêtes and excursions. As very large numbers of medical men take their holidays at the same time, and leave their homes to go long distances to attend the congresses, the question may be asked whether everyone concerned with sickness derives the same benefit from the congress as the doctors. No less than seven hundred of the latter went to the congress at Rome from the United Kingdom. There is, therefore, some reason to suppose that many sick persons were suddenly called upon to change their medical attendant." We quote this passage in full, for the purpose of showing our readers that the subject of medical congresses is beginning to attract the attention of laymen, and to excite adverse criticism. Of course it will be at once seen that the opinions expressed in the quotation we give are not entirely correct. In the first place there is no such thing as an "annual" international congress; nor is it correct to say that "each succeeding congress is more largely attended than the one before it." As a matter of fact the writer has based all his remarks upon the recent meeting at Rome, at which the attendance is reported to have reached 9,000 members. But it is far from likely that any such collection of medical men will again distinguish a meeting of an international medical congress. Obviously the majority of those present were attracted by the place of meeting and the published statements which were made of the facilities provided for members of the congress to visit all the objects of interest in Rome and its neighbourhood. In point of numbers the Roman Congress certainly established a record, but it is certainly wrong to draw any conclusions as to the organisation, management, or prospects of future congresses merely from the incidents which distinguished the Roman meeting. Then, again, so far as the increase of papers offered at these meetings is concerned, it is well known that many medical men place their names down as intending contributors, who purposely fail to carry out their undertaking. The reasons for doing this are best known to those who adopt the practice, but we cannot see that this is any argument against the holding of medical congresses. Our contemporary asks, "What can the medical sciences gain by an assembly of 9,000 with 2 per cent. only of the papers read and adequately discussed?" But it is by no means the case that the scientific value of an International Medical Congress ought to be estimated merely by the number of papers which have been read and discussed at it. On the contrary, it is seldom that a tithe of the scientific work done for such a meeting ever sees the light until the *réunion* has become a matter of history. The great utilitarian feature about a congress is that it stimulates the scientific workers in the profession to bring forward their best work with a view to publication, and without such stimulus quite possibly much that has proved of use to medical science would not have been made available for the profession. We cannot, therefore, agree with our contemporary that it would be a good plan to limit the attendance at these congresses to any particular number; such as, for example, 500 members, or that it would be expedient to make no efforts to promote the success of the forthcoming congress at Calcutta for fear of the meeting becoming unwieldly from overcrowding. Our belief is that both directly as well as indirectly medical congresses are of service both to the profession at large as well as the public, and that, with proper organisation, whatever the attendance is, no difficulties should ever arise.

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OLD WORLD SANITATION.

The ancient town of Congleton, in Cheshire, offers a curious object-lesson of the survival of old-world sanitary darkness. It is of historic fame, with a charter of incorporation dating from the time of Charles I., but of late it has fallen on evil times. Its staple industry for generations was the manufacture of silk, a trade which has not only deserted Congleton, but is being rapidly transferred from Great Britain generally to other countries. The townsfolk have not developed any fresh commercial enterprise, so that the prosperity of the place has waned and its revenues dwindled well nigh to starvation point. This straitened condition of income may in part account for the reluctance of the authorities in setting about the much-needed task of sanitary regeneration. Thirty years ago, however, there were plenty of funds available; but for all that the battle of the health reformers was fought and lost. The burning question of that time was the necessity of a system of main drainage, which was ably but unsuccessfully advocated by a prominent citizen. But ratepayers appear to have been alarmed at the cost of providing the necessary works, and the outcome is that Congleton to this day is without any main drainage. The significance of the latter statement will be fully evident to all who are conversant with the practical aspects of modern sanitary administration. A town that has no sewers must of necessity be riddled by cesspools, with all their attendant pollutions of air, water, and soil. The inhabitants of Congleton, even now in its declining days, number about 10,000, and it seems marvellous how they can have lived in such a place without constant and recurrent decimation by filth-begotten epidemics. Nor is that wonder lessened when we learn from the report of Dr. Davidson, the Medical Officer of Health, that the district is distinguished by various other sanitary omissions of the gravest nature. The water supply is reported to be untrustworthy, owing to imperfect filtration, and the authorities have neglected to provide hospital accommodation for the infectious poor. The last item we shall quote in the heavy indictment brought against this town is that practically sanitary inspection does not exist. To quote the words of Dr. Davidson:—"The sanitary inspector is no doubt a capable officer, and quite equal to doing all that is suggested if he had time to do it, but holding also the office of borough surveyor, with the superintendence of several miles of main roads, it is utterly impossible for him to devote to sanitary work a twentieth part of the time it demands." It therefore appears that not only is the public health machinery of Congleton in a lamentably defective condition, but that there is, moreover, no competent official staff to look after matters. A medical officer, one need hardly remark, is powerless to bring about reforms, however urgent, unless he is backed by the authority whom he serves. It is equally obvious that he must depend for information to a great extent on the activity and acumen of his sanitary inspector. There can be no question that in a town of 10,000 inhabitants, especially in one that dates back several hundreds of years, the most active of inspectors would find his hands full if he discharged his duties in anything like a conscientious manner. This point of plurality of posts is constantly cropping up in municipal affairs, and its stern repression in civil life is one of the main principles of modern reformers. The evil is by no means confined to the provinces. To a greater or less extent it may be found all over the kingdom, and in London it certainly exists here and there to an extent that is hardly credible. It is to be hoped, then, that the inhabitants of Congleton will awake from their Rip van Winkle slumber and begin by appointing what is known as a "whole time" inspector as the servant of their Medical Officer of Health. From all we can learn it appears that in the past the main objection to sanitary improvements has been their cost; but that can hardly be allowed to stand in the way of obtaining a proper water supply and drainage system in these times of public health enlightenment. The generally-accepted doctrine nowadays appears to be that money spent in necessary sanitary works is so much capital sunk for the public weal in a sound investment, the interest for which will accrue in the added healthiness and well-being of the inhabitants concerned. Certainly nothing can drain the resources of a district more than the support of a large percentage of disabled persons. We trust that the Congletonians will be induced to ponder over the vital importance of the matter contained in the report of their Medical Officer, and that they will of their own accord undertake to set their house in order. Their town at present is a blot on the sanitary fame of Great Britain, although it is far from being alone in that unenviable position. We may confidently expect that steps will be taken forthwith to remove the reproach contained in the conclusion of Dr. Davidson, that "Under the present system sanitation in Congleton is likely to become a mere pretence."

Notes on Current Topics.

The Pupilage Year of Medical Study.

We have more than once observed upon the fact that credit for a year of medical study can be obtained in England by the production of a piece of paper purporting to testify that the holder is pupil of a registered practitioner. We have known and said that these pieces of paper were commonly a means of evading a first year's work and ante-dating the commencement of medical study. A student cannot receive his diploma unless he can show his name in the Students' Register 45 months (or 57 months in the case of five years' students) previously. But if he can get his name into the Register by this pupilage certificate a year before he really starts medical work, he gets off with 33 months, or 45 months, as the case may be. Our representations on this point were, we imagine, not believed by the bulk of our readers, and were carefully ignored by those who knew their truth, including the General Medical Council. At length a case has cropped up so flagrant that it could not be ignored. Six schoolboys in a public day-school applied for registration as medical students, and were registered accordingly. But, on inquiry, it turned out that these young gentlemen were still engaged in the assimilation of Latin grammar and bread-and-butter, and that the "registered practitioner" who certified them was simply their science master, who happened to have a medical degree. But there is worse to follow. Not only is this sham permitted, but the Chairman of the Education Committee of the Council says that it cannot be legally refused. Nay, more: one of the Medical Licensing Bodies "has recognised this day-school as a teaching institution in which the subjects of physics, chemistry, and biology are taught." Thus it appears on official authority that each of these courses, which must—in Dublin—be fulfilled by a three months' attendance on the instruction of a duly appointed Professor, and by a payment of £3 3s. per course, may in England be had by any schoolboy on a form without payment of a penny, and by virtue of such smatterings as a science master may communicate to children. Here is an illustration of the mental blindness of the Medical Council, which keeps heaping upon the student courses on mental disease, vaccination, dental apprenticeship, &c., but concerns itself not whether these impositions represent real study or are only pieces of pieces of paper and shams.

Mr. Robert Harrison Wilson, M.D. Durh., M.R.C.S., has been placed on the Commission of the Peace for the borough of Gateshead-on-Tyne.

Medical Attendance upon the Rural Poor.

A case which was recently tried at the Cardiff County Court, in which a medical man sued a farm labourer for £10 7s. 6d., the balance of an account for medical attendance, claims some notice from us. The facts were as follows:—The defendant's wife was suffering from erysipelas when the plaintiff was summoned to attend her. But in order to visit her professionally he had to travel a distance of nine miles on each occasion, and for this he charged at the rate of half a crown a mile. The judge, however, said that he did not admit that medical men had any recognised charge under these circumstances; the general belief was that medical men charged according to the position in life of the patient. Further evidence showed that the total amount of the account was £25, of which £15 had been paid. But the defendant informed the Court that in order to pay the latter sum he had been compelled to sell a cow. In the end judgment was given for the defendant with costs. Of course, in reflecting upon this case, it must be conceded that there cannot be many farm labourers in the country who would be in a position to afford £1 2s. 6d. for the visit of a medical man. In the present instance there is no reason for doubting that the fee was earned; but the point is, whether it is incumbent upon a medical man to undertake to attend a patient in rural districts where no reasonable prospect of adequate remuneration can exist. What we mean is, that a farm labourer who lives at a distance of nine miles from any doctor could not be expected to pay remunerative fees for medical attendance, and, therefore, it would be useless to charge them. But matters would not be improved much in this respect, even if such a farm labourer were in receipt of "good" wages, the wages of this class of the community being notoriously based on a low scale. Clearly, then, the difficulty is whether, under these and similar circumstances, the medical practitioner would feel himself justified in refusing his services, or whether, at a loss to himself, he should undertake the treatment of the cases. Quite possibly, however, it is the case that there cannot be many persons, farm labourers or others, in England, who happen to live beyond a reasonable distance of medical assistance. It may, therefore, be concluded that the details brought out in the evidence at the Cardiff County Court were of an exceptional nature.

The Dublin Medical Will Case.

The efforts made by the Governors of Dublin hospitals to invalidate the codicil to the will of Mr. Gervas Taylor sustained an ignominious collapse last week before their case had well begun. Mr. Taylor—who left property valued at £86,000—had, by the codicil, reduced the sums which he bequeathed to these institutions, and left part of the money thus set free—to the extent of £3,000—to his medical attendant, Mr. Ormsby, of the Meath Hospital. The complainants undertook to prove that when the codicil was made Mr. Taylor was imbecile, and that he was unduly influenced by Mr. Ormsby and others. Since his death the air has been full of innuendos which, if they could have been proved against Mr. Ormsby, would have involved his professional ruin. He has had for several months to sit silent while calumnies—for which there was no shadow of ground—passed from mouth to mouth. But when the case was called for trial the first half dozen witnesses completely dissipated the accusations. It was shown that Mr. Taylor gave his own deliberate instructions to his solicitor for the drafting of the codicil; stated reasons for the changes which he made and discussed them in the most intelligent manner, while witnesses of irreproachable character, who had no personal interest in the matter, confirmed the assurance of his testamentary capacity. Moreover, it was shown that the bequest to Mr. Ormsby was fairly and fully earned by personal regard and constant attention in addition to professional attendance for a long series of years, and that the testator felt and expressed many times his obligation to Mr. Ormsby. The counsel for the complainants appear to have been taken totally by surprise by this evidence, for, as soon as they heard it, they consented to the proving of the codicil, and publicly withdrew the aspersions on Mr. Ormsby, and nothing remained of the case but a wrangle about costs. Mr. Ormsby is entitled to the sympathy and congratulations of his brethren. It is a terrible ordeal for a professional man to have to run the gauntlet of spiteful abuse, exaggeration, and obloquy, and our profession participates in the verdict of complete and honourable acquittal which has been recorded.

Modern Phrenology.

The so-called science of phrenology has long since drifted into the shady bye-ways that are haunted by quack professors and charlatans. Its professions and beliefs have never withstood the test of serious examination, and, so far as we know, the world still awaits a convincing demonstration of its fundamental laws. It appears, however, that a British Phrenological Association is in a state of active existence. Quite lately the President of that society, Dr. Renner, delivered an inaugural address, in which he attempted to associate modern physiological advances with the principles first laid down by Gall and Spurzheim. He gave a review of recent cerebral discoveries, such as the localisation of nerve centres and the development of automatic and other functional action. In conclusion, he declared that the scientific phrenologist stood on a basis of natural law, and not on one of mere speculation. With regard to the last assertion we can only say that phrenology has had plenty of time in which to prove its principles, for it has been before the public for at least a century. The report which we have quoted does not say whether Dr. Renner attempted to explain why "bumps" over the motor area have had a significance attached to them by the phrenologists widely different from the motor functions ascribed to them by Ferrier and others. Or why, again, the numerous important centres at or about the base of the brain should have no corresponding external expression. The learned Secretary is reported to have counselled a closer study of the original views of Spurzheim and Gall, whose views were in strict harmony with all that phrenological science had of late brought to light. If the Secretary can prove his proposition he should lose no time in doing so, for he would at once elevate his hobby to the more honourable position of a serious scientific study. During the course of the evening a member made the pertinent remark that there was a science of phrenology as well as an "art" of character reading. One may perhaps assume that the "professor" who dwells in an atmosphere of sawdust and stale tobacco devotes his time and energies exclusively to the "art"—the practical money-winning art—of phrenological exposition, and leaves science to the *savans* of his sect.

The Indian Medical Congress.

The inaugural meeting of the Indian Medical Congress was held in the Medical College Hospital, Calcutta, on the 15th ult., Surgeon-General Harvey in the chair. There was a large attendance, including three women doctors and upwards of three hundred medical men, representing all branches of the profession. In the course of the proceedings the history of the movement was given, the main features of which have already appeared in The Medical Press and Circular. The cost of the tickets of membership of the Congress will be Rs. 10, and may be obtained from either of the joint secretaries in Calcutta, or from the local secretaries in the different parts of the Indian Empire. An Entertainment Committee will arrange for visits to objects of interest in Calcutta and neighbourhood. The Calcutta season, it may be observed, culminates in the Christmas week, and includes two days' racing and the race for the Viceroy's Cup. Notification of the intention of members to read papers at the Congress should reach the secretaries on or about the 1st of November next. So far, everything promises well for the success of the *réunion*, and the enthusiastic manner with which its organisation is being promoted is sufficient proof that the scheme of holding such a Congress has already become popular among the members of the profession in India.

The Control of Hospitals for Infectious Diseases.

An important proposition is under the consideration of the London County Council; it is founded on a report of a joint committee of the Asylums, Industrial Schools, and Public Health Committees appointed to consider the charge of lunatics and the infectious poor. It advocates a re-arrangement of duties among the bodies carrying on central government in London. The passage of the report dealing with infectious diseases runs: "That all central metropolitan powers in regard to public health should be in the hands of a body composed of elected representatives of the ratepayers, and that the London County Council, being the central metropolitan health authority, the powers of the Metropolitan Asylums Board, relating to the accommodation for the infectious sick and the administration of infectious hospitals, cholera, nursing, &c., and of the ambulance service, should be transferred to the Council." Should this recommendation be adopted it will relieve the Metropolitan Asylums Board of a very onerous portion of their present duties, as the care of the lunatic population will then be their chief function.

Iodoform ad Nauseam.

Iodoform is admittedly one of the therapeutical triumphs of the last quarter of a century, along with cocaine and drugs of the antipyrine class. Even its penetrating, persistent, and oftentimes compromising, odour has not prevented its acquiring and retaining a major position in surgical therapeutics. Useful as this remedy may be, whether as germicide or otherwise—for grave doubts have been cast on its antiseptic properties—it is not so indispensable that its use cannot occasionally be dispensed with, at any rate when circumstances are such as to make it exceptionally objectionable. This is the case when the drug is directed to be blown into the ear by out-patients. The powder, strongly charged with iodoform, is, as often as not, blown all over one side of the head, and whole districts are thereby made redolent of the unsavoury compound. When such a patient leads the way, the thoroughfare smells like the out-patient department of a crowded lock hospital, though fortunately not all those who crowd our streets are sufficiently familiar with these institutions to realise the association.

The Irish Poor-law Superannuation Bill.

The Irish Medical Association, the Medical Officers' Parliamentary Representation Association, and the Poor-law Officers' Association, have, within the past week, been making a supreme effort to get this Bill forward in Parliament. They have sent to London, as delegates, Dr. Jacob and Dr. Oulton, for the Irish Medical Association; Dr. T. Donnelly and Dr. Knox Denham for the Representation Association; and Mr. Manning, of Rathdrum, and Mr. Atkinson, of the North Dublin Union, for the Poor-law Officers. The objects which these delegates set before them was, if possible, to eliminate the opposition of individual M.P.'s, so that the Bill might be read a second time and put into Committee without being "blocked." Obviously this is the only method by which progress could be made, for it would be quite useless to ask the Government to give time for the fighting of such a Bill, considering that they have been obliged to appropriate the whole time of the House for their own Bills. The delegates have, therefore, devoted themselves to eliminating individual opposition, a heavy task considering that any one M.P. can by the words "I object," stop peremptorily the progress of the Bill. Especially, the delegates have striven to obtain the imprimatur of the Nationalist party, as a party, and have induced the Committee of that party to give it special consideration. In any case we must hope for the best. If it be found impossible to clear the ground entirely of opposition, at least a great deal will have been done to influence and impress M.P.'s of all shades of politics, and the labour expended will—it is to be hoped—produce the desired result in the future.

Capital Punishment in America.

The new word, "electrocution," which has been coined to describe the execution of criminals in the United States by electricity, is more or less a euphonious one, however, in an etymological sense, it may be at fault. It is worthy of note that this method of execution has not been adopted by all the States in the United Republic. For example, Connecticut has just passed a new Act which requires the execution of the death sentence privately within the State prison before sunrise, and the method of execution in force in the State is, "the ancient, inexpensive, and very certain procedure of hanging," to quote the words of our contemporaries. Doubtless, if the process of "electrocution" could be rendered more certain, and thoroughly proved to be trustworthy, it would come to be generally adopted by civilised nations. Whatever may be said in favour of hanging there is still a definite element of brutality in it, which causes it to be regarded with repulsion by those who, while not objecting to the death penalty, *per se*, are, nevertheless, desirous of seeing it carried out in a humane manner. Perhaps, in time, "execution by electricity" will come to be generally adopted in the place of hanging; but before this can ever be the case, the advocates of the new process will have to show that it can be confidently trusted to do its work without any untoward accidents.

Professor W. T. Gairdner, F.R.S.

We regret to learn that Professor Gairdner, Physician in Ordinary to H.M. the Queen in Scotland, is suffering from a serious affection of his eyes, which will tend to interfere with his professional work, though, it may be hoped, not to any extensive degree. The discovery of the changes which had occurred was made soon after his return from Rome, where he had taken part in the recent International Medical Congress. It will be a great loss both to the University and the Western Infirmary at Glasgow if, in consequence of what has occurred, Dr. Gairdner will be obliged to resign his connections with these two institutions. Dr. Gairdner is well known to be a most accurate clinical observer as well as an excellent teacher. An interesting instance in this connection may be given. Ten or twelve years ago a patient was admitted into his wards in the Royal Infirmary whose appearance at once struck Dr. Gairdner as being distinctly unusual, and careful notes were dictated to the assistant. Quite recently the same patient returned to the Infirmary, and it was then found, by referring to the previous notes in the ward register, that Dr. Gairdner had accurately described a case of acromegaly, a disease which had not at that time come under professional notice.

A Disputed Appointment.

Some few weeks ago we announced the appointment of a new Medical Superintendent to the Joint Counties Lunatic Asylum at Carmarthen, an appointment of which the local press appeared highly to approve. Since, then, however, a curious incident has arisen in connection therewith. At a meeting of the Lampeter

Board of Guardians, last week, a resolution to the following effect was carried: "That in view of the fact that three-fourths of the inmates of the Joint Counties Lunatic Asylum are Welsh-speaking people, this Board highly disapproves of the appointment of a gentleman ignorant of the Welsh language to be chief Medical Superintendent of the Asylum, and calls upon the members of the Visiting Committee to cancel the appointment forthwith or resign their seats, and that a copy of this resolution be sent to the clerk of the Visiting Committee, the clerks of the County Councils of Carmarthenshire and Cardiganshire, and the Commissioners in Lunacy." We cannot see that any good purpose will be served by lodging a protest of this nature after the appointment has been duly made and officially confirmed. Nor can we admit that the objection has any grounds of validity.

The Papain Controversy.

Under this heading a wordy warfare has been going on in some of our pharmaceutical contemporaries as to the digestive powers of papain, but most of the disputants proceeded on the fallacious basis of comparing papain with pepsin. Now pepsin and papain, as has been pointed out, are essentially different ferments, and although they are employed for similar purposes, they do their work under entirely different conditions. It is, therefore, a mistake to seek to gauge their value under any one set of conditions, for conditions which are favourable to the one may be, and, indeed, are sure to be, just as unfavourable to the other. Papain, being a vegetable ferment, is obviously calculated to deal with a different class of albumenoid bodies to those generally met with in the animal system, and we are told, moreover, that it acts to best advantage in an alkaline medium, a medium which practically puts an end to the activity of pepsin, though it does not lose its powers in a neutral or acid medium. Under these circumstances it is claimed for papain that its digestive properties are exercised throughout the whole length of the alimentary tract. The principal thing to remember about papain is that the crude product, the inspissated juice, is apt to prove irritating. The term papain, however, ought properly to be restricted to preparations of the plant juice from which the irritating principles have been carefully eliminated, and such purified products may be administered even to children without the production of any indications of gastro-intestinal irritation. It is doubtful whether papain will oust pepsin from the position which it holds in the therapeutics of gastric indigestion; but there must be many cases in which the wider sphere of digestive activity possessed by papain will lead to its being employed in place of, or as an adjunct to, the animal ferment.

Father Kneipp at the Vatican.

Father Kneipp is a brave *curé de campagne*, hailing, we believe, from a German village, where he has obtained a very widespread reputation by reason of "cures," which he has succeeded in obtaining principally among the class of patients whose cases have resisted treatment at the hands of the faculty. His cure is simple enough. We gather that it consists mainly of a practical application of the injunction to foreswear sack and live cleanly, substituting pure water for sack, plus the application of frictions to the affected parts, and a rigid diet of rye bread. Not long since, considerable emotion was caused among the *entourage* at the Vatican by the rumour that Father Kneipp, this reverend but irregular practitioner, had been summoned to attend His Holiness, at the suggestion of Cardinal Monaco la Valetta. The illustrious patient complained of pains in the abdomen, together with stiffness of one knee. In spite of frictions conscientiously applied by Father Kneipp, the knee did not tend to improve, and the abdominal symptoms were aggravated by the rye bread *régime*, so after a few days the treatment was discontinued. It is stated that at the first consultation the curé took his illustrious patient by the ear, "in order to see whether the flow of blood into that part was free," a *sine quâ non* if success were to follow the treatment! The departure of the worthy curé gave rise to great satisfaction among the cardinals in attendance, for they not unreasonably feared lest so rough a *régime* should prove inimical to the health of one so advanced in years as the Holy Father.

The Association of Fellows of the Royal College of Surgeons, England.

The interest which has recently been shown in the affairs of the Association of Fellows of the Royal College of Surgeons, England, by a large number of Fellows, outside the Association, testifies emphatically to the wide-spread feeling of appreciation which is prevalent of the good work which the Association has done. Indeed, it is impossible to comprehend how any Fellow of the College who has taken the trouble to compare the position of the Fellows now with that which existed ten years ago, can, in his inner consciousness, dispute that to the Association is due the reforms which have been introduced. Of course, it is natural that opposition, more or less of an organised nature, should arise with the object of counteracting the growing influence of the Association. But it is not every Fellow of the College who can hope for an Examinership, or who has prospects of obtaining any remunerative post from the Council; consequently, taking merely a common-sense view of the situation, it is difficult to see how the independent Fellows can fail to support, as hitherto, the candidate, or candidates, nominated by the Association of Fellows.

We are asked to state that a Committee, of which Sir Douglas Galton, K.C.B., F.R.S., is the chairman, and Professor W. H. Corfield, M.A., M.D. (Oxon.), the treasurer, has been formed to further the interests of Great Britain in the Eighth International Congress of Hygiene and Demography, which is to be held in Budapest from the 1st to the 8th of September this year. Any information may be obtained about the Congress from the Hon. Secretary, Dr. Paul F. Moline, 42 Walton Street, Chelsea, S.W.

Mr. Gladstone.

Mr. Gladstone still continues to make good progress. He daily takes drives, and at the present time the ex-Premier, accompanied by his wife, is becoming quite a familiar figure, driving in his carriage, in the neighbourhood of Wimpole Street. There is something very pathetic in the appearance which he presents, with both eyes closely veiled with a black silk handkerchief, and with only the lower part of his features exposed, the pallidness of which at once attracts notice.

The Summer Dinner of the Irish Medical Schools and Graduates' Association will take place at the Midland Hotel, Bradford, on Saturday, June 30th, at 6.30 p.m., the President, Dr. Richard Heath, in the chair. Dinner tickets, &c., may be had by application to Dr. T. Whiteside Hime, 54 Horton Road, Bradford. A fast train leaves King's Cross, G.N.R., at 1.30, arriving at Bradford at 5.34. A Council meeting will take place before the dinner to elect candidates for membership. Those elected at this meeting may attend the dinner and bring guests the same evening.

The Czar of Russia has already shown a great deal of interest in the next International Medical Congress, to be held either at St. Petersburg or Moscow, in 1897, and has contributed fifty thousand roubles towards the expense of the meeting.

The total number of cases inoculated by Pasteur for hydrophobia is fourteen thousand four hundred and thirty, out of which seventy have died of disease. Last year, there were one thousand, six hundred and forty-eight persons so treated, of whom six died.

The body of a married woman who died very suddenly near Aghadowey, co. Antrim, on the 3rd inst., has been exhumed, and the stomach and viscera have been sent to the county officers for analysis. The supposition is that death was due to poisoning.

Surgeon-Major Anthony Hickman Morgan, of the Army Medical Staff, has received the distinction of Companion of the Distinguished Service Order for his services during the recent operations on the West Coast of Africa.

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Scotland.

[From our own Correspondents.]

The Late Dr. Malcolm.—The death of Robert Brown Malcolm, M.D., occurred last week in Edinburgh. The deceased, who had attained the ripe age of 86, retired from active practice some years ago. In his day he was a very accomplished and skilful accoucheur. He was a Fellow of the Royal College of Physicians and of the Royal Society of Edinburgh. He was a great believer in exercise, and up to a very short time before his death used every day, whatever the weather, to take a constitutional round Arthur's Seat, a matter of two miles.

Paraffin Wax in Confections.—A test case has been brought against a firm of confectioners in Glasgow for having on Feb. 7th of the present year sold twelve chocolate cigars certified to contain 4 per cent. of paraffin wax extraneous to the chocolate. Sheriff Birnie gave judgment on the 8th inst., dismissing the case. His lordship says that the case was laid on the 6th section of the Food and Drugs Act, which dealt with the supplying of things not in the nature or substance demanded; but when the prosecutor asked for cigars and paid the price of the cheaper cigars, it seemed impossible to say he did not receive what he demanded. Evidence had been led to show that paraffin was injurious to health, and it might be well that parents should know that it was not a food but a mineral extracted from shale; but with injury to health his lordship could not deal under the 6th section.

Convalescent Home for Dumfries.—An unknown donor has generously bought and gifted, through trustees, to the town a large private house at Glencaple, Dumfries, for a Convalescent Home.

Inverness.—A meeting of the Inverness Lunacy Board was held on the 8th inst. to consider the charges made against the medical superintendent. The matter was referred to the General Board of Lunacy.

Protest Against Universities Commissioners.—A meeting was held in the Glasgow Religious Institution on the 6th inst. by the Clan Menzies, and it was decided to protest against the Universities Commissioners disturbing the objects set forth in the will of the testator of the Menzies Bursary.

Out of the 3,750 blind persons in Scotland, 4,142 are under the care of the Mission of the Scottish Outdoor Blind Teachers' Union, which is holding its annual conference in Aberdeen at present.

A jubilant note was sounded last week throughout the Edinburgh Press because the Leith Town Council have at length adopted the Compulsory Notification Act.

The epidemic of small-pox in the Coatbridge and Airdrie districts is still prevalent and slightly on the increase.

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Special Articles.

THE ANTWERP EXHIBITION.

[From our Special Reporter.]

I —The Medical and Surgical Section.

As a whole, the International Exhibition at Antwerp, which opened on May 5th, is full of interest, the scientific sections being brought well up to date. I propose to divide my brief report into three parts. In this article I shall deal with the medical, chemical and surgical exhibits; the second will be devoted to dietetics, and the third will treat of sanitary appliances, plans, &c.

In the British section of the Exhibition no attempt has been made to give collective representations, and consequently the scientific side is very far from conveying any adequate idea of the state of knowledge and the skill we possess. As regards medicine and surgery, apart from drugs and antiseptics, nothing is shown. Nor are scientific instrument makers strongly represented. Acoustical instruments of all kinds, suited to different stages of deafness are exhibited by Reiss and Son, of the Strand, London. Optical goods are better represented. A comprehensive show, including clinical thermometers, various necessary instruments, as well as spectacle lenses, is made by Watson and Sons, of High Holborn, London. A remarkable instrument is the microscope for scientific research designed by Dr. Van Heurch, of Antwerp, and made by the London firm. It possesses very high magnifying powers, and is easily adapted to the most awkward conditions for research. Burroughs, Wellcome and Co. have a trophy of their specialities and some novelties in drug preparations, the "tabloid" system being capable of wide application, naturally lends itself well to explorers and medical practitioners in the colonies. An exhibit of melancholy interest is the case carried by Surgeon Parkes on Stanley's last African Expedition, filled with drugs in "tabloid" forms. "Tabloids" of compressed tea are the latest novelty of the above firm. The tea is guaranteed pure, with but a small percentage of tannin, and the "tabloids" dissolve quickly and make a capital brew. They are likely to prove a boon for travellers, in the sick room, and for nurses, as they are easily kept sound, and facilitate brewing. It is a pleasing phase of modern progress to see how largely attention is turned to cleanliness. In this British section there are several antiseptics, also soaps for toilet and medicinal purposes. The antiseptic properties of borax and of boracic acid are interestingly exemplified by the exhibits of the Patent Borax Company, which include "Queen of Antiseptics," borax, sanitary powders and other toilet preparations having a boracic foundation, borax food preservatives, voice and throat crystals, &c. This Californian borax seems to be pure and rich, judging from the tests and analyses. Other antiseptics are shown by the Cyona Company, the preparations having met with scientific, medical and veterinary approval at the Chicago Exhibition.

The Belgian scientific sections are very noticeable on account of the abundant evidence of Government support afforded to scientific research and professional work. Physiology and hygiene are branches of study given prominence in all grades and classes of schools and colleges. The Ecole Professionelle Ménagère has special sections devoted to hygiene and "maternal pedagogy." The idea is to begin with the infant and build up a healthy and strong individual; but the medical men say "first begin by studying surroundings and improve them, so that there may be a chance of individual attention giving good results." Consequently, they are very particular in the drawing up of demographic and pathologic statistics. The Royal Society of Public Medicine of Belgium send an elaborate series of maps on the geographical distribution of diseases, general and seasonal, during certain stated periods, with a geological index. There are further tables giving details as to the description of diseases and mortality for each of the twelve geological zones. The Brussels Medical Society completes this work by a series of graphic and statistical tables on the localisation of diseases and mortality compared with the seasons and various meteorological conditions, though electrical phenomena seem to be entirely overlooked. Dr. Demets contributes a carefully-drawn-up table, giving the graphic curves of short-sight among school children, in combination with distinctive curves demonstrating the good or bad lighting of each school. Observations were made on 3,532 girls and 3,508 boys in average primary schools. Two sight curves are given, one for children under, and another for children over, six years of age; naturally the second shows a much higher curve, but the whole percentages seem to be abnormally high. An interesting feature of the table is the evidence it affords that bad lighting is not necessarily a chief cause of bad sight, for although the high percentage curve is generally found coinciding with the highest pitch of bad illumination, it is not always so, and there are several remarkable instances to the contrary. Probably one determining cause is the bad state of drainage existing in many Belgian towns, the closet arrangements in private houses and public buildings being deplorably defective, and this, combined with want of ventilation, may bring about general weak health or local affections of the eyes, or both. This aspect of the matter will be discussed at a later stage, and for the present it will be sufficient to draw attention to the admirable statistical work of analysis done by the medical men and societies of Belgium. The above tables are supplemented by graphic and statistical accounts of births, deaths, marriages, and density of population.

To return to the educational efforts. The children are taught the elements of physiology and chemistry, and at a later stage there are higher schools, such as the Ecole Professionelle Ménagère. To combat one of the great causes of disease and death among children of the poor—malnutrition—full details are given as to the principles underlying dietetics, and then the lessons are practically applied. In a table dealing with the feeding of infants are the following useful comparative analyses of standard milks: Mother's milk—water 87·09, nitrogenous matter 2·98, fat 3·9, sugar 6·04, salts 0·49; that of the ass—water 90·04, nitrogenous matter 2·65, fat 1·39, sugar 6·25, salt 0·31; cow—water 87·41, nitrogenous matter 3 7, fat 3·66, sugar 4 82, salts 0·70; sheep—water 81·63, nitrogenous matter 5·83, fat 4·86, salts 0·73; goat—water 86·91, nitrogenous substances 4 06, fat 4·09, sugar 4·45, salts 0·86. The hygiene of the baby to childhood is gone into with equal care.

In the Chemistry departments we see a number of patent medicines, several new disinfectants and germicides, and some excellent samples of pure drugs. The Germans seem to have made great advances in this direction. Bandages and dressings are shown in various sections. From Austria, Termohlen and Co. send antiseptic dressings of every description, carbolic acid, iodine, &c., also antiseptic waddings and gauzes. This firm also exhibits catgut for ligatures, silk, and various-sized rubber tubing sterilised and hermetically sealed in sterilised alcohol, special bobbin corks being provided to assist the withdrawal of the article for surgical dressing. Dr. Hertogh, of the Medical Society of Antwerp, contributes a number of instruments specially designed by him in the course of his surgical practice. Among his inventions is an ingenious air-tight metal box for the conveyance of sterilised instruments in alcohol.

Among the many exhibitors of surgical instruments and appliances are quite a number who devote themselves to orthopædic contrivances, malformation and disease of the feet and knees being conspicuously common in Belgium. For surgical dressings we find cardboard sterilised and antiseptic mouldings of arms, legs, &c. To obviate the charge of heaviness and undue heat, moulds are also made in antiseptic coarse gauze on whalebone or metal frames. P. J. T. Firoel-Janssens, of Antwerp, shows some remarkable artificial limbs, eyes, eyebrows, noses, and a movable upper lip. In the Military division are shown an ambulance pharmacy waggon complete, and ingeniously contrived to economise space. There are also ambulance waggons, two- and four-wheeled. These are made strongly with good springs, the top parts being framework covered with coarse brown waterproof canvas. The same canvas is employed for the stretchers. In another section of the

Exhibition examples are given of how photography can be made to assist medicine and surgery. Some very excellent prints are given of abnormal growths and conditions, also of photography as a detective, the negatives of skin prints, &c., being greatly enlarged under magnifying power. It is believed that this practice may help diagnosis, if not the study of the growth and progress of disease. For surgical purposes the camera gives useful negatives, the points of which can be studied at leisure. These prints can be made on paper covered with horizontal and perpendicular lines at equal distances, thus giving a number of small squares, by the means of which very accurate measurements can be taken without unpleasantness to the surgeon or fatigue to the patient. But before such prints could be of any real use, considerable skill in focussing would have to be attained. The tendency to bring mechanism to our aid is very apparent in other directions. There are chairs and beds with most elaborate arrangements, some to be worked by attendants and others by the patients themselves.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

VOMITING UNDER ANÆSTHETICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The causation of vomiting under anæsthetics, and particularly under chloroform, referred to in your last issue of May 23rd, may probably be explained by closely scrutinising the methods employed in inducing and maintaining normal anæsthesia. At present two widely-different methods are employed, viz., *the old method*, in which an uncertain and variable quantity of the anæsthetic is inhaled from an uncontrolled reservoir, to which is added for its dilution an equally uncertain and variable quantity of air, and *the new method*, in which a known quantity of narcotic vapour is inhaled from a controlled reservoir, in small and gradually-increasing doses at each inspiration, evenly diffused for its dilution with an unlimited supply of air.

If we compare the quantity of the anæsthetic used and the symptoms respectively endured by these two methods of administering chloroform in recently recorded cases of normal chloroformisation, the causation of vomiting under anæsthetics is satisfactorily explained.

From an uncontrolled reservoir, recorded by Surgeon-Lieutenant-Colonel Edward Lawrie, *Lancet*, May 19th, 1894.—"A male native, æt. 24, was operated upon for the excision of a bubo. The amount of chloroform required to produce full anæsthesia was five and a half drachms, the time occupied to produce it was seven minutes fifteen seconds. The total amount of chloroform employed was five and a half drachms, and the operation lasted for eleven minutes thirty seconds.

The administration was commenced with one drachm of chloroform, which quantity was renewed at each minute for the following two minutes, and half-drachm doses were added at about a minute's interval until anæsthesia was complete, when no further chloroform was given during the last four minutes fifteen seconds, during which the operation was completed.

Symptoms.—Shouting at first, succeeded by noisy expiration; heavy snoring; alternate irregular breathing and holding breath; breathing more regularly, and vomiting bile on returning to consciousness. The time when food was last taken is not given, but one may suppose that the patient was duly prepared for the administration.

Contrast this with the cases recorded in the *British Medical Journal*, December 16th, 1893, by Dr. Carter, of Weymouth:—

From a Controlled Reservoir of Chloroform.—In all, twenty cases of normal chloroformisation were recorded. In sixteen cases, no sickness or any ill effects followed the administration. In four cases, vomiting occurred, which, however, may not have been due to the effects produced by the chloroform, but may be ascribed to the nature of the operation, viz., a man, æt. 28, castration, the operation lasted one hour, with the consumption of four drachms of chloroform; a female, æt. 26, curetting uterus, time 30 minutes, 2 drachms chloroform used; a female, æt. 36, perinæal operation, time one hour, 3 drachms, 40 minims chloroform used; another female, æt. 22, dividing cervix, the operation lasted fifteen minutes, with the consumption of 1 drachm chloroform. On the other hand, a great number of the cases underwent similar operations, and in the case of a female, æt. 65, hysterectomy was performed, time, 2 hours 35 minutes, with the consumption of 8 drachms 20 minims of chloroform, without the occurrence of vomiting. In all these cases, the patients were duly prepared, and had not taken solid food some time before the operation. The following case shows that, if the stomach is full of food vomiting may be expected. A girl, æt. 14, with an accidental lacerated wound in her arm had chloroform administered to her for the purpose of tying some vessels. She was very anæmic from loss of blood, and her stomach full of food. The operation lasted 35 minutes, with the consumption of two drachms of chloroform. She vomited after the operation, but made a good recovery. As death under an anæsthetic is always the result of an overdose, it may be presumed that untoward results may be due to the same cause. If the administration of chloroform is limited to the smallest quantity capable of inducing and maintaining satisfactory anæsthesia, vomiting under anæsthetics will be an exceptional occurrence. In none of these cases were the alarming symptoms observed as those described by Surgeon-Lieutenant-Colonel E. Lawrie, because no stronger vapour was presented at any stage of the administration that could not be breathed comfortably.

I am, Sir, yours, &c.,

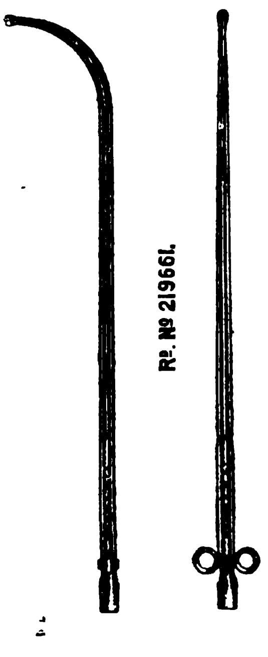
London, May 28th, 1894. Anæsthetist.

◆

BACKWARD CURRENT URETHRAL INJECTOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The enclosed illustration represents an instrument I have been using for some time in the treatment of diseases of the posterior part of the urethra. It is practically an irrigation catheter, ten inches in length, closed at the posterior bulbous extremity, near which it is pierced by ten apertures directed forwards. The apertures are at the bottom of grooves, five in number (two openings being in each groove) which extend the whole length of the instrument except within half an inch of its posterior extremity, and are produced by welding on to the original tube five metal flanges or ribs. The instrument is oiled and passed into the urethra until the exit of urine from its central tube marks its entrance into the bladder. It is then withdrawn to the extent of half an inch, when it is known that the openings in the grooves at the posterior end are in the region of the prostatic urethra. The anterior end of the instrument is then fixed to the tube of an ordinary irrigator, can, or syringe charged with the particular solution to be used, by which means the fluid is forced down the central channel, out at the apertures, and back again along the grooves on the outside of the instrument, and so makes its exit at the meatus. The advantages of this method of injection are that we are enabled by it to act on the whole of the urethra from the neck of the bladder to the meatus, the passage of the fluid into the bladder is prevented by the bulbous ex-



tremity, and dangerous distension of the urethra is prevented, the grooves on the outside of the instrument allowing of the ready exit of the solution.

I have found it most useful in the treatment of gleet dependent upon chronic posterior urethritis. The instrument can be obtained from Messrs. Evans and Wormull, Stamford Street, Blackfriars.

I am, Sir, yours, &c.,
F. W. STOKES, M R.C.S.
453 Strand, Charing Cross, London, W.C.,
June 8th, 1894.

◆

"CAUSES OF VOICE FAILURE."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you permit me to reply to a remark in the kind notice with which you have honoured my little brochure "Causes of Voice Failure." You say "we think the advice (*re* diaphragmatic breathing) here embodied would have been even more valuable had the authoress mentioned if from her experience she thought it applied in an equal extent to both sexes, as it is well-known that Nature, or we may perhaps more correctly say the art of dress, causes women to breathe in a far more clavicular manner than men."

I intended the advice on breathing to apply to both sexes, diaphragmatic breathing, with perfect control, being the foundation of all good voice production, whether in speaking or in singing, in men and women alike, while clavicular breathing is a potent factor in voice failure accompanied by throat ailments. From the examination of a large number of cases I find it exceptional for a woman, when dressed, to breathe diaphragmatically, but when the garments are unfastened and a few simple directions followed, Nature's mode of breathing commences to re-assert itself, feebly at first, but vigorously after a little practice. Very many men also breathe clavicularly, to the great detriment of their voices, whether in speaking or in singing. I have noticed, however, that whereas the majority of women *always* breathe clavicularly, comparatively few men adopt this pernicious habit unless when using the voice, which is of course the worst time for them to employ it. As a rule men re-acquire the natural manner of breathing more easily and quickly than women; this may be partly accounted for by their greater freedom from constricting garments. After a few weeks' training of the respiratory muscles the lung capacity frequently exceeds, in women especially, the average given in Hutchinson's tables.

Thanking you, in anticipation, for your courtesy in publishing this letter.

I am, Sir, yours, &c.,
K. BEHNKE.
18 Earl's Court Square, S.W.

◆

ERROR AS TO AUTHORSHIP—AN APOLOGY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am extremely sorry to have made such an error in your columns on May 30th, and I now wish to apologise most sincerely for it to Dr. Leslie Phillips. I would have written to Dr. Phillips himself earlier than I did, had it not been that I thought the mistake in the name was so very apparent, for I was not aware until I received a letter from his solicitors that he resided both in Birmingham and London. Moreover, no time was lost by the editor in pointing out the mistake I had made as to authorship.

Nevertheless, in self-defence I must say that, inasmuch as I do not know Dr. Leslie Phillips, and have no ill-will or malicious feeling against him, I fail to see how he can support a charge of libel against me, and I trust that he will now let the matter drop.

I am, Sir, yours, &c.,
C. R. ILLINGWORTH.
West Kensington, W.
June 8th, 1894.

⁂ [The matter is, as we inferred in our last issue, a mistake as to authorship. The writer having discovered this and made the *amende*, Dr. Phillips will, we hope, accept the apology as readily as it is frankly offered.—ED.]

Medical News.

London and Counties Medical Protection Society, Limited.

A SPECIAL general meeting of the members of this Society will be held at the Frascati Restaurant, Oxford Street, London, on Tuesday, June 19th, 1894, at 4.30 p.m., for the purpose of passing a special resolution, altering the articles of association in the manner recommended by the Council, or in such other way as the general meeting may determine, to change the commencement of the Society's financial year from May 1st to January 1st in each year, and to transact other business of the Society.

Pharmacological Research Fellowship.

IN connection with the recent foundation of a Research Fellowship in Chemical Pharmacology by the Court of the Salters' Company, the Research Committee of the Pharmaceutical Society announces that the selection of the Salters' Company's Research Fellow will take place on July 3 next. Written applications for the Fellowship must be received by the Director of the Research Laboratory, 17 Bloomsbury Square, London, before June 30.

Swansea General Hospital.

AT the monthly meeting of the Committee of the above hospital, held last week, it was announced that someone who wished to be known as "A Friend" had given, through Mrs. Ebenezer Davies, £1,200 for the endowment of a bed to be placed in the institution.

Presentation to a Medical Officer of Health.

AT the last meeting of the Marylebone Vestry, held at the Court House, Marylebone Lane, Dr. Alexander Wynter Blyth, medical officer of health, was presented with a handsome illuminated framed address on vellum on behalf of the vestry, in appreciation of services rendered in connection with the temporary fever hospital opened by the vestry during the period when scarlet fever was so prevalent in the metropolis.

The Meeting of the Medico-Psychological Association at Dublin.

THE annual meeting of the Medico-Psychological Association of Great Britain and Ireland is being held this week in Dublin: the session was opened by the delivery of a presidential address yesterday (Tuesday) by Dr. Connolly Norman, at the College of Physicians, Kildare Street. Among the members of the Association who have signified their intention to be present and take part in the proceedings are Professor Benedikt, of Vienna; Dr. Jules Morel, Inspector of Asylums in Belgium; Dr. Rene Semelaigne, Secretary to the Medico-Psychological Society of France; Dr. Curwen, President of the American Medico-Psychological Association; Drs. Savage, Hack, Tuke, Mercier, and Percy Smith, of London; Clouston, Elkins, and Batty Tuke, of Edinburgh; Nicholson, of Broadmoor Criminal Asylum; Whitcombe, of Birmingham; Urquhart, of Perth; Rutherford, Crichton Institution, Dumfries; Baker and Price, of York; Lindsay, of Derby; Oscar Woods, of Cork; Ringrose Atkins, of Waterford; Andriezen, of Wakefield; Strahan, of Northampton, &c. Professors Cunningham and Frazer, of Dublin, will also attend and give demonstrations.

Vital Statistics.

THE deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 17·0 per 1,000 of their aggregate population, which is estimated at 10,458,442 persons in the middle of this year, and were—Birkenhead 21, Birmingham 17, Blackburn 17, Bolton 16, Bradford 16, Brighton 12, Bristol 13, Burnley 18, Cardiff 18, Croydon 12, Derby 13, Dublin 25, Edinburgh 17, Gateshead 17, Glasgow 21, Halifax 18, Huddersfield 17, Hull 14, Leeds 17, Leicester 13, Liverpool 20, London 16, Manchester 19, Newcastle-on-Tyne 16, Norwich 18, Nottingham 19, Oldham 15, Plymouth 14, Portsmouth 14, Preston 13, Salford 21, Sheffield 16, Sunderland 20, Swansea 16, West Ham 16, Wolverhampton 30. The highest annual death-rates were—From measles, 2·2 in Birmingham, 2·5 in Birkenhead, and 2·6 in West Ham; from scarlet fever, 1·8 in Salford.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

THE PROGRESS OF SURGERY.

TIME A.D. 1870.

Scene: Surgical Ward.

Surgeon: How is Jones doing?

House Surgeon: Extremely well, sir; the wound is suppurating *nicely.*

Surgeon: That's all right.

TIME A.D. 1894.

Scene: The same as above.

Surgeon: How is that amputation of the breast?

House Surgeon: I'm sorry to say, sir, the wound is suppurating.

Surgeon: What! Suppurating!!! *Do you say suppurating!* Well—I'm——(left gesticulating.)

FABLE.—1. Under existing circumstances, we deem it advisable not to publish. It will provoke correspondence of a nature we are desirous of avoiding. 2. The letter on the Hindu question to which you call attention is a powerful indictment against the authorities if the references are to actual facts. It might, however, have a mischievous effect if dealt with in a recognised organ of medical opinion.

MR. BENTHAM.—On absorption of iodoform iodine appears in the urine. Not unfrequently it causes unpleasant results: symptoms resembling meningitis, suffused face, contracted pupils, sterterous breathing—occasionally delirium results. Poisoning by iodoform produces wide-spread fatty degeneration. It possesses no germicidal properties, and is being rapidly discontinued as a surgical dressing. Germs will even grow in powdered iodoform. It does good by absorbing the liquids of the wound, and thus interfering with germ growth. Had it not been so ill-smelling it would long since have been relegated to the obscurity of Koch's cure.

Meetings of Societies, Lectures, &c.

WEDNESDAY, JUNE 13TH.

LONDON POST-GRADUATE COURSE.—Hospital for Skin Diseases, Blackfriars.—At 1 p.m., Dr. Payne: Lupus Erythematosus.

METROPOLITAN HOSPITAL (Kingsland Road, N.E.).—At 5 p.m., Dr. Tooth: The Anatomy and Pathology of the Spinal Cord. (Post-Graduate Lecture.)

ROYAL COLLEGE OF SURGEONS, ENGLAND.—At 5 p.m., Prof. William Thorburn: The Surgery of the Spinal Cord and its Appendages.

ROYAL SOCIETY.—Annual Conversazione.

WEST LONDON HOSPITAL (Hammersmith).—At 5 p.m., Dr. Ball: Throat and Nose Cases. (Post-Graduate Course).

THURSDAY, JUNE 14TH.

BRITISH GYNÆCOLOGICAL SOCIETY.—Specimens will be shown by Mr. O'Callaghan, Dr. Eden, and Dr. C. Martin. Mr. J. W. Taylor: Intra-peritoneal Hæmatocele and its Relation to Unruptured Tubal Pregnancy ("Tubal Abortion").

LONDON POST-GRADUATE COURSE.—Hospital for Sick Children, Great Ormond Street.—At 3 30 p.m., Dr. Lees: Cases in the Wards National Hospital for Paralysed, Bloomsbury.—At 2 p.m., Dr. Gowers: Clinical Cases. Central London Sick Asylum, Cleveland Street, W.—At 5 30 p.m., Dr. Cheadle: Cases in the Wards.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Living and Card Specimens at 8 p.m.:—Dr. S. Stephenson: A case of Coloboma of the Lens (Double).—Mr. H. Work Dodd: A case of Binocular Polycoria. Papers at 8.30 p.m.:—Dr. James Taylor: Optic Neuritis in its Relation to Cerebral Tumour and Trephining.—Mr. R. C. Ridley: Some Points in the Histology of Trachoma.—Mr. Simeon Snell: (1) Cases of Congenital Serous Cyst of Eyelids associated with Anophthalmos or Microphthalmos; (2) Osteoma of Orbit.—Mr. Spencer Watson: A New Operation for Trichiasis and Distichiasis.—Dr. A. Freeland Fergus: Notes on Peculiar Ophthalmic Conditions occurring in Members of the Same Family.

FRIDAY, JUNE 15TH.

LONDON HOSPITAL MEDICAL COLLEGE.—At 4 p.m., Mr. Jonathan Hutchinson: On Melanotic Sarcoma.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—At 5 p.m., Prof. William Thorburn: The Surgery of the Spinal Cord and its Appendages.

SATURDAY, JUNE 16TH.

LONDON POST-GRADUATE COURSE.—Bethlem Hospital.—At 11 a.m., Dr. Craner: General Paralysis.

MONDAY, JUNE 18TH.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—At 5 p.m., Prof. Pick: Diseases of the Ends of Long Bones in Children.

ST. JOHN'S HOSPITAL FOR SKIN DISEASES (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Tuberculosis of the Skin.

Vacancies.

Coventry and Warwickshire Hospital.—House Surgeon and Assistant House Surgeon. House Surgeon's salary £100 per annum, and Assistant £15 per annum. Applications and testimonials to the Secretary on or before June 18th.

District Infirmary, Ashton-under-Lyne.—House Surgeon. Salary £90 per annum, with board and lodging. Applications and testimonials to the Hon. Sec. by 19th June.

East Riding Lunatic Asylum, Beverley.—Assistant Medical Officer (unmarried). Salary £100 per annum, with board, lodging, and washing. Applications and testimonials to the Clerk to the Visiting Committee by 19th June.

Essex County Lunatic Asylum, Brentwood.—Third Assistant Medical Officer and Pathologist. Salary £120 per annum, with board, lodging, and washing. Applications and testimonials to the Medical Superintendent by 20th June.

Newport and Monmouthshire Infirmary, Newport, Mon.—House Surgeon. Salary £100 per annum, with board and residence. Applications and testimonials to the Secretary by 23rd June.

Royal London Ophthalmic Hospital, Moorfields.—Curator of Museum. Salary £120 per annum. Applications and testimonials to the Secretary by 30th June.

Wolverhampton and Staffordshire General Hospital, Wolverhampton.—Resident Assistant. Board, lodging, and washing provided. Applications and testimonials to the Chairman of the Medical Committee by 25th June.

Appointments

BLACK, B. S., M.B., C.M., D.P.H.Aberd., Medical Officer, Government Bacteriological Department of Medical Science, Cape Colony.

BRYETT, L. T. F., M.B., L.R.C.P.Lond., D.P.H., M.R.C.S., Medical Officer of Health for the Parish of Shoreditch.

CAMPBELL, P., L.R.C.P., L.R.C.S.Edin., Medical Officer of Health for the Pontypool Rural Sanitary District.

COLVILLE, J., M.B., B.S.Irel., Medical Officer to the Belfast Royal Hospital.

JOSEPH, J. J., L.R.C.P., L.R.C.S.Irel., Medical Officer for the No. 2 Sanitary District of the Parish of Battersea.

KIRK, T. S., M.B., B.S.Irel., House Physician to the Belfast Royal Hospital.

MITCHELL, T., M.D., C.M.Glasg., Medical Officer of Health for Llandilo, Talybont.

MORRIS S. G., M.B., C.M.Ed., Medical Officer for the Cwmtwrch and Cwmllynfell Sanitary Districts of the Swansea Union.

POWELL, L., L.R.C.P.Edin., L.M., M.R.C.S., Medical Officer for the No. 2 Sanitary District of the Shepton Mallet Union.

ROBERTSON, J., M.D., B.Sc.Edin., Medical Officer of Health for the Borough of St. Helens.

RUDD, W. A., M.D.Durh., L.R.C.P., M.R.C.S., Assistant Medical Officer to the Infirmary of St. Mary Abbotts, Kensington.

STANWELL, ST. J., M.B., C.M.Edin., M.R.C.S.Eng., House Surgeon to the Stamford and Rutland General Infirmary.

TAYLOR, D. M., M.B., M.S.Glasg., Medical Officer for the Bromley Workhouse of the Stepney Union.

TOLLER, C. W. E., M.D.Durh., L.R.C.P., M.R.C.S., Medical Officer for the Ilfracombe Sanitary District of the Barnstaple Union.

TOOGOOD, F. S., M.D.Lond., M.R.C.S., Medical Officer to the Lewisham Infirmary.

WALKER, W. W., B.A., M.B., B.C.Cantab., Junior House Surgeon to the Great Northern Central Hospital.

Births.

BELL.—June 3rd, at Upgate, Louth, the wife of Charles W. J. Bell M.R.C.S.Eng., of a daughter.

BOWKER.—June 8th, at Cwmbran House, Newport, the wife of C. Stanser Bowker, L.R.C.P., of a daughter.

GROOME.—June 1st, at New Cross Road, S.E., the wife of Walter Groome, M.B., M.S., of a daughter.

KEY.—June 2nd, at Wilton Place, Belgrave Square, S.W., the wife of A. Cooper Key, M.D., M.R.C.P., L.S.A., of a daughter.

WALLIS.—June 5th, at East Grinstead, the wife of P. E. Wallis, L.R.C.P., M.R.C.S., of a son.

WREFORD.—June 2nd, at Clapham Road, S.W., the wife of S. Wreford, M.R.C.S., of a daughter.

Marriages.

BURT - HARROP.—June 7th, at All Saints' Church, Kensington, Wm. Chas. Burt, M.R.C.S., L.R.C.P., of Torrington, to Edith Constance, youngest daughter of the late T. C. Harrop, of Liverpool.

LUMLEY—BALL.—June 2nd, at St. Augustine's, Honor Oak, Frederick Davidson Lumley, Surgeon R.N., to Pattie Codrington, younger daughter of the late Staff Commander Edward Codrington Ball, R.N., K.L.H.

REDFERN—HENRY.—June 4th, at St Stephen's, South Kensington, John Joseph Redfern, M.A., M.D., of Croydon, eldest son of Professor Redfern, M.D.Lond., F.R.C.S., of Belfast, to Eva Maud, daughter of the late Rev. P. Shuldam Henry, D.D., President of Queen's College, Belfast.

REYNOLDS—HALL.—June 6th, at St. James's Church, Brighton, Graham Hay Reynolds, M.B., C.M., of Frognal, Hampstead, to Herculena Maud Millicent (Mag), younger daughter of Major Macdonald Hall, of Brighton, late 1st Royal Dragoons and 62nd Regiments

SIMPSON - STOTT.—June 5th, at St. Pancras Church, John Simpson, B.A., M.D., Highgate Road, London, to Mary Helen, daughter of Thomas S. Stott, M.R.C.S.Eng., Highgate Road, N.W.

Deaths.

GRAHAM.—June 1st, at Barnes, suddenly, Brigade-Surgeon Henry William Graham, India Medical Service (retired), aged 67.

JOLLY.—June 9th, at Bournemouth, Robert Jolly, M.D., F.R.C.S., late of Birmingham.

MALCOLM.—June 5th, at Rosebery Crescent, Edinburgh, Robert Bowes Malcolm, M.D., F.R.C.P.E., and F.R.S.E., aged 86.

WILL.—June 1st, suddenly, at Rubislaw Terrace, Aberdeen, James Will, M.D., J.P., of Woodside.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY JUNE 20, 1894. No. 25.

Vienna Clinical Lectures.

NITRITES IN URINE.

By PROFESSOR MAX, AND ADOLF JOLLES,
Of the Chemico-Microscopic Laboratory, Vienna.

[REPORTED BY OUR OWN CORRESPONDENT.]

SINCE the interest excited by Dr. Latzko in cases of osteo-malacia here, we have further investigated other cases and examined the tests supplied in determining the various constituents of the urine. With this object in view we had also to select cases of osteo-malacia, under varying conditions so that special applications might be carefully examined and fallacies eliminated. Having obtained an undoubted case of this disease we carefully examined the urine day by day for four weeks, with special attention directed towards the nitrites which recently has been assumed to be one of the morbid changes in osteo-malacia. We have found however, and incontestably proved, that this morbid condition is not constant in the urine of all osteo-malacia conditions; we admit that it is sometimes present and sometimes intermittent, one day it may be absent, the next present, or it may be two or three days absent, and a trace of the nitrite found on the fourth or fifth day.

The presence of nitrites in urine has been established by Schönbein to exist in urine after decomposition, but the condition under which it has appeared has not been clearly set out, even this condition of flocculent decomposition of urine has not always been proved to possess nitrites any more than the fresh urine, although Schönbein appears to have met with it frequently and presumed that it was always present in certain conditions of decomposition. His presumption was that the fermentative changes in the nitrates present in the urine were reduced and nitrites formed.

Rhömann has confirmed the results of Schönbein, but has added to this information that nitrites are only present in decomposing urine when nitrates are found in the fresh urine, and that nitrites are not formed through the oxidation of the nitrite of ammonia as was earlier assumed. In consonance with Schönbein and Rhömann I have met with nitrites in cloudy urine which had been acid from the beginning, and which had stood exposed to the air for some time, but immediately the urine became alkaline the nitrites disappeared. This condition I have followed with much interest in different forms of urine, but as soon as the nitrites disappear the urine will become alkaline, or the same state produced by alkalising urine. There are also conditions of urine where nitrates are in abundance where it may stand until the cloudy state of the urine is produced and not a single trace of nitrites to be found in the whole history of the decomposing change. We must therefore conclude that the nitrites are not formed by this change taken by itself, that it is not the cloudy condition of putrefaction that produces the nitrites, nor the reduction of nitrates into nitrites. We must look elsewhere for the potent factors in this production which seem too enigmatical at the present time. I am quite prepared to accept it as an important diagnostic sign in the clinical investigation of disease, but whether it be osteo-malacia, or another morbid condition that is the proximate origin I cannot venture to assume.

The tests for nitrites vary and some may be said to be inapplicable for urine. The most sensitive of these is the reaction with dilute sulphuric acid and iodide of potassium. This is, for water, perhaps quite reliable, but for urine it loses the so-called sensitive reaction owing to a number of ingredients, both in normal and pathological urine that take up the iodine and destroy the test. Among these may be mentioned uric acid, the colouring matter in urea as urobilin, the aromatic products of decomposition, such as phenol, which are usually present in the normal urine. In pathological conditions the products of the gall-duct, such as bilirubin, which is oxidised to biliverdin or choleic acid, albumen and blood all tending to mislead by taking part in the absorption of the iodine.

When we consider these difficulties in the iodine reaction where there are only traces of nitrites present, it is scarcely possible to be so accurate as might be wished, but where no alteration of colour takes place within a certain period we are inclined to decide in the absence of nitrites, but the smallest quantity detected is very variable, especially when depending upon the normal or abnormal condition of the urine as pathological ingredients enter into our calculations. The following condition may be cited as a fair example of the sensitiveness expected by such a test.

Specific gravity at 15 Cent.		1·024.	
Acidity . .		acid.	
Urea . .		25·78	per thousand.
Uric acid . .		16·1	„ „
Combined sulphuric acid		2·93	„ „
Double sulphates .		0·75	„ „
Chloride of sodium		8·7	„ „
Phosphoric acid Anhydrid	earthy	0·47	= 1·6 per 1,000.
	alkaline	1·13	
Albumen . .		0·21	„ „
Sugar . .		0·7	„ „
Gall colouring matter		large quantity.	
Uric indigo .		greatly increased.	

In this analysis the presence of nitrites was very small with the zinc iodide and starch solution, but when tested under gravimetric analysis it gave 0·0015 gr. N_2O_3, or about 10 ctms. in the urine under investigation. Considering the importance of nitrites when found in small quantities in the blood it is necessary to revert to more reliable investigations when suspicion arises and when anxious to determine the quantity of nitrites present. Several other tests are commendable for their accuracy, but the most reliable seems to be sulph-anilic acid and α-Naphtylaminum-sulphuricum. The mode of application in urine is similar to that in water given by the Society of German Chemists, although it is better to watch the changes in the urine by the use of turmeric, or a species of yam. With this object 120 ccm. of the urine is taken and warmed in an Erlenmayer flask to 40°, about half a teaspoonful of vegetable charcoal is added and shaken well and afterwards filtered. With good yam the first filtrate, if the urine be not too concentrated, will be perfectly clear for observing the change of colour. It must be evident to all that extreme care be taken to eliminate all nitrites from the clarifying agent, or fallacies will be sure to arise. The *modus operandi* is conducted with a glass-stoppered cylinder holding a little over 100 ctm. 100 ctm. of the decolorised urine is placed in this cylinder, to which is added 1 ctm. of a colourless solution of sulpho-anilic acid with 1 ctm. of dilute sulphuric acid (1 : 10); the stopper is now placed in the cylinder and the mixture allowed to stand for two or three minutes, when a colourless solution of sulphuric acid—α-Naphtylamin—is added and the stopper replaced. If a single trace of nitrites be present a red or a rose colour will appear within thirty minutes after the last addition. A few examples of the delicacy of this test may be cited from our register.

Test 1.—100 ctm. of urine clarified as above contained 0·000128 gram, N_2O_3. This urine had sulphuric acid added to acidify the urine, 1 ctm. of sulph-anilic acid added, and after several minutes 1 ctm. of the α-Naphtylamin solution, the stopper replaced and left to stand a short time, when a deep rose colour appears.

Test 2.—100 ctm' were treated in the same manner, with the following result: 0·000064 gram, N_2O_3. This also gave a rose colour.

Test 3.—100 ctm. treated as above gave 0·000032 gram, N_2O_3, which also had a slight rose-colour reaction, which did not appear till the solution had stood for twenty-five minutes.

Another very sensitive test for nitrites in urine is that represented by Schäffer, and recently improved by Deventer, but is more applicable for qualitative testing in the presence of nitrates, which gives a peculiar distinct reaction in water. This test as performed by Schäffer is accomplished with a solution of potassium nitrite, a few drops of ferrocyanide of potassium, and a little acetic acid, which produces an intense yellow colour. According to Deventer, the following reaction takes place:

$$2K_4FeCy_6 + 2HNO_2 + 2CH_3COOH = K_6Fe_2Cy_{12} + 2CH_3COOK + 2NO + 2H_2O.$$

We have frequently used this test in our laboratory work, and find the reaction perfectly distinct and accurate when nitrites are present in the urine. The most practical way of conducting the test, in our opinion, is to take about 10 ctm. of the urine which has been decolorised by animal charcoal, and of this quantity, 3 or 4 ctm. are placed in a test tube with an equal volume of dilute acetic acid (1 : 10) to which may be added two, or at most, three drops of a dilute solution (1 : 20) of ferro-cyanide of potassium. In the presence of nitrites this will strike the characteristic yellow colour which can be easily recognised if 0·000045 gram of N_2O_3 be present in 100 ctm. of normal urine. If the quantity be so small that doubt is entertained of the change of colour, it is wise to take an equal quantity of normal urine as a comparison in colour when the slighest change produced by the test can be easily observed. According to Deventer's hypothesis of Schäffer's reaction, one molecule of ferrocyanide of potassium is equal to one molecule of nitrous acid which is observed in the form of nitrous oxide. From this change of constituents, Deventer attempts to formulate a quantitative analysis, and by the aid of the eudiometer measures, the nitrous oxide from the liberation by ferrocyanide and acetic acid. He has obtained favourable results, but our own experience is not so satisfactory. With the object of testing its efficacy, we used a nitrite potassium solution, the quantity of N_2O_3 being known by analysis. One cubic centimetre of this KNO_2 solution = 0·0154 gram N_2O_3. The result of our analysis may be here briefly reviewed. Having obtained a solution of known quantity of N_2O_3, we took 4 ctm. of the solution placed it in a eudiometer containing 25 ctm., and after Deventer's method used a ferrocyanide of potassium acetic acid solution to decompose after which the nitrous oxide was measured. Four ctm. of NNO_2 contained 0·0616 gram N_2O_3 according to the first test, 0·0184 gram was obtained. The second experiment with the same urine and solution gave 0·0306 gram. Notwithstanding these anomalous results in urine, the test seems to be of value when used in water, but in urine it cannot be relied upon.

When quantitative analyses of nitrites are to be taken, the most reliable in practice appears to be the colorimetric method pursued by Trommsdorff, which is nothing more or less than a modification of the zinc iodide and starch solution with sulphuric acid. It is a comparative one, having a solution of known strength, it is treated in the same manner with distilled water as an equal quantity of the urine. We have shown above that many fallacies will arise if the time in examination be delayed, but to obviate this the urine may be decolorised and the analysis conducted speedily before the different ingredients of the urine begin to act on the iodide. Another important point in the volumetric analysis is how many cubic centimetres of the iodide of zinc and starch solution is necessary for producing the blue coloration. The quantity is not constant even in water, and, therefore, for urine must be still more variable. The quantity of sulphuric acid to be added is from 2 to 3 or 4 to 5 cubic centimetres in urine, but, as already stated, many factors have to be observed in order to obviate error.

In order to make myself clear to my hearers, I shall briefly relate the points I desire to be observed in my lecture:—

(*a*) Nitrites are sometimes produced in acid fermentation when the urine is cloudy.

(*b*) We are then unable to say why nitrites are not always present in acid fermentation, even when large quantities of nitrates are present.

(*c*) The tests for nitrates hitherto applied in urine testing with dilute sulphuric acid, iodide of potassium and starch are not sufficiently sensitive or reliable without modification because the normal as well as the pathological urine contain elements that greedily absorb the iodide and render the test useless when small quantities or traces of nitrites are present.

(*d*) The most reliable quantitative test for the presence of nitrites in urine is that of sulphanilic acid, sulphuric acid with α-Naphtylamin which will detect the presence of 0·000032 gram N_2O_3 in every 100 ctm. of urine.

(*e*) The quantitative test of nitrites most in use is the so-called "Schäffer reactions," consisting of ferrocyanide of potassium and acetic acid. Its delicacy reaches 0·000045 gram of N_2O_3 for every 100 ctm. of urine. The quantitative test for urine derived from this by Deventer in his reports to the German Chemical Society are not to be recommended.

(*f*) The most practical quantitative estimation of nitrites in urine at the present time is the colorimetric measure adopted by Trommsdorff, which is only a modification of the zinc iodide, sulphuric acid, and starch solution.

The exact net profit from the "Kosmos" Bazaar, in aid of the City of Dublin Hospital, last year, was £12,005 14s. 5d.,—a splendid reward for the enterprise and labours of its managers. Unhappily, the works of enlargement and decoration, for which the sum was collected, are, and have been for about a year, totally suspended, and the hospital is completely disjointed thereby. We believe that the contractor became bankrupt, and from that day to this the business is in the hands of the lawyers, where it seems likely to stay.

Dr. and Mrs. MacVean, on the occasion of their marriage last week, presented a cheque for £1,000 to the Lancaster Infirmary for the purpose of endowing a bed in the institution.

ON THE TREATMENT OF CERTAIN FORMS OF ADVANCED CANCER OF THE UTERUS. (a)

By FRED. BOWREMAN JESSETT, F.R.C.S.,
Surgeon to the Cancer Hospital, Brompton.

In the compass of this paper I wish it to be understood that I intend to confine my remarks to the treatment of those forms of cancer of the uterus that, on account of the extent of the disease, are totally unsuitable for any form of operative interference, by which I mean vaginal hysterectomy or supra-vaginal amputation of the cervix.

The treatment of these advanced cases of the disease is a subject which has occupied the attention of both physicians and surgeons from time immemorial, and although many forms of treatment have been suggested, no permanent benefit has been obtained, and the poor suffering women who are the victims of this terrible disease have been allowed to perish unrelieved.

Cancer of the uterus, and I use the term cancer here in its broadest sense, including all forms of malignant disease of the organ, has occupied my attention now for some years, and I have given every form of treatment that has been suggested by different surgeons my earnest attention, and with but few exceptions have tried them all, and have been doomed to disappointment.

I have examined the uteri of women who have died in the hospital with a view of ascertaining the cause of death in these cases, and found that a large number died from uræmic poisoning caused by the ureters being obstructed by and involved in the disease, others died from secondary growths, and some died apparently from septic mischief and exhaustion. I was much struck, however, by the limited extent of the disease in the body of the uterus. In many cases in which clinically it was supposed the whole organ was infiltrated it was found that the disease was limited to the external os and neck of the uterus, but that it had extended laterally into the cellular tissue around the neck implicating the ureters, or had extended to the vaginal wall, in many advanced cases invading the bladder in front or the rectum behind.

I therefore came to the conclusion that for practical purposes we might divide these diseases into three divisions.

1st. Those in which the disease was limited to the uterus, this organ being movable and readily drawn down to the vulva.

2nd. Those cases in which the disease had extended beyond the neck of the uterus into the surrounding cellular tissue, thus more or less fixing the uterus in this situation and perhaps the roof of the vagina being slightly involved.

3rd. Those cases in which the disease extended beyond the above limits, invading the vagina and possibly the bladder or rectum, or indeed both these organs.

It is to the treatment of the two latter forms of the disease to which I wish to allude to-night, and it will be well to dispose of those cases included in the third division first.

When the disease has extended to the vaginal walls, implicating the bladder and rectum, I fear nothing but purely palliative measures can be adopted. Our aim must be to make these poor women as comfortable as possible by relieving their pain and keeping the parts as clean and sweet as we can. To accomplish the first object there is nothing which answers so well as morphia and belladonna suppositories introduced several times a day if necessary. I have found relief given in many of these cases by, in the first place, syringing the vagina thoroughly well out with a solution of iodine and water, and here let me recommend this being done through a speculum. I have specula of different lengths, so that if the vagina is much involved I can introduce a short one, such as the one I now pass round, for in all these cases I think it is more important to get as good a view as possible of the diseased parts. Having syringed the parts as thoroughly as possible, I proceed with dry tampons of cotton wool to wipe the parts well, removing as much as possible of the sloughy *débris* which is sure to be present, and finally I apply a solution of chromic acid (ʒij to ℥j) to all the diseased surfaces, being careful not to allow this solution to run on to the healthy tissues. These are protected by applying a saturated solution of carbonate of soda. Finally a long strip of gauze is introduced and a morphia suppository placed into the rectum.

The vagina is kept syringed out with some antiseptic solution some three times a day. In a few days a quantity of sloughy material will come away, and the discharge be very much less offensive, and the pain will be relieved in every case in a most marked degree. The patient improves in general health and the appetite returns. For after-treatment I adopt the plan of inserting a small ball of gauze filled with iodoform or iodol, and a strip of iodoform gauze attached to it. This has the effect of keeping the parts wonderfully clean. With respect to medicinal treatment, I think our great aim must be directed to giving tonics, keeping the bowels regularly opened, and improving the general tone of the patient as much as possible, and ordered the tabloids of chian turpentine and ichthyol.

In this form of the disease, then, we can never hope to eradicate the disease, but we can I am sure prolong life and relieve suffering.

In those cases included under the second division, however, there is a much brighter outlook, and it is in these cases that we can hope not only to give relief, but to remove the diseased parts almost as surely and as effectually as we do in those cases which are suitable for complete or partial extirpation.

It must be borne in mind that the post-mortem examination of a number of cases showed that the disease was limited to the cervix and os. In other cases the body was implicated, but very rarely to such an extent as the cervix, thus pointing to the supposition that the disease usually commenced in the cervical canal and then extended outwards to the cellular tissue beyond. It must further be borne in mind that only in some of the very advanced cases did the patient suffer from secondary growths, although it is true that there were quite a number who had their lumbar and sacral glands infiltrated with the disease, but in many of these cases the glands did not appear as if they had long been affected. We may, therefore, I think, in this class of disease look upon it as a purely local affection, and we may hope if we can remove the growth that our patients may recover, and possibly be radically cured.

The plan that commended itself most to my mind was that practised by Dr. Marion Sims; the thorough clearing out of the advanced disease, however, appeared to me to be of paramount importance. The curettes which were adopted by this surgeon and by others did not commend themselves to me, in fact, I had seen disaster follow their use. I have seen on more than one occasion the curette passed completely through the uterine wall into the peritoneal cavity; moreover, after the uterus has been apparently thoroughly curetted, on examining the surface it has been rough and uneven, with ridges here and there, in fact, these curettes were in my opinion ill-adapted to the purpose. I next turned my attention to Bell's dredgers, but found these did not fulfil all I wished, as they were too pliable, and their calibre was too small. The idea then occurred to me, if

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(a) Read before the West London Medico-Chirurgical Society, April 6th, 1894.

I could have an instrument constructed somewhat after the principle of Bell's dredger, in which I could increase in size the cutting blades by means of a screw in the handle, and furnished with watch-spring knives so shaped as to enable me to scrape out the contents of the uterus by simple rotation, I should have made a considerable advance, and should be able to accomplish all I required. Such an instrument has been made for me by Messrs. Maw, Son, and Thompson, and, as you will see, is worked by means of a screw at the end of the handle. By means of this screw the blades, which when first introduced lie flat on the central rod, are made gradually to expand until they represent an area of about one and a half inches in diameter. Here then I was furnished with an instrument by means of which I was enabled to remove the whole contents of the uterus with comparative ease, and as the blades are not too sharp, no mischief can be done with them, and very little bleeding follows its use. By using this instrument a perfectly smooth even surface is left, and this is of the greatest importance, as if the surface is uneven the application of the caustic is rendered uncertain and unequal, as in those parts which are elevated it would naturally penetrate very much less deeply than in the depressions.

The next question which arose was the form of caustic and the best method of applying it, and here I followed in the steps of Dr. Marion Sims in using absorbent wool soaked in a solution of chloride of zinc. There is, however, a great difficulty in getting this wool prepared strong enough, as if a saturated solution is used the wool becomes unevenly saturated, and it is knobby and hard. Mr. Stevens, chemist, has taken a great deal of trouble in the preparation of this wool, and he tells me the strongest solution he can use is chlorid. zinci ʒvj to water ℥j. After saturation the wool is carefully dried and kept in a firmly stoppered bottle ready for use. In very bad cases, however, I have been in the habit of having a paste of chloride of zinc prepared at the time of operation, and soaking the wool in the paste, and getting it as dry as possible by squeezing it out in a piece of gauze, and then packing the cavity which has been cleared out with it. Great care has to be exercised in packing to prevent the caustic from running over the healthy vaginal walls.

Method of Applying the Dredger and Caustic.—The patient being thoroughly anæsthetised, is placed in the lithotomy position with Clover's crutch. The vagina is then thoroughly irrigated with carbolised water, a Sims' speculum being introduced. By means of stick sponges the vagina is then dried. The dredger closed is now passed into the diseased canal and rotated from left to right. At the same time the blades are opened by means of the screw in the handle. The dredger very shortly becomes full of broken down diseased tissue. This is readily removed by rinsing the blades in a basin of warm carbolised water. It is then reintroduced and the blades slowly opened, the instrument being removed from time to time and rinsed until it is found that the parts from whence the disease has been removed presents a perfectly smooth surface. There is usually but little bleeding, nothing more in fact than a general oozing. This is readily arrested by having some water as hot as possible and by means of stick sponges applying this to the cavity; when this is found to be fairly dry the process of packing commences. Should there be much bleeding it will be advisable to check this either by touching with Paquelin's cautery, or plugging with gauze firmly, or applying perchloride of iron lint. In this case the packing with the zinc wool must be postponed until the next day, when it can readily be done in the ward.

Packing.—This is best done by having very small pieces of the wool and packing these in with uterine forceps, an assistant steadying the uterus by pressure above the pubes. It is astonishing what a quantity of wool can be packed in these cavities. When the cavity is quite firmly filled I place over the mouth a ring pessary with rubber diaphragm. The object of this is to prevent the action of the chloride of zinc at the orifice from being neutralised. The vagina is now plugged with tampons of wool soaked in a saturated solution of carbonate of soda. I find it a good plan to introduce one tampon thoroughly soaked and allow it to remain in for a few minutes, and then remove it so as to neutralise any of the caustic which may have leaked on to the vagina wall. Three or four plugs soaked are now passed into the vagina; and here again you will find it a great convenience if you have them tied together in the form of a kite's tail, as it saves so much trouble when removing them. The patient is now returned to bed

The next day the carbonate of soda tampons may be removed and fresh ones introduced, or they may remain in for some few days. Should there be no tenderness or rise in temperature the chloride of zinc packing need not be removed for four or five days; this is most easily extracted by means of Marion Sims' screw, which consists of a long straight steel rod with a very fine double screw, like a very small corkscrew at the top. After the packing is removed the vagina and cavity should be well syringed out with some antiseptic solution. I prefer weak iodine and water. A piece of iodoform should be packed into the cavity. This should be removed night and morning and the part syringed on each occasion. In syringing the vagina I prefer using a full-sized Ferguson speculum, as it is much easier to syringe out any sloughs or *débris* that may be detached.

At the end of from 7 to 10 days the slough created by the caustic will become detached, and can readily be removed, by means of uterine forceps. The slough should always be allowed to become quite loose before being removed, or troublesome hæmorrhage may follow. A healthy, clean, granulating surface usually is left. In some cases it may be necessary to repack the cavity if the disease does not appear to be removed. Should portions of the surface appear roughened with nodules present here and there, I have caused these to be removed by injecting a few drops of solution of chromic acid, ʒj—℥j, directly into the growth by means of a long hypodermic syringe. This has a very marked effect, causing the nodule to become hard, and this after another week or ten days detaches and can readily be removed.

With regard to medicinal treatment, I have been in the habit of giving small doses of bromide of arsenic, with, I think, in some cases, good effect. Chian turpentine also appears in some cases to tend to cleanse the parts. I have had some tabloids prepared for me by Burroughs and Wellcome, composed, some of chian turpentine, chloride of gold and sulphur, others of turpentine, pyo-tannin, and ichthyol. These tabloids have proved most successful in these cases.

I have now treated a number of cases by the method I have described, in many with very markedly beneficial effect. Some have been treated some months ago, and are still free from any recurrence.

I have constantly been asked if this treatment by caustics is not very painful. I was myself much surprised on seeing the patient the day after operation to find they one and all expressed themselves as suffering no pain whatever, and also saying that their old pain had disappeared. In several cases what appears to be the whole uterus has come away after the free application of the caustic. Here are three specimens.

The following case illustrates well the method I have described. I have now operated upon ten cases with not one fatal result, although in two cases in which the posterior wall of the vagina was implicated a recto-vaginal fistula was established:—

Emma B., æt. 37, married, 8 children; one miscarriage two years ago. Admitted into Cancer Hospital March

18th, 1893. Complains of offensive discharge, sometimes blood-stained. Also has pains in the back and shooting pains down the left leg as far as the knee. Patient first noticed the discharge a year ago; she was then seven months pregnant. She has lost much flesh. There is no family history of cancer. Patient was ordered morphia ⅓ gr. three times a day, as the pain was so severe.

Present Condition.—A large crater-like cavity in the situation of external os, easily admitting the tip of finger. The growth has extended to the vaginal walls; uterus much less movable than normal.

April 8th, 1893.—Under ether the growth and whole of interior of the uterus was removed with the dredger. The cavity thus left was packed with chloride of zinc wool. The vagina was then plugged with tampons of wool which had been squeezed out of strong solution of carbonate of soda and water.

April 10th.—Vaginal plugs removed. Vagina well syringed out through a Fergusson speculum. Dry tampons placed in vagina. The vagina was syringed out three times a day

April 12th.—Chloride of zinc wool removed from uterus, which was well douched out with 1-40 solution of carbolic acid.

April 13th.—Much offensive discharge and large sloughs removed.

April 18th.—No discharge or pain to speak of. Patient expresses herself as much better.

April 19th—Uterus again plugged with chloride of zinc wool and vagina packed with tampons squeezed out of carbonate of soda solution.

April 21st.—Chloride of zinc wool removed.

April 22nd.—Much offensive discharge and sloughs.

On May 21st, as there appeared to still be some growth remaining, the cavity was again plugged with chloride of zinc, which plugs were removed on May 23rd.

June 1st.—Patient discharged: has no pain or discharge to speak of, feels much stronger, and expresses herself as feeling quite well.

Aug. 3rd.—Still continues free from pain or discharge; the parts feel quite firm.

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OTORRHŒA AND ITS DANGERS.

By STEPHEN PAGET, M.A., F.R.C.S.,

Surgeon to the Metropolitan Hospital and to the West London Hospital.

(A Post-Graduate Lecture, Metropolitan Hospital.)

The bills of mortality for England show that the number of deaths every year from otorrhœa is about 500. To these we must add a yet larger number of deaths returned under such headings as meningitis and brain disease; and we shall probably be well under the mark if we say that every year, in England alone, the death-rate from disease of the middle ear is near 1,500 (*a*.) Nor can we wonder at this, when we consider how these deaths occur. We have to deal with a labyrinth of small cavities, from which the pus may be unable to escape: it is exposed to the air inside the mouth by the Eustachian tube, and to the outer air by the perforated membrana tympani, and thus it becomes thick and septic: there is nothing to check the advance of caries, and everything to favour it: the base of the brain, the under aspect of the temporo-sphenoidal lobe, the cerebellum, and the lateral sinus, are all in the immediate neighbourhood.

Truly prevention is better than cure; but until people think more seriously of earache we cannot do much as regards prevention. So much might be done: the removal of enlarged tonsils, and of adenoid growths: the arrest of the miserable earaches of children by the use of Politzer's bag: the teaching that the children must keep their mouths shut, and breathe through their noses; the careful watch for any sign of inflammation of the ear in scarlet fever, measles, and diphtheria: the arrest of the impending perforation by making a minute puncture through the membrane. But so long as mothers take their children's earaches as a matter of course, so long the death-rate will remain ten times what it need be.

Let us, then, take the cases where otorrhœa is already in full swing. Let us never fail to examine the membrane. Just as we make a rectal or vaginal examination, so in all cases of otorrhœa let us examine the membrane. It is a great advantage to hold a lens in front of the speculum. The mirror should be worn on the forehead, for two reasons: first, that we may look straight down the middle of the ray of light, and next, that we may have both hands free. We lose both these advantages if we hold the mirror in our hand: and the worst way of all is to hold the mirror between the teeth. I always use Brunton's otoscope: it pours a flood of light on to the membrane, and it contains a strong lens to magnify it.

The healthy membrane is a delicate greyish or yellowish white, with a tinge of rose-pink in it; and it has a fine curved lustrous surface like a pearl, or like the inside of a shell. That part of it which lies just below and in front of the insertion of the malleus catches the light more than the rest, and this bright triangular spot is called the cone of light. The malleus, of a clear ivory tint, is sharply defined, but does not stand out to any marked extent. That part of the membrane which lies just above the head of the malleus is called Shrapnell's membrane: it deserves attention, because perforations of Shrapnell's membrane are easily overlooked: they are, moreover, difficult to heal. In some membranes, where the head of the malleus is more prominent than usual, one sees two well-marked elevations of the membrane, one on each side of the malleus: these are the anterior and posterior folds of the membrane. There is as much variety in the healthy membrane as in the other features of our faces; slight differences of size and tint and curve: some membranes lie near the surface, others lie deep: in some the malleus is almost vertical, in others it is almost horizontal; in some we can clearly see the incus lying behind the malleus.

We are not concerned now with any changes in the membrane save those that are associated with otorrhœa. Let me only mention the two most common of them. 1. The so-called "retraction" of the membrane that we see so often in cases of deafness from repeated colds in the head, enlarged tonsils, or adenoid growths. This is not true retraction from shrinking or cicatrisation of the membrane; but the obstruction of the Eustachian tube hinders the passage of air up from the mouth into the cavity of the tympanum, and thus the weight of the atmosphere on the surface of the membrane, being unopposed, pushes the membrane inward; the malleus stands out so sharply that it looks ready to jump through the thin membrane stretched over it; and the natural concavity of the membrane is so increased that the cone of light is displaced or broken or lost. 2. The thickening of the membrane in those cases of intractable deafness which are most common toward old age. It loses its pearly lustre and its delicate texture: it becomes dull and opaque, of a dead-white tint, with traces of fibrous tissue in it, which give it a scarred, striated appearance.

But let us limit ourselves to otorrhœa and its dangers. Otorrhœa may, of course, occur without perforation. Very young infants sometimes have a slight discharge of clear thin fluid from the ear, not preceded by earache or by sore throat, and lasting only a few days: it is probably due to mere irritation of the meatus, like those raw moist patches that come in the folds of their necks and groins. True eczema of the meatus, at

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(*a*) C. A. Ballance, Med. Soc. Proc. 1890.

any time of life, may cause a thin irritable discharge from the ear: it may be tinged with blood, and is attended by troublesome itching, and sticks to the auricle in thin scabs. Foreign bodies in the meatus—such as beads and pebbles—may cause otorrhœa, though there is no perforation; and so, of course, may an abscess of the floor of the meatus. But in nine cases out of ten, where there is otorrhœa, there is perforation.

In some few cases perforation is due to external violence—a box on the ear, a violent kiss on it, a loud explosion near it, the meddlesome introduction of a hairpin into it, the presence of a foreign body. In most of these cases we find a narrow irregular slit or a minute laceration of the membrane, but no diffuse inflammation of it: such cases as a rule heal rapidly without suppuration. But perforation by a foreign body is a more serious affair: a large hole is made in the membrane, and there is acute inflammation of it, and of the tympanum. But in the vast majority of cases perforation is due to acute inflammation of the middle ear. There is the history of earache, and in most cases of frequent earaches in childhood: then comes one earache worse than the rest, two or three days and nights of intense depressing pain, tenderness, throbbing in the ear, headache, feverishness, the usual domestic remedies, then the sudden delicious relief of perforation, and a quiet night for everybody, dearly purchased at the cost of a hole in the child's membrane, which may be followed by caries, and then by erosion of the mastoid, or the upper or posterior aspect of the petrous, and then at last by infection of the meninges, or the brain, or the lateral sinus.

Unhappily, we seldom see these cases till the damage is done. If we do get such a case at its earliest stage, before the membrane is acutely inflamed, the use of Politzer's bag may stop all further trouble. In a later stage, when the whole membrane is scarlet and swollen, or we can see a drop of pus bulging behind it, we must give an anæsthetic, get a good light on the membrane, and puncture it with a paracentesis knife, or a fine sharp tenotomy knife, thus relieving the pain, arresting the inflammation, and evacuating the pus with the least possible damage to the membrane.

But let us take the rank and file of the cases where perforation has already occurred. Let us note the character of the discharge, whether it is mixed with blood, or with thin shreds of fibrin, or with hard flakes of caseous pus: whether it is offensive, not forgetting that pus which is not offensive may yet cause pyæmia by infection of the lateral sinus; there are plenty of cases to prove this. Let us note also whether the lotion passes into the mouth or nose; this of course proves that the membrane is perforated, but tells us nothing of the size or character of the perforation. Then, having carefully cleansed and dried the meatus, we examine the membrane. We note the presence or absence of a foreign body, or of a polypus. If granulations are present, we note their size and their point of origin; we see whether they are of recent growth, sensitive, vascular, bleeding from the mere passage of the lotion over them, or pale, flabby, indolent, and sodden with discharge. If there are no granulations, and nothing obstructs our view of the membrane, we note carefully the size, shape, and position of the perforation; we look to see if the membrane is perforated in more places than one, though this is rare. We examine the margin of the perforation, to see if it has that narrow edge of white that is a sign of healing; and we note whether the rest of the membrane is inflamed, or healthy, or scarred with old adhesions. It is easy to overlook a small perforation, especially in Shrapnell's membrane. But in most cases a few drops of lotion remain in the ear after we have syringed it, and these rise and fall with the pulse in the carotid, so that we see a bright point of light dancing up and down, or backward and forward, keeping time with the pulse, and this dancing bubble is a sure sign of perforation.

As regards the treatment of simple otorrhœa, I can add nothing to the teaching of those who speak with authority, or to the ordinary practice in such cases. We have to deal with a small deep abscess-cavity, inside a bone which easily becomes carious; the abscess-cavity cannot protect itself from septic and putrefactive organisms, and cannot drain, save at haphazard, and uphill, through a minute hole in an unyielding membrane. Our duty, therefore, is to cleanse it and drain it. To drain it, by the careful removal of all obstructions, such as polypi and granulations; to cleanse it, by diligent and vigorous syringing three or four times a day, and by the use of boracic acid, either packed into the meatus, or blown into it through a quill after each syringing. And if the perforation be small and recent, we must not use any boracic acid; it would only stop the drainage, and do more harm than good. As to the removal of granulations, I believe that astringent powders and lotions are worse than useless; they require chromic acid, forceps, curette, or galvanic cautery. And, for all that we can do, 25 or 30 per cent. of the perforations that we treat are incurable. A perforation that involves a third, or more than a third, of the membrane will never close; it will at best only come to a standstill by adhesion of the remains of the membrane to the back-wall of the tympanum.

As regards the dangers of otorrhœa, we may arrange them as follows:—

1. Abscess outside the mastoid.
2. Abscess inside the mastoid.
3. Invasion of the meninges, or the lateral sinus, or the brain, or of two of them, or all of them together.

All these dangers, with the exception of some of the abscesses outside the mastoid, where the pus finds its way between the bony meatus and the cartilage of the ear, come from the same cause: they all begin with caries of the tympanum and of the mastoid cells. Just as a carious tooth goes on to abscess at the roots, periostitis of the jaw, alveolar abscess, and abscess in the neck, so, more slowly and uncertainly, caries of the tympanum works its way either outward to an abscess outside or inside the mastoid, or backward to the groove for the lateral sinus and the posterior fossa of the cranium, or upward to the temporo-sphenoidal lobe and the base of the brain, or downward under the deep cervical fascia into the neck.

It is impossible to draw hard and fast lines. Abscess outside the mastoid is usually due to abscess inside the mastoid; abscess inside the mastoid may put on all the symptoms of intra-cranial disease; intra-cranial disease has no one set of symptoms, and may attack the meninges, the lateral sinus, and the brain, separately, or two at a time, or all three together. Let us then make a fresh division of the cases, not according to what we expect to find when we operate, but according to what we did find when we operated, or, in fatal cases, what was found *post-mortem*. Let us divide the cases thus:—

1. Cases where the disease has not yet passed inside the skull.
2. Cases where it has already done this.

Let us call the first set of cases extra-cranial, and the second set intra-cranial; and let us begin with the extra-cranial cases.

Cases do occur, though not often, where an abscess outside the mastoid seems to be really a simple abscess, not due to caries of the bone; no bone is felt when the abscess is opened, and it heals like any other abscess. Thus, in a baby 9 months old with otorrhœa, I opened a large acute abscess over the mastoid: no bare bone was felt, and the cavity healed quickly without drainage. In a girl, æt. 8, where otorrhœa had been followed by periostitis of the floor of the meatus, I opened an abscess over the mastoid, but found no bare bone. Perhaps in such cases as these the pus escapes not through the mastoid, but between the bony meatus and the cartilaginous meatus.

But these cases often come back, and we are told that the abscess healed, but afterwards the scar broke down, and then it healed again, and then broke down again, and so on. Practically, pus outside the mastoid is a pretty sure sign of pus inside the mastoid.

Let us take the extra-cranial cases all together, and let me begin with two cases of chronic inflammation inside the mastoid, suddenly giving rise to very acute inflammation.

1. A boy, æt. 15, with chronic otorrhœa, had suffered for a week or ten days from severe pain, with headache and feverishness. He was now very ill; foul tongue, rapid pulse, temp. 101·3°, face flushed. Behind his ear was an acute sub-periosteal mastoid abscess, pushing the auricle forward; inside the meatus was a large polypus. The glands in the neck were swelled. I gave ether at once, and removed the polypus, and let out a lot of very foul pus that was pent up behind it, more than two teaspoonfuls. I scraped out the tympanum, scooping out a lot of half-solid pus, caked into a plug. I opened the mastoid abscess, and found the bone bare and rough, with a wide hole in the meatus, through which I passed a tube.

2. A boy, æt. 12, with otorrhœa for many years. Present illness began a fortnight ago. He was now desperately ill; frequent rigors, vomiting, temp. from 101° to 103°, tongue coated, face flushed, skin hot and dry, intense continuous occipital headache, with pains down the back; most alarming of all, he had that slow pulse, 60-70, which in such cases suggests cerebral abscess. There was also slight facial paralysis on the diseased side. But his mind was quite clear; there was no rigidity, spasm, or paralysis of the opposite side of the body, no retraction of the head, no fulness of the jugular vein in the neck. Lastly, there was no swelling over the mastoid, and no tenderness of it.

I trephined over the mastoid, but too far back, and only exposed the lateral sinus. I pricked this to see if it was occluded by a septic clot, but only a little blood came. I extended the trephine hole forward and downward into the mastoid, and opened a small cavity containing 15 or 20 drops of thick pus. I scraped out the tympanum, removing a dead polypus, and syringed right through, and packed the wound with gauze.

These were chronic cases, which were made acute by a polypus blocking the outlet of the discharge. More often we have to deal with simple slow caries, or necrosis, or chronic abscess of the mastoid. The following are cases of simple caries or necrosis:—

1. Child, æt. 3. Otorrhœa for 18 months. Sinus behind the ear. Facial paralysis. (*a*) Removed a large sequestrum from anterior aspect of mastoid. Several crumbs of bone afterwards worked their way out through the ear. Sinus healed. Facial paralysis remained.

2. Child, æt. 1 year 10 months. Mastoid abscess had been incised when child was three months old, and had never healed. Otorrhœa. Sinus behind ear, leading to dead bone. Sinus was laid open, and bone was removed, but this had to be done again three months later, and then it healed.

3. Child, æt. 2½. Abscess incised a fortnight ago, did not heal. Probe passes forward over bare bone, and then slips into a sinus in the bone, with soft carious edges. I found this sinus in the bone plugged with vascular granulation tissue, scraped it, and removed a soft sequestrum from it.

4. Child, æt. 2½. Abscess had been incised, and healed, and then had broken down again, and remained unhealed for five or six months. Sinus in soft parts, leading to a very narrow sinus in the bone; this I scraped and explored, without finding a sequestrum, but at last I found at the end of the sinus a very small cavity containing a soft sequestrum. A few weeks later, the sinus had to be scraped again, then it healed.

5. Child, æt. 3. Right mastoid had already been operated on for a sequestrum. I now removed a similar sequestrum from the left mastoid.

These five cases, all under three years old, show that the usual condition in very young children, whose tiny mastoids offer no opposition to the spread of inflammation, is that of caries or necrosis. In older children, and in adults, the mastoid makes a stand against invasion, and so we get a chronic abscess locked up in a shell of bone, as in the following cases:—

1. A girl, æt. 10. Otorrhœa 4 years, with attacks of pain in the mastoid, and headaches, meatus blocked with granulations, slight œdema over mastoid. Trephine over the mastoid exposed a cavity as big as a hazel nut, plugged with foul half solid pus. Syringed through abscess cavity and tympanum, and passed a drain through, and out at the auricle.

2. A boy, æt. 7. Otorrhœa since infancy, with attacks of pain in the mastoid, and headache. Meatus blocked with granulations; mastoid greatly enlarged, half as large again as the opposite mastoid, but not tender. Trephine applied too far back, so that lateral sinus was exposed. Large cavity in mastoid, containing a few drops of pus and half a teaspoonful of foul half solid caseous matter. Cavity scraped and washed out; drain passed through, and out at the auricle.

3. A girl, æt. 10. Otorrhœa 5 years. Sinus over mastoid; probe passed forward over bare bone, then slipped into a sinus in the bone, and came out coated with caseous pus. Sinus in bone was found to lead into a cavity the size of a hazel-nut, full of foul caseous pus. I could not find an opening into the tympanum, so I cut the bone away in front of the cavity, and made a free opening into the bony meatus.

4. A girl, æt. 12. Otorrhœa 4 years, due to measles. She has also had two operations for adenoid growths, and has had polypus or granulations twice removed from the ear. A few months ago abscess over the mastoid, which broke and healed and broke again and again. A large gland in the neck; sinus behind ear, fringed with flabby granulations; ear blocked with similar granulations. The soft parts behind the ear were laid open, and rough bare bone was found. After careful search, a sinus in the bone was found just behind the meatus, and a probe passed into it came out coated with caseous matter. The sinus led into a cavity, the size of a hazel-nut, full of caseous pus. I scraped out the tympanum and syringed through, and passed a drain right through, and out at the auricle.

5. A man, æt. 40. Otorrhœa, headaches, pain, and tenderness over mastoid. In the mastoid a large cavity plugged with caseous pus.

I will not trouble you with more cases; let me only give one curious case where the disease extended not only outward into the mastoid cells, but also downward beneath the deep cervical fascia:—A child, æt. 2 years, 8 months; otorrhœa after scarlet fever. I opened an abscess over the mastoid, and removed some carious bone. A fortnight later an abscess came beneath the angle of the jaw, and we found that this communicated with the abscess cavity over the mastoid, and also contained some crumbs of bone. Six weeks later there was empyema of the same side of the chest; this was aspirated, and afterwards drained with resection of rib, but the child was feeble and pulled down, and died a week later. It seems, therefore, that empyema may be started by caries of the

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(*a*) The prognosis as regards facial paralysis in suppurating disease of the middle ear depends chiefly on the patient's age. In infants and very young children, it is much less likely to pass off than in older children and adults.

floor of the tympanum, allowing pus to track under the deep cervical fascia into the chest.

Here let me mention two conditions that occur, though not often, in these cases of caries, or of chronic abscess :—

1. Caries of the tympanum does sometimes occur without any perforation of the membrane, and thus without any otorrhœa. True tubercular caries may start in the tympanum, as it may start in the head of the tibia, or in any other bone in the body, and may even eat its way through the petrous bone and set up intracranial disease, without ever perforating the membrane. Therefore, if there are other signs of disease of the middle ear, we must be ready to operate, even though there is no otorrhœa.

2. In older children, and in adults, the mastoid may offer so much resistance to the spread of inflammation that it becomes much thickened or even quite solid; one chisels away at the mastoid without finding anything but a solid block of bone. I have more than once met with this vexatious failure. But I suspect that it has been my own fault, and that I have not been chiselling quite straight for the mastoid antrum. Still, this solidification or sclerosis of the mastoid does sometimes occur, and we must bear in mind the possibility of it.

I speak of "chiselling quite straight for the mastoid antrum." Happily, in many cases, we find a carious sinus in the mastoid that leads us at once to the seat of the disease: and in other cases the whole mastoid is plugged with a caseous abscess so big that we cannot miss it: but in cases where we have no guides like these, we must go straight for the antrum. These specimens show it freely exposed, and show that it lies immediately behind the upper part of the bony meatus. If we go higher up, we get into the cranial cavity. If we go further back, we get into the groove for the lateral sinus. MacEwen's guide to it is the spot just between the meatus and the posterior root of the zygomatic arch; what he calls the "supra-meatal triangle." To open the mastoid, one ought not to use a trephine, but a small gouge or chisel with a mallet. MacEwen uses a rotatory burr driven by a surgical engine, but for ordinary practice the chisel and mallet answer all purposes. A good drain through, in at the mastoid, and out at the external ear, may be made with thick pewter wire, and this drain must be kept in place for many weeks, perhaps seven or eight.

If we review our experiences of these extra-cranial cases, we find that they may be divided into two chief groups, according to the patient's age. In very young children, whose mastoids make no stand against the spread of inflammation, we get rapid caries or necrosis, and this wins an easy victory without any acute pain or marked disturbance of the general health. In older children and in adults the bone resists invasion, and we get a chronic abscess locked in a shell of bone, or there may be a narrow sinus in the bone, so that a probe, passed through a sinus in the soft parts over the bone, slips forward over the bone, and then dips into the sinus in the bone, and comes out smeared with thick pus.

We find also that the spread of disease to the antrum and mastoid cells may from the beginning run an acute course with alarming symptoms, or this acute and alarming condition may suddenly arise in a chronic case. Fever, shiverings, vomiting, intense headache, a foul tongue, a quick pulse, loss of sleep, loss of flesh, even optic neuritis may occur in such cases, and it is probable that in some of them the petrous is already perforated, and pus or granulation tissue has begun to collect between the dura mater and the bone. In the two cases I read first, it seems probable that this had occurred, from the gravity of their symptoms and from the very large quantity of pus that was evacuated in the first case. These cases, therefore, are not truly extra-cranial; they are intra-cranial, but extra-dural. They lead us to the consideration of that large and terrible group, the intra-cranial cases.

I am ashamed to talk of these intracranial cases when such magnificent work has been done by Ballance, Horsley, Arbuthnot Lane, and others; above all by MacEwen. Look at Ballance's papers in the "Medical Society's Proceedings," for 1890, and in the *Clinical Journal* last autumn; Horsley's splendid achievements in brain surgery; Lane's paper in the *Lancet* last year; above all, MacEwen's record of his wonderful insight and skill in saving these lives. (*a*) I can only offer you what I have stolen from these masters of surgery, together with some of my own cases, mostly failures.

CASE I.—*Extradural Abscess on Posterior Aspect of Petrous Bone.—Septic Thrombosis of the Lateral Sinus.—Pyæmia.*—Five years ago I operated on a boy, æt. 8, who had suffered from otorrhœa off and on since infancy. He fell ill, a week before the operation, with vomiting, diarrhœa, and attacks of faintness. On admission, September 13, he was drowsy and heavy; slight swelling and tenderness of mastoid; headache; temp. 103°. Sept. 14 he was much better, save that his temperature rose to 105·2°. Sept. 15 he had a slight rigor. Next day I opened the mastoid, but no pus flowed from it. I then exposed the lateral sinus, and passed a probe forward and inward between the dura mater and the posterior aspect of the petrous bone, and let out some thick pus, with bubbles of foul gas, and put in a drainage tube. But he got no better, and died next day.

Post-mortem.—The tympanum was full of pus, and its walls were carious. My opening in the mastoid stopped 1-6th inch short of a caseous deposit in the antrum, no bigger than a pea. This communicated with the tympanum, and also with the abscess between the dura mater and the back of the petrous bone. The posterior aspect of the petrous bone was rough and bare. The dura mater over it had sloughed, and a probe could be passed straight into the lateral sinus. Inside the lateral sinus were two or three small loose round pale clots. The lungs were full of minute pyæmic emboli.

CASE II.—*Mastoid Abscess.—Cerebrellar Abscess.—Sudden Death.*—Last September a man, æt. 40, was admitted here. Right otorrhœa began two years ago. One year ago, pain in the right mastoid, headache, and abscess over the mastoid, which was incised, and healed. Present illness began a few days before admission with intense headache, wandering at night, and vomiting. He was admitted Sept. 8th; no vomiting then, no rigors, no pain, only headaches. Sept. 13th I opened the mastoid, and found a small sinus leading into a cavity with a drop of foul pus in it. This I drained with a strip of gauze. He got better, his temperature fell to normal and stopped there, and he went out on Sept. 22nd. A week later the headaches and wandering at night returned, and he was readmitted. Again he seemed to improve in hospital; no vomiting, no rigors, no marked rises of temperature; nothing but headaches and slight, very slight, drowsiness and dulness and depression; he did not get worse, but he did not get better. Oct. 6th I again explored the mastoid, but found nothing more in it. Oct. 7th he seemed doing well. That evening he become drowsy and delirious. Oct. 8th he suddenly became unconscious: vomiting, twitchings of the arms, slow laboured breathing, and death.

Post-mortem.—Pus in and around the middle ear. The cerebellum was adherent to the posterior aspect of the right petrous bone, and the whole right lobe of the cerebellum was destroyed by a large abscess; its surface was greenish and half melted, its convolutions were all shredded out and diffluent.

(*a*) "Pyogenic Diseases of the Brain and Spinal Cord." Glasgow, 1893.

Case III.—*Extradural Abscess.—Basal Meningitis.—Death.*—A girl, æt. 15, was lately admitted to the West London Hospital with headache and delirium. No history of otorrhœa was given, and it was thought the case might be one of typhoid, especially as there was never any vomiting. But she had the following symptoms: 1. Acute onset of illness; 2, well marked retraction of the neck; 3, rapid emaciation; 4, restless busy delirium, never ceasing, and plucking at the bedclothes; 5, she passed everything under her; 6, temperature always high, pulse always rapid 140-170, pupils always dilated and fixed. It seemed certain, though she had no vomiting, no marked optic neuritis, and no paralysis, except a slight weakness of the right internal rectus shortly before her death, that she had basal meningitis, and I did not operate. We got a history of earache some few weeks ago, followed by discharge, and she had a small recent perforation of the left membrane.

Post-mortem.—The whole base of the brain was matted with firmly adherent lymph, and soaked in fœtid pus. On the under aspect of the left temporo-sphenoidal lobe was a dark stain the size of a three-penny bit, and here was a tiny abscess between the upper aspect of the petrous bone and the dura mater.

Case IV.—*Otorrhœa.—Temporo-Sphenoidal Abscess.—Recovery.*—A boy, æt. 12, was under my care with left otorrhœa, followed by constant intense headache, shivering, and giddiness. Then came a week of cerebral irritation. Then came vomiting, drowsiness, optic neuritis, and paralysis of the opposite side of the face, and some loss of power of the opposite hand. I trephined over the left motor area, and let out an ounce of pus; but my trephine hole was too high, and I trephined again lower down. He recovered, but it would have been better if I had trephined lower down to begin with. (*a*)

These four cases and these specimens show the four chief ways in which the disease strikes at the patient's life. 1. Lateral sinus pyæmia. 2. Cerebellar abscess. 3. Basal meningitis. 4. Temporo-sphenoidal abscess. And it may strike two or three ways at once.

I have neither the time nor the right to speak with any authority of these cases. First, we must make our diagnosis, remembering that the otorrhœa may be slight and free from smell, and that it may even be absent, inasmuch as tubercular caries of the tympanum may occur without any perforation of the membrane. Let us not mistake typhoid for pyæmia, nor pyæmia for typhoid. Let us exclude cases of simple acute or tubercular meningitis of the base of the brain. Let us bear in mind the chief signs of lateral sinus pyæmia—the acute onset, the repeated rigors, the temperature rushing up and down, the tenderness and swelling of the internal jugular vein in the neck. Let us bear in mind the chief signs of cerebral abscess—the insidious onset, the curiously normal temperature, the slow pulse. Finally, and above all, let us remember that prevention is and always will be better than cure; let us attack these dangerous half-rotten mastoids as we would attack a whitlow in the finger or a cancer in the breast. Let me end by quoting from MacEwen's magnificent book: "All persistent purulent discharges from the middle ear ought to be regarded seriously. . . . . The disease progresses insidiously, and one cannot be certain as to where and when it may end. . . . It becomes a standing menace to the safety of the patient. . . . A person might as well have a charge of dynamite in the mastoid."

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Delhi and Agra are the two centres in which enteric fever is always most rife in India.

(*a*) Case reported Clin. Soc. Trans., xxv.

Selected Prescriptions and Therapeutic Notes.

154.—For Erysipelas:—

℞ Ichthyol, ℥ss;
Ætheris, ʒijss;
Glycerini, ʒij.

M. To be painted over the affected skin.—Lorenz.

155.—Local Application for Burns:—

℞ Saloli, ʒss;
Liq. calcis, ℥iiss;
Ol. olivæ, ℥ij.

M. Strips of lint to be soaked in the solution and applied to the affected parts.—Nicot.

156.—For Acute Coryza:—

℞ Cocainæ hydrochloratis, gr. vj;
Bismuthi subnitatis, ʒss;
Talci, ʒiss.

M. Enough to cover a sixpenny piece to be insufflated into each nostril every two hours.—Sajous.

157.—Useful in Flatulence:—

℞ Olei cajuputi, ʒss;
Tinct. lavendulæ co., ℥ss;
Mucilaginis acaciæ, ad. ℥ij.

M. A desertspoonful when necessary.—Hartshorne.

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Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Meeting held Wednesday, June 6, 1894.

The President, Dr. G. E. Herman, F.R.C.P., in the Chair.

A CONTRIBUTION TO THE STUDY OF TUBAL MOLES.

Mr. Bland Sutton showed a specimen taken from a woman, æt. 35, who had had several children, the last fifteen years ago. In April last she missed a period for the first time since fifteen years, and fourteen days later she complained of sharp pain in the pelvis. This became so severe that she was obliged to keep her bed. On the 29th she was seized with a violent attack of pain in the pelvis and shortly afterwards she became collapsed. When seen, she was quite blanched and the pulse was scarcely perceptible. On percussion, the abdomen was dull, and *per vaginam*, the recto-vaginal pouch was felt to be distended with fluid. He performed laparotomy two hours later and found an ovum protruding from an opening in the right Fallopian tube. The patient unfortunately succumbed 60 hours after the operation. The specimen consisted of a tubal mole with the remains of the fœtus lying in its own membranes and surroundings with chorionic villi. He explained that in an ordinary fœtal sac, outside was the chorion, with its villi, and inside this, at one end, was the amnion, inside which again were the fœtal remains, the allantois, &c. Between the amnion and the chorion there was a space, at any rate a potential space, which was usually filled with an albuminous fluid. This space persists for some weeks and as it did not appear to have received any name so far, he designated it as the "sub-chorionic chamber." As the amnion increased in size this space was impinged upon and ultimately the amnion came into contact with the chorion, just as the pleura is in contact with the thoracic walls. This, he thought, threw some light on the mode in which tubal moles were formed. In the specimen before them this sub-chorionic space could be seen to be filled with blood. This specimen, he thought, proved that a mole is formed by the effusion of blood into the sub-chorionic chamber, pressing the amnion to one side, as the lung is compressed by a pleuritic effusion. This blood, he inferred, must come from the vessels of the allantois and it followed as a corollary that the causes which determined the formation of a tubal mole arose within the ovum itself. He brought the specimen forward as a contribution to their knowledge of what Sir William Priestley had so aptly entitled "The Pathology of Intra-Uterine Death."

The President observed that in his own cases the blood has always been outside the amnion. At the same time he failed to see why, in some cases at any rate, the blood should not come from the chorionic vessels, the blood crumbling in the chorion.

Dr. Horrocks asked whether it would not be possible by a careful examination, to ascertain whether the blood in these moles was maternal or fœtal? He protested against the author's inference that hitherto it had been exclusively taught that apoplectic ova are due to hæmorrhage from the mother.

Dr. H. Spencer asked whether the author's conclusions applied only to the formation of extra-uterine moles, and he alluded to a specimen closely resembling the author's of which a description had appeared in last year's "Transactions." He had shown it as a gestation which, if it had continued to develop, would probably have become a placenta prævia.

Mr. Bland Sutton, in reply, said he had very little opportunity of studying the intra-uterine mole, and though he had looked up obstetrical literature to find some description of their formation he had been unable to discover anything on the subject. The specimen opened up a wide question which he hoped one of these days to bring before the Society when they would have an opportunity of discussing it *in extenso.*

LIGATURE AND DIVISION OF THE UPPER PART OF THE BROAD LIGAMENTS COMPARED WITH REMOVAL OF THE UTERINE APPENDAGES.

Dr. Leonard Remfry read notes of a case illustrating the effects produced by ligature and division of the upper segments of the broad ligaments. The patient was 47 years of age, and had been under treatment as an out-patient for metrorrhagia due to a large fibroid uterus. In August, 1891, as her condition steadily became worse, it was decided to remove the appendages, but this proved to be impossible in consequence of dense adhesions. The ligatures were, therefore, passed through the upper part of each broad ligament, one close to the uterus, the other but one inch away, including the Fallopian tube and ovarian artery. The latter were then divided. The patient made a good recovery, and no metrotaxis followed the operation. All went well until the end of the third month when the metrorrhagia returned, and soon became as profuse as ever. Six months later the uterus was removed by the extra-peritoneal method, through the abdomen, and the patient was soon quite well. He alluded to the difference of opinion that prevailed as to why removal of the appendages so generally put a stop to menstruation. Lawson Tait, for instance, attached most importance to removal of the tubes. Dr. Johnston (*American Gynæcological Journal*, 1888) thought that menstruation was governed by a nerve trunk which ran in the angle between the round ligament and the Fallopian tube. Menstruation, however, did sometimes persist after removal of both ovaries, and it seemed possible that the effects of oöphorectomy might be due to lessening of the blood supply consequent on the operation. In this case the ovarian artery was tied near the uterus so that its branches to the broad ligament, &c., were left intact. The uterus itself, however, was thereby deprived of its blood by that channel, thus producing temporarily the same condition as that induced by oöphorectomy. Dilation of these vessels might very possibly enable the same quantity of blood to be brought to the uterus, and this, he suggested, took place in his case. In oöphorectomy a considerable segment of the ovarian artery was removed, and so the collateral circulation would not be established. The blood supply of the uterus is, therefore, restricted to that derived from the uterine artery.

Dr. Horrocks said he had never seen a case in which both ovaries had been *undoubtedly* removed without the hæmorrhage ceasing, at any rate, after a time, though he had heard of this being the case after both ovaries were *said* to have been removed. He had been quite unable to find the nerve trunk described by Dr. Johnston, and until its existence had been demonstrated it was unnecessary to discuss its physiological function. He suggested that temporary arrest of menstruation might be due to the shock of the operation, examples of which were by no means rare, and he referred to the case of a young lady who was frightened by burglars, and who, thereupon, ceased to menstruate for five years.

Dr. Duncan said he had under observation four patients in whom he had undoubtedly removed both ovaries completely, yet the operation had been followed by profuse menorrhagia. These were the only instances out of a large number of operations for removal of the appendages in which the hæmorrhage had continued. He confessed himself unable to account for the continuance of menstruation in these cases, and suggested that possibly it might be due to the irritation produced round the stump by the ligature, thus keeping up the flow. With a ligature tied tightly he could not see how the fact of there remaining a small portion of ovarian tissue on the distal side could influence menstruation.

The President alluded to a paper which had appeared last year in one of the medical journals advocating ligature of the broad ligaments as a means of checking the growth of cancer, a case being recorded in which this was done. No effect was produced on menstruation. He also mentioned a case by Murphy, of Sunderland, in which, failing to remove the ovaries, this surgeon had tied the broad ligaments, but without effect. If he had hæmorrhage after removal of the ovaries he would assume that he had not removed them completely.

Dr. A. Routh said he had seen three such cases, and in two the uterus was subsequently dilated and a polypus found in its cavity, while in the third case there was "fungoid endometritis." One or other of these conditions might account for the continuance of the hæmorrhage without assuming that any ovarian stroma had been left. These cases conveyed the lesson that it would usually be well to explore the cavity of the uterus before proceeding to any severe operation. Removal of the appendages involved the ligature or removal of the ovarian arteries, &c., together with any nerves from the sympathetic ganglia, and he pointed out that even if the ovaries did control menstruation it must be through the medium of the ganglionic nerves.

Dr. Remfry, in reply, admitted that no one had, so far succeeded in discovering the nerve trunk described by Johnston. The amenorrhœa in his own case might have been due to the shock of the operation, but it had lasted for three months. The shrivelling of the ovary had nothing to do with the cessation of menstruation at the menopause, and was only part of an atrophic process affecting all parts of the reproductive apparatus.

ADENOMA OF THE VAGINAL PORTION OF THE UTERUS.

Dr. Braithwaite (Leeds) contributed notes of the case of a woman, æt. 54, who was admitted in September, 1893. She was worn-looking and in poor general health. She had had several children and four abortions. Menstruation had ceased at the usual period, and she had remained free from discharge of any kind until two years ago, when a yellow fluid began to come away, not abundant but constant. No pain was complained of. On examination a shallow ulcer was seen on the left of the vaginal portion of the cervix, the base of which was a little below the base level of the surrounding surface, and was of a dark red colour, thus contrasting with the hue of the surrounding mucous membrane. It measured two-thirds of an inch across, and was circular in shape. It bled freely when touched even gently, but appeared quite superficial. The history and the appearances were against its being cancer, but he removed it by dissection, and thoroughly curetted the base, subsequently applying zinc paste to make sure of getting away all the diseased tissue. In a few weeks the patient left the hospital in good health. The tissues were somewhat more friable than normal. Sections showed it to be a glandular adenoma, the ducts being lined with a single layer of epithelium. He suggested that adenoma of the uterus might not, as was usually supposed, be invariably malignant. There had, so far, been no recurrence of the disease.

Dr. Dakin said the growth, from the sections, appeared to be a kind of adenoma not at all uncommon in the uterus, a condition in fact which might be met with if sections were made through the base of an erosion.

Dr. A. Routh said there seemed to be some proliferation of the columnar cells lining the ducts. Possibly the section was made through adenomatous tissue which had not yet undergone the typical malignant change.

The **President** pointed out that the author had expressly stated that there was no infiltration. As to the non-recurrence it was as yet too early for that to possess much significance.

TWO FIBROIDS AND A PREGNANT UTERUS.

Mr. **Malcolm** showed two fibrous tumours which he had removed from a patient, æt. 42. She had been under observation for ten years. She presented a large tumour on the right side reaching to the costal margin, while in the middle and on the left there was another tumour reaching nearly to the level of the umbilicus. *Per vaginam* the cervix was found to be almost out of reach and pushed forwards. There was a tender mass filling Douglas's pouch and distending the broad ligament. They had a consultation with Mr. Knowsley Thornton and Sir Spencer Wells, and they came to the conclusion that the patient was pregnant and they took the view that the mass behind the uterus might, in the course of gestation, rise out of the pelvis and leave the way clear. She was then sent home but returned three weeks later on account of severe pain. This was on May 17th, and on the 20th she unexpectedly miscarried, and the fœtus, &c., was expelled without assistance. The fœtus measured ten inches, making the pregnancy at about the sixth month. The patient did well for three days, but then the temperature began to rise and she complained of severe pain. On the seventh day as things appeared to be going wrong he performed abdominal section and found that there was one tumour of the anterior and another of the posterior walls of the uterus, the cavity of which was dragged into a horizontal plane. He performed hysterectomy as the only means of dealing with these tumours.

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EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting held Wednesday, June 6th, 1894.

The President, Dr. T. S. **Clouston**, in the Chair.

Patients.

Dr. **James Carmichael** showed a child in whom an exudative purulent pleuritis had been first treated unsuccessfully by incision and finally by aspiration with success. Twenty-five ounces of pus were removed.

Dr. **Norman Walker** showed two cases of rodent cancer after operation, the one excised and the area grafted by Thiersch's method, the other very freely removed and the wound covered by a plastic operation. Both operations were very successful, the first particularly so.

Mr. A. G. **Miller** exhibited three patients in whom he had excised the wrist joint by Watson's method.

Specimens.

Dr. **Edward Carmichael** showed an aneurism of the aorta with rupture into the right ventricle. Only four such cases had been recorded. In this case death was not sudden, rupture probably occurring two or three days before it.

Dr. **Bruce Murdoch** showed a specimen of overgrowth of the filiform papillæ of the tongue, a rare condition, noted in Ziegler's book, consisting in a hyperkeratosis of these papillæ forming long hairs.

Dr. **Allen Jamieson** called the Society's attention to a sample of superfatted soap containing 3 per cent. of resorcin and 3 per cent of salicylic acid as first recommended by Eichhorst, and found to be of great service in scarlet fever and ichthyosis. Duncan and Lockhart, of Edinburgh, had succeeded in making this soap, which could hitherto only be obtained in Germany.

Dr. **Alexander Bruce** demonstrated several microscopic sections of syringomyelia through the lantern. The patient from whom the sections were obtained only lived three days in hospital. The spinal cord showed great enlargement of the central canal which was surrounded by tumour tissue which in turn was surrounded by a strip of normal nerve tissue. The tumour mass, however, in places reached the surface of the cord.

Dr. **Byrom Bramwell** showed one or two sections to illustrate the occurrence of spaces or holes in the cord in simple and traumatic myelitis.

Papers.

Professor **Struthers** read a paper on

SEPARATE ACROMION PROCESS SIMULATING FRACTURE.

He showed many examples of separate acromion process which he had procured in the dissecting room, and pointed out that this condition occurred along with chronic rheumatoid arthritis as was described before by Adams in his work on the subject. He showed also one or two specimens of double separation. After stating how the separation could be mistaken for a true fracture, he proceeded to explain the occurrence as due to a developmental error in the failure of the process to unite with the spine of the scapula.

After some words from Dr. **Joseph Bell**, Dr. **Ronaldson** mentioned that he had seen some cases in children during life, one case being bilateral.

Dr. **Logan Turner** read a paper on

DISPLACEMENT OF THE SEMILUNAR CARTILAGE OF THE KNEE.

He first demonstrated the anatomy and mechanism of the knee-joint by means of lantern slides which were taken from photographs of dissected specimens, and further from others showing pathological conditions. He sought to show anatomically that the internal semilunar cartilage was more frequently displaced owing to its greater fixation, and that this occurred usually during rotation of the joint during which movement one or other of the cartilages tended to slip from the strain put on their ligamentous attachments, the internal in external, the external in internal rotation of the leg at the knee. Again it was possible to rotate the leg outwards to a greater degree than inwards, therefore the strain on the attachments of the internal semilunar cartilage was the more pronounced. Further, the ordinary position of the leg and foot in walking or running rendered the possibility of rotation out the easier, and consequently displacement of the internal cartilage the more common. Occupation had something to do with predisposition, especially if much kneeling was involved. So out of twenty-nine cases thirteen were in miners, one in a gardener, and one in a domestic servant. Kneeling had a greater effect if the posture had frequently to be changed, when the anterior attachments of the joint became stretched, strained, and more liable to rupture. In twenty-nine cases operated on by Professor Annandale, twenty-four were of the internal cartilage, two of the external, and two unspecified. In discussing the symptoms Dr. Turner directed attention to the difficulty of a differential diagnosis between such displacements and pedunculated bodies in the knee-joint, especially in the neighbourhood of the cartilages, or hypertrophy of a portion of the infrapatellar pad of fat. As to treatment when palliative means had failed the joint should be opened and the cartilage either stitched or removed. The prognosis in both cases was highly satisfactory.

Mr. **Joseph Bell**, Professor **Struthers**, Professor **Annandale**, Sir W. **Turner**, and Dr. **Cotterill** took part in the discussion.

Mr. **Miller's** paper on "Excision of the Wrist by Watson's Method" was held as read.

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France.

[From our own Correspondent.]

Paris, June 16th.

Spontaneous Dry Gangrene.

At the last meeting of the Académie de Médecine, M. Panas introduced a case of spontaneous dry gangrene of the foot which produced an interesting discussion. Besides the classical form, he said, of spontaneous gangrene due to atheroma, embolus, or thrombosis, there exists a particular variety of gangrene of which the etiology is very obscure, and of which he had recently seen a case. A man, æt. 35, of a gouty diathesis, experienced, six years ago, lancinating pains in his upper limbs, and soon after similar pains in the lower limbs, with formation of red patches on the left leg. These phenomena disappeared completely until 1893, when they returned with renewed intensity. In a few weeks gangrenous patches were observed on the great toe of the left foot and extending to the neighbouring parts. The suffering became very intense. In order to afford relief M. Panas amputated the leg in its superior third, and although the operation in itself was very successful, the sufferings of the patient did not abate. Chloral, bromide of potassium, &c., were given without result, when the speaker thought of trying salicylate of soda. The effect was almost immediate; all pain disappeared.

The microscopic examination of the amputated foot showed that the arteries and deep veins were considerably reduced in volume and obliterated, but yet no blood clot could be discovered. M. Panas was of opinion that the case was one of endovascularitis of a gouty origin or consecutive to a nervous lesion.

M. Verneuil said that the history of surgical gangrene is still enveloped in obscurity, and it is very difficult to determine the respective *rôles* played by the vascular and nervous system. It is especially so in the case of gangrene in those patients who otherwise are in the best of health. As to treatment, a careful examination should be made of the patient and his antecedents before resorting to the knife. He remembered a case of nervopathic ulcer of the leg in a woman for which he amputated, and the stump having ulcerated in its turn, he was obliged to cut successively the sciatic nerve and several other branches. At last he administered hyosciamine and the patient rapidly improved.

A Case of Somnambulism.

In the Lyons Hospital, and in the ward of Prof Lépine, is lying a patient who seems to be exciting great interest in medical circles. The man, a shoemaker, æt. 22, entered the hospital for hemiplegia. His condition having considerably improved under treatment, he was about to leave, when three weeks ago he was suddenly seized with an irresistible desire to sleep, and ever since he cannot be awakened. He gets up, eats, drinks, walks, sits down mechanically, and in fact does everything in his sleep that he is told; and although his eyes are always shut he sees perfectly—he reads through objects.

Yesterday, he said to Dr. Lépine, who was examining him: "Doctor, I am certain that you do not know how many rings you have in your watch chain." "Indeed, I cannot tell you, having never counted them." "Well, there are 39." The number was exact. He then told him the correct number of his watch. This phenomenon has been visited by several Lyons doctors, but no definite explanation has been given of the case.

Symphyseotomy.

In view of the recently reported cases which have lately drawn attention to the operation of symphyseotomy it is interesting to note a case published by Dr. Tonjan, of Toulouse, in the *Annales de Gynecologie de Obstetrique* for March, 1894. In the words of Professor Fochier, the "return to symphyseotomy contributes a progress, and a great progress," and the case above mentioned is a great progress indeed. Performed in an attic, the poverty and filth of which in the doctor's words "were worse than he had ever known," a brilliant success was the result; clearly demonstrating that an hospital theatre is not an absolute necessity. The operation was performed with little loss of blood, owing, according to the author, to the use of the "Soude-rougine d'ollier," an instrument which has a curvature adapting itself to the posterior of the symphysis and allowing of one largely denuding the under and posterior surface of the pubes and avoiding the wounding of the numerous vessels in this region. By the aid of two students of medicine who pressed the pelvis inwards he appears to have avoided any rupture or injury to the urethra, an accident hitherto causing trouble. The case made a rapid recovery, and is one more instance of knowledge and pluck overcoming the difficulties of ordinary practice. There is a great future before this operation, and we shall be pleased to receive accounts of any which may be attempted, whether successful or otherwise.

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Germany.

[From our own Correspondent.]

Berlin, June 15th.

Artificial Immunity against Cholera.

In the *Ztschr. f. Hyg. w. Infections Krankheiten*, Dr. Issaeff has an article reporting the results of his investigation into this subject. He observed what has been overlooked by investigators generally, that not only the product of the cholera vibrio, but also quite a number of other substances injected into the rabbit protect it against the cholera virus. The resistance may be procured by the injection, either subcutaneous or intra-peritoneal, of physiological saline solution, urine, bouillon, the blood serum of the healthy human subject, two per cent. nucleine acid, and tuberculine. This power of resistance lasts at most from 4 to 5 days, and must therefore be sharply distinguished from specific pulmonary treatment. The resistance thus procured is also only about one-fourth as powerful as that by specific protection. The author has determined the specific action of the blood serum of people recovered from cholera only begins after the commencement of the third week after the disease. Its efficacy is most marked from the fourth to the sixth week, and three months after the illness this property is completely lost. He confirms the statements of Pfeiffer and others that the protective power of blood serum is not an anti-toxic one. Neither is there any specific germicide action, and cholera cultures made on this protective serum are not less virulent than those grown upon ordinary nutrient soils.

In the face of these negative conclusions it is of all the more interest to follow the fate of the cholera vibrios in the normal peritoneum and the various immunised animals. The appliances for this are very simple. By means of a thin glass tube, the end of which is drawn out to a capillary tube, he penetrated into the abdominal cavities of guinea pigs in the different stages of poisoning, and thereby obtained minute samples of the contents of the peritoneum, which he examined microscopically and by further cultures. What he found was as follows: If a healthy guinea pig is inoculated with the maximum non-fatal dose of living cholera bacilli, a large increase in the vibrios is at first observed, and at the same time the peritoneal exudation is quite free from leucocytes (negative chemotaxis). After 7 hours the leucocytes increase in numbers until 12 to 15 hours after the injection (positive chemotaxis) the bacilli are taken up by these and destroyed. It is at this period that the symptoms of intoxication appear. From 24 to 27 hours afterwards the peritoneal contents are sterile. On the other hand a urther large development of leucocytes takes place, after

48 to 50 hours the exudation is like pus. From the 8th day the leucocytosis is feebler, and after 10 to 15 days the normal condition has returned.

In animals who have undergone the preliminary treatment there is this difference, that the period of increase of bacilli and negative leucocyte chemotaxis is shortened and phagocytosis takes place more rapidly. The protection therefore that any substance is able to afford is in direct proportion to the rapidity with which phagocytosis makes its appearance. With physiological saline solution negative leucocyte chemotaxis lasts three or four hours; in an animal carefully immunised fifteen days previously phagocytosis came on a quarter of an hour after the admission of the cholera virus, and in a guinea-pig prepared twenty-four hours before, it came on immediately, and after three-quarters of an hour the exudation was sterile. The immunisation by non-specific materials is therefore due to this change in the cell reaction, but the author is of opinion that the more powerful and lasting immunity produced by the products of the cholera vibrio is dependent on other not yet explained changes.

At the Medical Society, after the report of a case of extra-uterine gestation by Dr. Byk, Hr. Langerhans showed a preparation from a

Case of Glanders.

The man, æt. 39, had been engaged with sick horses the latter part of his life, and he himself suspected that he was suffering from glanders, because the horses had a discharge from the nostrils. He was taken ill four weeks before his admission into the Charité, and he died three days afterwards. Autopsy the same morning. Diseased patches in the form of glanders nodules were present in the skin, the subcutaneous cellular tissue, the muscles, in the whole respiratory tract, the lungs, bronchial tubes, trachea, nasal mucous membrane, the nasal cavities, the spleen, testicles, and periosteum. The medulla of bones showed more diffused disease. There was also a purulent collection in the right knee-joint. All the nodules presented characteristic appearances: they varied in size, the smallest were submiliary, the largest the size of an egg, only a few of the nodules in the skin and in the muscles had broken down into pus. The whole of the digestive tract and also the urinary were free from disease. The kidneys, which were discoloured and swollen, showed small punctiform hæmorrhages, but no glanders nodules. The liver dull and swollen, as well as the muscles. Whilst in the klinik glanders was suspected, but there was some doubt, as cultivation experiments on animals were rather ambiguous. The bacteriological examination had since confirmed the diagnosis.

Hr. Klemperer said the patient on admission was in a state of stupor with high fever, and gave the impression of grave typhoid. But opposed to the hypothesis were the facts that there was no rash, no swelling of the spleen, and no diazo-reaction. The white blood corpuscles were not increased. The patient showed purpura-like spots on the lower extremities. On the afternoon of the same day deep nodules were noticed on the muscles, œdema and purpura patches on the arms. On the third day the whole breast was covered with red papules. These nodules were the size of a nut with broken down centres. A certain streptococcus could be cultivated from these nodules, but from the blood nothing could be ascertained either by the microscope or by cultures.

Hr. Max Wolff said that microscopic examination in the case reminded him of the question of spore formation in glanders bacilli. The question was of extraordinary importance as it completely covered that of the continuance of the contagion in any place when the disease had appeared. After careful cultures and staining he had been unable to find traces of spore formations. Under certain conditions, however, it appeared that spores did exist as was proved by the fact that such glanders bacilli could be dried and yet retain their virulence for months together. The fact also that in places where glanders has broken out infection has remained for eighteen months was in favour of this. The bacilli in the case before them appeared to be unusually poisonous from the experiments performed by Langerhans the animals died with extraordinary rapidity.

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Austria.

[From our own Correspondent.]

Vienna, June 15th.

Otholoogy of Permanent Deafness.

Prof. Politzer in his lecture exhibited a series of lupus preparations of the ear which had commenced with the symptoms of a dry catarrh of the middle ear followed by difficulty of hearing and finally total deafness. In other cases where deafness was present and the mucous membrane of the middle ear normal the primary changes were found in the labyrinth capsule greatly thickened and enlarged. The usual seat in these cases seems to be in the neighbourhood of the fenestræ, resembling a new formation which is principally observed over the ovale fenestra and stirrup plate of the stapes, producing ankylosis. Microscopic examination reveals a formation of normal tissue on the surface of the bone resembling that found in young ossification, extending wide ramifications with blood vessels. He showed cases in different stages where perfect deafness existed during life, and others with partial deafness, the latter exhibiting a circular form in the process of formation. One of the complete series had the ossification of the labyrinth capsule around the fenestra extending up the cochlea along the scala tympana. The microscopic section when covered with carmine exhibited a wide trabecula of bone filled with fibrous tissue, newly-formed blood-vessels, wandering cells and osteoblast. On the etiology of this formation he could not affirm that all were confined to aged persons. Neither did he think syphilitic affections could be proved in its production. No doubt Geadenigo had given undeniable proof of progressive deafness in chronic syphilis which had produced changes in the labyrinth capsule. With regard to the therapy in these cases little hope of success could be offered. The recent method of treatment in arid catarrhs of the middle ear was extraction of the stapes, which he considers contra-indicated because the new formation of bone in the labyrinth capsule, as clearly shown by the preparation, had a tendency to press the fenestra ovale outwards, which would rather tend to fix it in the extracted position and damage rather than improve the hearing. He quoted 22 cases of Blake, in Boston, who had operated in this direction with unsatisfactory results. If ankylosis have taken place extraction is impracticable. At the commencement of the morbid changes, when the characteristic symptoms have appeared, he usually prescribes large doses of the iodide of potassium, but with what benefit it is premature to estimate. Weichselbaum considered that the cases exhibited originated with inflammation of the mucous membrane, and eating deeper produced characteristic periostitis ossificans which was analogous to other bone formation. In chronic catarrh of the middle ear it was not unusual to find otseophyten. He thought there was no proof of any new formation of bone.

Prof. Gruber said that since 1890 he had always described this as otitis media hyperplastica, originating from the hyperæmia with subsequent hypertrophy of the mucous membrane and thickening of the bone. Such a new formation as understood by Politzer, he had never seen. The pathological change described by Weichselbaum is the most rational, as the fibrous tissue is often found to retrograde, and even atrophy of the tympanum, is often observed to follow. The spaces in the microscopic preparation by Politzer is a kind of porosity often occurring in atrophy of bone.

Politzer replied to this criticism that if the mucous membrane had been the primary locus in his cases there would be intensive changes in those parts and the bone itself which were absent. The changes were in the bone tissue and the primary source seemed to be the labyrinth capsule ; and even a thickening of the mucous membrane would not be opposed to the pathological changes in his cases.

The Operating Theatres.

MIDDLESEX HOSPITAL.

Amputation of Both Mammæ.—Mr. Pearce Gould operated on a single woman, æt. 68, who presented a solid infiltrating tumour in the outer part of the left breast with one enlarged gland in the axilla, there were no adhesions to the skin and no retraction of the nipple ; in the right breast there was a smaller tumour in the sternal part which was also infiltrating and firm but without adhesions to the skin or pectoral muscle ; no enlarged glands could be felt in the axilla on this side. There was no enlargement of the liver nor evidence of deposits in either the lung or any internal organ. Both breasts were excised together with the fat and glands in the axillæ. In neither case was the wound for excising the breast prolonged into the axilla ; in one case the long axis of the incision was parallel with the pectoral muscle ; in the other it was horizontal. The wound was sutured without drainage and the dressings fixed with strapping passed across the front and sides of the chest, the arms being fixed to the side by a towel passed circularly round. Mr. Gould said that the tumours were undoubtedly malignant, but the evidence all pointed to the disease being primary in each mamma, and it was this which decided him to remove both breasts ; the question, he remarked, then arose as to whether this should be done at one or two operations, and the reasons for which he preferred to remove both at one operation were : 1st, the advantage of one anæsthesia ; 2nd, the shorter confinement to bed ; 3rd, the fact that the patient was very depressed on account of the nature of her disease, and it was feared that the psychical disturbance of the two operations might be more serious than the prolongation of a single operation and the greater physical disturbance caused by the removal of both breasts at once. On the other hand he pointed out that the reasons which might be urged against this course were the greater risk from shock and the discomfort of increased embarrassment to respiration caused by fixing both arms to the side. He drew attention to the ease with which the axilla is cleared out through the wound made for the removal of the breast, and the advantage of not prolonging the wound into the axilla as it is then more easy to keep aseptic.

It is satisfactory to state that the patient left the hospital the twelfth day after the operation perfectly well.

Strangulated Hernia through the Abdominal Wall.—The same surgeon operated on a man, æt. about 56, who had been admitted with an ovoid, smooth, firm tumour in the left side of the abdomen ; the long axis of the swelling was obliquely downwards and inwards, the centre of it being on a level with the iliac crest. There were signs of intestinal obstruction : vomiting not, however, fæcal, and constipation, no flatus being passed. Mr. Gould cut down on the tumour, and, after dividing the transversalis muscle, exposed the tense sac of a hernia which he opened, finding it to contain a congested loop of small intestine. He then divided the neck of the sac upwards, reduced the bowel, fixed the sac, tied it in two loops of silk, and cut it off. The opening in the abdominal parietes was carefully sutured layer by layer with buried stitches, and the skin wound closed in the usual way. The opening through which the hernia had escaped was in or near the linea semilunaris, and some distance above the inguinal canal. Mr. Gould referred to the extreme rarity of hernia in this situation apart from injuries, cicatrices or abscesses of the belly wall, all of which causes had been absent in the present case.

THE CANCER HOSPITAL.

Double Oophorectomy.—Mr. Bowreman Jessett operated on a woman, æt. 40, a widow, who, for the last eighteen months, had suffered from excessive hæmorrhage, coming on every three weeks, and lasting eight or nine days. The patient was much blanched. A fortnight ago a thorough examination had revealed a large intra-mural polyp in the posterior wall of the uterus. He said he thought the best thing to give the patient a chance of health was the removal of the ovaries and tubes. The front part of the operating table having been raised by an ingenious wooden support under the front legs, so that the patient's head was considerably lower than her feet (this Mr. Jessett considers to be of great importance in such an operation, as it causes the intestines to gravitate towards the diaphragm) an incision three inches long was made in the middle line, the ovaries taken up and the tubes ligatured close to the uterus, which was about the size of a large cocoa-nut. Mr. Jesset commented on the intense bleeding, and the great loss of flesh, and the discovery of a fibroid in the walls of the uterus, and said it was a question either of hysterectomy or of bringing about the menopause by the removal of the appendages.

Excision of the Rectum.—The same surgeon performed excision of the rectum on a woman, æt. about 40. The operation was undertaken on account of carcinoma of the bowel, extending nearly all round, forming a nearly complete ring about two inches from the anus. With the forefinger of the left hand in the rectum Mr. Jessett plunged a sharp-pointed knife into the tissues round the coccyx bringing the point out by his finger in the bowel and then cutting outwards ; next, with the finger still in the bowel, he freed the latter all round with scissors until he got beyond the disease, each vessel when divided being at once seized with Spencer Wells' forceps ; he divided the bowel in its healthy portion above the carcinoma, catching the edges of the circumference as they were divided in three or four pairs of forceps. The peritoneum was unavoidably opened, as the extent of the disease necessitated the freeing of the bowel for a considerable distance; the serous membrane was carefully stitched down with catgut to the covering of the anterior part of the bowel and the divided circumference of the rectum attached with chromic gut to the edges of the wound where the anus had been, the posterior incision being accurately brought together. A rubber tube without lateral openings was left in the bowel, this tube coming through all the dressings.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 20, 1894.

THYROID GLAND IN SKIN DISEASES.

WHEN the history of modern therapeutics comes to be formally written, its pages will contain many curious records. It will tell of the rise of new methods and of new drugs, many of which, like the old-fashioned tar-water, ptisans, or the latter-day suspension treatment for locomotor ataxy, are destined to sink rapidly and for ever beneath the professional horizon. Here and there, however, the historian will write of discoveries that have made good their claim to a place in the armamentarium of the scientific practitioner of medicine. Among the sound and permanent additions to our therapeutic knowledge there seems to be every likelihood that the treatment of skin diseases by thyroid gland will, in no distant future, be included. One of the principal features of the Newcastle meeting of the British Medical Association last year was the announcement by Dr. Byrom Bramwell of the cure of certain cutaneous maladies by thyroid feeding. He had been led to make the experiment by noticing the marked influence on skin nutrition which the gland exerted on patients suffering from myxœdema. On proceeding to test the theory thus suggested on a number of cases of psoriasis, he was rewarded with a series of extraordinary results. This communication naturally attracted a good deal of attention on the part of the specialists to whom it was read. Many experiments upon all kinds of cases were undertaken in different parts of the country. The results seem to have been somewhat disappointing, however, that is to say, if we are to judge from published papers and reports of meetings. The general feeling, so far as one can gather, was that in thyroid gland the dermatologist found a powerful but erratic drug, which in some cases only was beneficial, or even curative. This attitude of reaction and doubt, however, has been seriously disturbed by Dr. Byrom Bramwell, in a paper read at the late Congress of the Dermatological Society. The observer in question brought forward a number of additional facts, which he handled in a scientific and logical manner. He was able to announce certain definite conclusions with regard to the drug, for instance, that it should be pushed to "Thyroidism," a state characterised by such symptoms as quick pulse, cerebral disturbance, and high temperature. Instead of prescribing one or two five-grain tabloids daily, it has been boldly administered up to 30 or 40 such tabloids in the 24 hours. The best results still appear to be obtained in the treatment of that curiously distinctive malady, psoriasis. In some cases the improvement is marked and immediate, with considerable scaling and rapid clearing up of the patches. Dermatologists who have used the remedy in psoriasis have been discouraged by the appearance of fresh crops of spots, but these, according to Dr. Bramwell, may be looked for and merely run an abortive course. The same observer *mirabile dictu*, has found that for a time the drug has a beneficial effect upon lupus, although later on cases relapse and the disease spreads; these bad results are attributable to what may be described as a kind of "chronic thyroidism." He has also reported a striking improvement in a typical case of ichthyosis treated by thyroid gland. Indeed, there can be little doubt that we are on the verge of a new world of therapeutics, the possibilities of which are many and various. As regards the particular instance under consideration, it is interesting to note the chain of events which has led to such unexpected results as the cure of psoriasis and other diseases by the administration of fragments of uncooked sheep gland. The first step was the careful description of the hitherto unrecognised condition of myxœdema, which was followed some years later by the extraordinary observation that the disease was curable by the use of sheep's thyroid either as an extract, or in a dried form. But these two triumphs of human intellect, the recognition of an obscure disease and the discovery of its equally mysterious antidote, have led to collateral results that are full of promise of a brilliant future. A general physician, struck by the subordinate effect of the gland on skin nutrition, was led to try its effect on certain well-defined cutaneous maladies. It is not too much to say that his experiment bids fair to open up issues that may profoundly modify the future treatment not only of special, but of general diseases. At the least, the facts he has advanced must considerably affect the attitude of dermatologists with regard to the constitutional origin or modification of pathological cutaneous conditions. The evolution of the series of events which has culminated in Dr. Bramwell's paper affords a marked instance of the well-nigh universal application that is possible to a well-ascertained fact. Curiously enough this discovery, which is so intimately concerned with the therapeutics of skin diseases, has been made by a general physician, as distinct from a specialist. This fact alone would justify the existence of the new Society of Dermatology for Great Britain and Ireland, which invites the active co-operation of all medical men who are interested in the study of its special branch of medical science.

A PROBLEM IN SEQUELÆ.

It is never an easy task to decide on grounds which shall resist the inquiring critic what is the exact relationship between particular morbid phenomena and a previous attack of a given acute disease. The difficulty is intensified when the malady is one with which we are, pathologically speaking, comparatively unfamiliar, such as influenza, or when a more or less considerable interval of time separates the disease from its sequelæ. It can, indeed, only be by prolonged and conscientious observation and the careful collation of results that the existence of any causal or predisposing relationship can ever be peremptorily established. This is a century of exact observation, and this is doubtless the reason why associations which our professional forefathers never even dreamed of are now generally recognised to exist. Take syphilis for example. If one turns to the most authoritative treatises on diseases of the nervous system, as recently as the time of Dr. Abercrombie, syphilis is not even mentioned, its influence on the production of disorganisation of the nervous system not having as yet been suspected, or, at any rate, not proved. In fact, authorities in this department showed the greatest reluctance to credit and accept the view of the distant effects of syphilis on the nervous system, though, at present, they are few who question the existence of this causal, though possibly remote, relationship. It is worthy of notice, moreover, that our knowledge of the distant sequelæ of most acute diseases is of quite recent date, and the more remote the connection, the longer, of course, has it taken to place the association on a sound scientific basis. These reflections are suggested by the discussion initiated by Dr. Sansom at the last meeting of the Royal Medical and Chirurgical Society on certain complications and sequelæ of influenza. Now, although records of influenza exist as far back as the thirteenth century, it does not seem to have occurred to anyone, previously to the last epidemic, that it had any particular sequelæ. Since the last great epidemic wave there has, on the other hand, been a plethora of such complications and sequelæ. There is hardly a disease under the sun which has not been described as occurring in the wake of an attack of influenza, but there is every reason to suspect that in a great many instances the association was fortuitous and not consequential. Even when the secondary phenomena occur in immediate relationship to the attack of influenza it is not easy to demonstrate their dependence on the previous illness, and when the interval is one of months or years the difficulty is, for the time being, insuperable. One can sympathise with the critic who said that he had long since ceased to take note of the history of a previous attack of influenza simply because it was of such common occurrence. This, however, is a dangerous course from a scientific point of view, for one incurs the risk of shutting one's eyes to an association which may positively be too obvious to be visible. Dr. Sansom has collected notes of a series of cases in which pain at the heart or morbid acceleration of the heart-beat had been manifested after influenza, and he promulgates the view that the initial cause was a disturbance of the vagus at its origin, or in some parts of its course, resulting from the action of the influenzal poison. He cannot truthfully be said to have placed his arguments on an irrefragable basis because, as we have already pointed out, such a demonstration can only be afforded by long and painstaking observation, bearing on a large number of cases. It must be shown that the symptoms were such as do not occur in any other association, in other words, we must be provided with some means of distinguishing cases which are due to influenza from those which merely occupy a subsequent position in point of date. There does seem reason to believe that influenza tends to set up peripheral neuritis in various parts of the body, in common with most acute specific disorders, but beyond this it would not, for the present, be safe to venture. It is all very well to suggest that the symptoms can be explained on the assumption of lesions situated in the medulla, but we are justified in maintaining an attitude of prudent scepticism towards assumptions which are not based on the results of post-mortem observations. It is so easy to assume and so difficult to prove, and the moment we leave the domain of actual observation the scientific horse takes the bit in its teeth and, to employ a colloquial expression, we do not know where we are.

THE ARMY MEDICAL SERVICES AND COMBATANT TITLES.

When the officers of the Army Medical Staff, both at home and abroad, first put forward the demand that their rank should be indicated by their titles, as is the case in every other branch of the service, everyone saw the justice of the claim, and it was granted to the fullest extent, notwithstanding the opposing jealousies of the heads of departments and leaders of the combatant service. The chief objection advanced by these was that if the "doctors" were granted these titles, there would be no stopping their further demands; that they would insist upon command and military authority appertaining to their rank, and would eventually claim to carry military titles without any indication that the titles were also medical

These forecasts, we are glad to say, have proved illusory in the great majority of cases. Members of the Army Medical Staff almost universally were content with their titles of Surgeon-Major, Surgeon-Colonel, and so forth, and with the acknowledgment of rank thus secured to them. But we regret to note that there remains a residuum of medical officers who yearn to be thought military and nothing more, and the vanity of these people maintains a state of ill-feeling between the combatant and medical services which we had hoped would have passed away. An officer who has this idea tries by all means to ignore and conceal his medical function. His visiting card describes him as "Lieutenant-Colonel Jones," the addendum "Army Medical Staff" being packed away in a remote corner in the smallest possible type, and when he goes out to dinner he desires himself to be announced as "Colonel Jones," and thus surreptitiously receives from strangers that homage which is dear to his poor petty soul. We have in our mind's eye one retired medical officer who has lived in a suburban district as "Colonel Blank," and has so successfully masqueraded in his military feathers that all persons —even the vicar of the parish—accepted him as a distinguished combatant officer, and were proportionately civil to him. We receive now and then letters from officers with this craze, begging us to agitate for new methods of expression and new rules which will make them a little like combatants. We shall do nothing of the sort. If these members of our profession are so ashamed of it that they prefer the ignoble position of hangers-on to the combatants, we are not surprised that the combatants treat them with merited contempt, and we shall not help them out of their humiliation. They should recollect that they are supposed to possess, in addition to the general education and the special military education which combatants possess, further scientific and professional attainments, which ought to make them regard themselves as the superiors of their military brethren. Their anxiety to hide away their medical function is an insult to their cloth.

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Notes on Current Topics.

Cycling as a Remedy for Obesity.

Among the reasons which determine persons over thirty years of age, and even under, to take to cycling, the desire to 'take down their fat," which is becoming a burden to them, is certainly a fairly common one. One is often puzzled to account for the appearance on wheels of persons, both male and female, whose build would seem to indicate an unfitness for this particular variety of exercise, and in many instances inquiry, if successful, will elicit the admission that it has been resorted to for the express purpose of getting rid of superfluous "flesh." Now in a certain proportion of instances the treatment of obesity by cycle exercise proves disappointing, and the explanation of this phenomenon presents a certain physiological interest. In the case of a healthy man, of fairly active habits, but who eats more than he can consume, cycling exercise, prudently indulged in, will usually bring down the body weight to the normal standard for the individual—this standard of course varying with each individual. It is otherwise, however, with stout females, who eat sparingly as a rule, and take a minimum of exercise of any kind. The tissues of such women are flabby, wanting in tone, and "watery," that is to say, infiltrated with a loose fat, giving rise to prominences which, on movement, remind one of "a reed shaken by the wind." The result of cycling exercise in these subjects is to improve the tone of the tissues, to stimulate the appetite, and ultimately to bring about the substitution of firm, physiologically healthy tissues for the atonic structures which formerly did sorry duty for them. Far from procuring any diminution of weight, a positive gain may result, this time *up* to instead of *down* to, the normal body weight. However æsthetically objectionable this may be, it is, from a physiological point of view, the best thing that can happen. The highest standard of health is attained in the individual only in presence of a normal body weight, and any departure from this standard in either direction is *pro tanto* a departure from the ideal standard of health. Let the fair ones console themselves for the gain in weight by the enhanced zest thus given to mere existence. Stoutness due to fat is literally a burden, but stoutness due to muscular development is, or may be made, the guarantee of a healthy and enjoyable existence.

The Eating of Wall-Paper.

A most amusing essay in amateur medicine is now going the round of the newspapers. It professes to account for what we are told is a "strange but common habit" among children, namely, that of tearing away wall-paper and eating off the mortar underneath. This information, if we mistake not, will be fresh to most of our readers, as well as the following explanation:—"Lime is an absolute *sine quâ non* to children who are bone-making, and yet cheap and common as it is the children of the London poor are often unable to obtain it. Driven by their unfailing instinct, they will, if so desired, eat anything, let it be ever so objectionable, if only it happens to contain the materials for bone-making. I have seen a whole group standing around a hole in the wall of a London cottage and eating the mortar, and amused myself and the mother by placing a pail of water, into which a piece of lime had been secretly dissolved, in one corner of the room. The children, without other guidance than instinct, will, in the course of an hour or two, find this lime-water, and drink of it with great regularity. Thenceforth no amount of scolding will induce them to go back to the hole in the wall." The writer of this curious production evidently has no knowledge of the widespread distribution of lime salts in food stuffs. Both bread and milk contain lime, which is present to an enormous extent in many potable waters, notably in that supplied to Londoners. The science of medicine may be, as the author asserts, an empyric (*sic*) thing, but we must altogether dissent from his proposition that "taste is the unerring voice of Nature telling the child what is best for it." It is a well-known fact that the appetite of children is omnivorous; but it seems an unkind theory that Providence inspires the child with a desire for marbles, coal, boiling water from kettles, paint, or any other indigestible provender of any kind whatever that may be within reach. The ingenuity and powers of observation shown by the author of this theory are obviously handicapped by the absence of logical method in the examination of his arguments.

The Fatal Poisoning of Sewer Men.

The inquiry into the recent death from poisoning of two sewer men has revealed the fact that the men were asphyxiated with sulphuretted hydrogen. It was alleged by the Lambeth Vestry authorities that the gas was generated from a large quantity of sulphuric acid which had been allowed to flow into the sewer from an oil refinery, a statement, however, which was strenuously denied by the firm to which the refinery belonged. The curious fact, however, was testified to by Dr. Stevenson, the analyst to the Home Office, namely, that the metropolis was the only part of England where waste chemicals and hot liquids above 120°F. were permitted to be run into the sewers. This danger has been fully recognised in other parts of the United Kingdom, and it is prohibited by statute. But if the sewers are kept properly clean, presumably it would scarcely matter much what the character of the liquids was which flowed into them. On the other hand, supposing the sewers are allowed to remain in a foul condition, obviously any powerful chemical reagent, such as sulphuric acid, would be certain to be productive of harmful results to the men. The matter, of course, is one of great moment; so much so that it seems to call for an exhaustive inquiry by the authorities who control this department of the metropolis. The jury laid a good deal of stress on the important evidence which was brought before them, and in their verdict attributed the deaths of the men to the wretched state of the sewers, and the foul gases arising therefrom, while, in a rider, they censured the parish authorities for their careless supervision of the sewer. We trust that the attention which has been drawn to this matter will be productive of good results.

The Coming Election to the Council of the Royal College of Surgeons of England.

We regret to have to state that, owing to a mistake in the date for forwarding to the College his application as a candidate for the Council, Mr. A. T. Norton will not be able to take part in the contest on the 5th prox. This untoward event is all the more to be regretted inasmuch as the election will thus be deprived of most of the interest with which it would otherwise have been surrounded. Mr. Norton had been adopted as the candidate of the Association of Fellows, and no stone would have been left unturned to effect his success at the poll. He would have been, in truth, the only candidate openly pledged to secure those much-needed reforms in the government and constitution of the College in connection with which the Association of Fellows has shown itself to be a working body of so much utility to the Fellows generally. The candidates who are now on the list for election to the three vacancies are: Mr. Reginald Harrison, Mr. Howard Marsh, Mr. Hardie (of Manchester), Mr. Davies-Colley, and Mr. Page. In view, however, of the Association of Fellows having no candidate specially nominated to represent the reform movement among the Fellows, it becomes an essential matter to consider who those candidates will be whom the Association will decide to support. Hazarding a guess, quite likely the decision will be arrived at to favour the return of Messrs. Harrison and Marsh, as the retiring Councillors, and Mr. Davies-Colley—who, although avowedly a member of a clique which has been started to oppose the Association, has, nevertheless, taken no active part in that opposition. With regard to the other two, Messrs. Hardie and Page, it need only be said that they have both been prominent in forming that society whose object is to undermine the good influence of the reforming section of the Fellows.

The Teaching of Surgery.

Two papers of some note, both on the subject of the teaching of surgery, were read at the meeting of the American Surgical Association, held at Washington last month. The first was a contribution from John S. Billings, and the second by Dr. John Chiene, of Edinburgh. The latter based his observations upon the following proposition, namely, that the teaching of surgery resolved itself into two divisions. First, systematic consideration of general principles, illustrated by clinical examples. Secondly, a clinical (bedside) opportunity given to observe, to use, and to educate all the faculties, physical and psychical. Under either head the teacher must be a learner, the student a teacher. The practice of surgery to be successful must be dogmatic. Attention is drawn to the fact that now that we have books, something may be said for the objection that no systematic lectures are required; indeed, it has been asserted that there is no need for a hundred lectures on any subject. But experience amply proves that speech is a great stimulus to the diffusion of knowledge, and however valuable books may be as an integral part of an educational system, they can never supersede the personal, so to speak, method of imparting knowledge comprised in the delivery of lecturers.

The Plague at Hong Kong.

The island of Hong Kong has been suffering from the ravages of a terrible epidemic. Its inhabitants are mainly Chinese, with about two hundred Europeans. Since the first outbreak of the disease on May 4th no less than 1,900 Chinese have died, but hitherto the Europeans, with the exception of ten British soldiers, have been free from attack. There can be no doubt that the epidemic is the true Oriental plague, answering to the terrible pestilence which ravaged Europe in the Middle Ages. The invasion is rapid, and the disease is marked by fever, bubo, typhoid symptoms, great prostration, and in most cases rapid death. Hong Kong, for all its extreme beauty, is an unhealthy place, especially in the densely-crowded Chinese quarters. Its importance as one of the two great commercial gates of China can hardly be exaggerated. It is a vast commercial centre, and the present unfortunate visitation can hardly fail to be disastrous to the Chinese trade. Unfortunately there is considerable danger that the disease will be conveyed to Shanghai. The moral of the situation is obvious, namely, that the British Government will have to enforce absolute sanitary measures in the island of Hong Kong. Short of that proceeding there can be no safety in a country where wholesale poisoning of earth, air, and water is the rule, and cleanliness of any kind the exception. The plague has been driven out of Europe, but has survived in China, doubtless due to the filthy habits of the people. The free inter-communication that goes on between China and Hong Kong must necessarily expose the latter to the constant risk of the introduction of cholera and other epidemic diseases. The future safety of Hong Kong must be ensured by a rigorous quarantine of immigrants and the institution of a thorough system of sanitation. Already suggestions are afloat to destroy the Chinese native quarter of Hong Kong by fire; but if this is carried out the latter threaten destruction with the same element of the British settlement at Shameen.

Small-Pox amongst Tramps.

The fact that small-pox is often spread by tramps has of late been again and again forcibly demonstrated. Seldom, however, has the moral been pointed in a more disgraceful manner than in a late occurrence at Rawtenstall. It appears that there is a sordid dispute going on between the Corporation and the Guardians as to which shall bear the cost of cases sent to the fever hospital. On a certain Monday evening a case of small-pox was reported in a Rawtenstall lodging-house containing some forty or fifty inmates. The patient, however, was allowed to remain where he was until Tuesday evening, when he was given an overseer's order and sent to the infirmary. On being refused admission at the latter place, he is stated to have paid a visit to a public-house, and then to have gone on to Newchurch, where he spent another night in a lodging-house. Next day he went to Burnley, and there he was at once placed in an infectious hospital. The Rawtenstall authorities are likely to have a practical lesson in economics, for there is every chance of their having to deal with an extensive outbreak of small-pox as a result of their "penny wise and pound foolish" policy.

Marriage with a Deceased Wife's Sister.

This perennial source of physiological argument *versus* sacerdotal principle, in the shape of a Bill in Parliament, has once again received its quietus, and we have received the usual, or rather more than the usual, number of letters from those of our readers who affect a desire to deal "fully and clearly" with the physiological aspect of the question. Now we are far from denying that marriage has a physiological aspect, and this whether the parties thereto are or are not within the objectionable limits of relationship. But the reiterated fate which has overtaken this particular Bill is not, we imagine, determined by or on physiological principles, and it is consequently useless to discuss problems which are, after all, not germane to the subject. The time may come when the Government will refer the matter to the *to be-created* Academy of Medicine of Great Britain, and then will be the time for our correspondents to forward their essays on the physiology of marriage between and within certain affinities.

Prosecution of Chemists.

The tactics of retaliation of the Patent Medicine Vendors' Association have certainly a humorous side, even if those tradesmen against whom the manœuvres are directed are made to suffer. At Oldham last week no less than eight chemists were summoned for selling a syrup containing some scheduled poison without entering the transaction in a book, and to a person unknown. The same offence was also made to include the sale of fly-papers, concerning which so much was heard during the trial of Mrs. Maybrick. No definite decision was arrived at, for the magistrates adjourned the case for a week, presumably to ascertain the law on the subject. Of course, if chemists do not wish to be subjected to vexatious actions of this kind they must comply with the law. At all events, it is to be trusted that this species of retaliation will have no effect upon the policy of the Council of the Pharmaceutical Society, which has been carried out with so much benefit to the public in the prosecution of vendors of quack-medicine.

Anti-Vaccination at Trinity Hall, Cambridge.

Broadly speaking, the ranks of the anti-vaccinators are recruited from the less educated classes of society. Men of cultured understanding are usually content to form their opinions on such technical scientific matters upon the principles accepted by the authorities on such subjects. Much learning, however, is by no means the invariable hall-mark of wisdom, a fact which is shown by a little anti-vaccination incident that has lately taken place at Cambridge. A Mr. Bell, described as an assistant tutor of Trinity Hall, was summoned to the police-court of that town for non-compliance with a vaccination order. His defence was of a novel and ingenious nature. He contended that vaccination was inoculation, and by section 32 of the Act of 1867 anyone is liable to one month's imprisonment for inoculation. The magistrate remarked that, according to that argument, every medical man who performed vaccination would be liable to imprisonment. The assistant tutor, we are glad to observe, was fined for his attempted evasion of the law.

A woman doctor has been appointed on the medical staff of the Lancaster County Lunatic Asylum. A large number of female lunatics are confined in the asylum.

Elephantine Surgery.

Veterinary surgery is a matter of increasing interest and importance, and, according to the newspapers, has lately been raised to an unexpected degree of refinement. It is reported that a Parisian dentist has recently filled a considerable gap in the tooth of a performing elephant engaged at the Nouveau Cirque. For a long time the poor beast had suffered agonies from toothache, due to molar caries. This was diagnosed by Professor Valadon, who proceeded to drill out a cavity three inches deep by the aid of his largest instruments. The hole thus made was stuffed with iodoform cotton for some months, and then filled with composition cased in with a tin cylinder. During the operation the sagacious beast remained perfectly passive, being evidently aware that the object of the surgeon was to relieve him from suffering. The director of the circus was anxious to have the tooth filled with gold, but decided on the composition when he heard that £60 worth of gold would be required for the purpose! Diseases of the teeth are not uncommon among elephants in a state of captivity. Some of our readers may recall the fact that the celebrated elephant Tippoo, which was shot because it was supposed to have gone mad, was found *post mortem* to have a large abscess at the root of a molar tooth.

Lady Medicals in Scotland.

In Edinburgh, for the time at least, a peace has been patched up between the advocates and opponents of the medical education of women and the attendance of female students at the infirmary wards set apart for their use grows larger continuously. In Dundee, however, the cause is not on such a satisfactory footing, as the managers of the Royal Infirmary there have just refused to allow female students into the institution. There may be circumstances in the way about which we know nothing, such as the impossibility of avoiding mixed cliniques, or inability to set apart a sufficient number of beds for the women; but in these latter days, when the lady student is ubiquitous, it savours somewhat of obstinacy to endeavour to keep her out of a teaching hospital altogether. Already eight qualified lady doctors are practising in Edinburgh, and two in Dundee, while we believe the number in Glasgow is very much larger.

The Forthcoming Report of the Vaccination Commission.

We learn that the labours of the Vaccination Commission are approaching completion. At the last meeting, held a couple of months ago, the Secretary was instructed to obtain information upon certain points arising out of evidence admitted at the last moment. This information is now ready to be submitted to the Commissioners, who will accordingly be able to commence the consideration of their report without delay. The prospect of unanimity in connection with the Commissioners' recommendations is remote, and, whatever may be the general tenour of the report, a separate document is certain to be drawn up by the minority. Undeniably regret will generally be felt if, as is here suggested, the report does not prove to be a unanimous one; but, after all, whatever the ending of this matter may be, one thing is certain, namely, that the anti-vaccinationists will have to remain satisfied for a long time to come with the free ventilation of their grievances afforded them by the Commission.

The Nursing Staff in Bath Workhouse Infirmary.

Notwithstanding the publicity which has been given to the scandalous state of the nursing in the Workhouse Infirmary, the Bath Guardians seem disinclined to take any steps to remedy matters. Mr Craddock, the Medical Officer, lately wrote another strong letter on the subject, but receiving no satisfactory answer, he has sent in a report to the Local Government Board. Amongst a batch of other interesting facts he communicates the following. "In Ward No. 148 there were, last week, eleven children, two of them cases of pneumonia. On Thursday last they were both exceedingly ill, and likely to die. In charge of this ward were two pauper women, aged respectively 69 and 75 years. Between my visits on Thursday and Friday one child died, and as I entered the ward on the morning of the latter day, these old women were dusting the ward; but, to my horror, I saw my other little pneumonic patient sittng up in bed near an open window with the wind blowing in upon him, and the rash of measles well out." It is to be hoped that the Local Government Board will at once put an end to this intolerable state of affairs.

The Ophthalmic Department at St. Bartholomew's Hospital.

We understand that a vacancy will shortly occur in the Ophthalmic Department of St. Bartholomew's Hospital, owing to the resignation of Mr. Henry Power, Senior Ophthalmic Surgeon and Lecturer on Ophthalmic Medicine and Surgery at the Hospital. Mr. Power was appointed in the year 1870 to the post which he is now about to resign, when the ophthalmic wards were built, and we believe it is a fact that, among the large general hospitals, St. Bartholomew's was the first to open a special department for the treatment of diseases of the eye, and place it in charge of a surgeon who confined himself to that speciality. Mr. Bowater Vernon was at the same time appointed as Mr. Power's colleague, and will presumably now succeed to the vacancy created by the resignation. The promotion of Mr. Vernon will leave a vacancy for a junior ophthalmic surgeon, and for this appointment quite possibly there will be much competition.

The Public Health Committee of the London County Council have decided to convene a Conference of urban sanitary authorities, to be held next month at Spring Gardens, to consider whether any measures can be taken to restrict vagrants as agents in the spread of small-pox and other infectious diseases.

The Power of Re-Vaccination.

The *Star*, the *Echo*, and the *Daily Chronicle*, the three newspapers in London which fatten upon the notoriety they have gained from their opposition to vivisection and vaccination, are at present engaged in endeavouring to belittle the good effects of re-vaccination. Of course, it is quite impossible to say anything which would ever be likely to convince a faddist that his fad is merely a delusion. For facts and figures the average faddist displays the greatest scorn; all those figures and facts, for example, which do not bear out his propositions, or agree with his conclusion, are cast aside and ignominously avoided. Nor is it the rule for any effort to be made by the faddist to refute them —he adopts the sage course of leaving them severely alone and refuses to be convinced, even when common sense would suggest that conviction was unavoidable. In the midst of the libellous statements against re-vaccination which have been propagated, it is well that some authoritative facts should be disseminated in which the truth of the matter is plainly displayed. The Vestry of St. Mary, Islington, therefore, has done good service by the issue of a small pamphlet entitled "A Few Facts about Small-pox, Vaccination, and Re-Vaccination," compiled by their Medical Officer of Health. So far as re-vaccination is concerned, he points out that in the London Small-Pox Hospital an experience of fifty years has proved that the protection of re-vaccination is so great that nurses, who must of necessity be in the closest proximity to the disease, were never infected. Again, in the Metropolitan Asylums Board Hospitals, out of 734 nurses and attendants, 79 who had previously been attacked with small-pox, together with 645 who had been re-vaccinated before entering upon their duties, escaped the disease, but the remaining ten had not been re-vaccinated, and every one of them contracted it. Lastly, from 1876-79, in London, out of nearly twelve thousand patients admitted into the small-pox hospitals, no case of small-pox was known of any person who had been efficiently vaccinated, and successfully re-vaccinated.

State Surgery.

Just as we are rejoicing over the recovery of our veteran statesman, Mr. Gladstone, from a successful operation for cataract, we learn that M. Jules Simon, the well-known French politician and ex-Minister, has had to undergo the operation of iridectomy at the hands of Dr. Landolt, the eminent Parisian oculist. This, we are informed, is only preliminary to an operation for cataract, which it is proposed to perform in October. The procedure was so far successful that M. Simon was enabled to contribute his weekly article to the *Figaro* as usual, and we trust that the subsequent steps may prove equally satisfactory.

The very alarming outbreak of eight cases of small-pox in the North Dublin Union, which was transferred to the Hardwicke Hospital, has fortunately, owing to the decision of Sir Charles Cameron and the hospital authorities passed away. There has been no death, though one of the cases was of the most confluent type. Within the last few days one other case has been admitted to the Hardwicke, but it is not expected that the epidemic will go further.

The scales of medicines, medical stores, and instruments for merchant vessels, prepared under the provisions of the Merchant Shipping Act, 1867, have just been revised by the Board of Trade. Separate medical scales for merchant ships, for North Atlantic steamships, and for passenger ships have been prepared.

On behalf af the building fund of the Dental Hospital of London, Leicester Square, an exhibition of pictures by prominent artists is to be held from June 25th to Monday, July 2nd, in the Royal Institute of Painters in Water Colours, Princes Hall, Piccadilly.

Special Articles.

THE ANTWERP EXHIBITION.

[From our Special Reporter.]

II.—The Sanitary Sections.

Continental cities for the most part present a curious contrast to our own, they are generally outwardly far more clean and orderly than ours, but when one comes to inquire into sanitary arrangements, grave defects are revealed. Antwerp is a bright, clean-looking town, with well swept streets and handsome houses, nevertheless, its sewerage is decidedly of the most primitive description. Cesspools are the rule, and sewage is carted and barged away to the sea. In one corner of the Exhibition the town of Antwerp makes an instructive display of such arrangements as come under the supervision of of the Municipal engineer and the medical officers. This collection of models and photographs at once betrays the weak spot in the civic sanitary armour. There are models of the huge reservoirs on wheels, with pneumatic pumps, employed for emptying the cesspools in almost every quarter of the town. There are two shifts of service, for night and day work. The contents are emptied into gas tight iron barges, which lie in the canals near to the Municipal Depôts. The sewage is for the most part barged out to sea and deposited there. As far as they go, these machines, as represented by the models on exhibition, are perfect, their working being nearly automatic, and every precaution being taken against leakage or the escape of sewage gas. But the weak point is very weak indeed. In many of the tall houses in the old town, soil-pipes run straight up from the cesspools to the top of the house, no traps being used, and no water. The consequence is that the cesspools are effectually ventilated into the warm houses. Were it not for the constant use of the pneumatic emptying engines, the sanitary condition of the town would be far worse than it is. There are also models of dust and rubbish carts. These are of excellent pattern and might well be copied by some of our British Vestries and civic authorities. The carts are made of galvanised iron sheets, strongly rivetted, in wood frames. The covers, also in galvanised iron, swing back on protected hinges, and have metal wings to prevent the scattering of dust; they are tip-carts. Wheelbarrows built on the same principle are used for cleaning the streets, this work being usually done by one man and a woman sweeper to each wheelbarrow. For the new quarters of the town mechanical road scrapers and brooms are used. Steam disinfectors are used for house purification after contagious diseases. Several firms exhibit sanitary apparatus in metal, galvanised or enamelled, pottery, &c. Among these we may mention Twyford, of Hanley, whose specialities of water closets, drainage tubes, and other articles, in enamelled fire-clay are of high value; the enamelled baths, syphons, &c., &c., manufactured by the Co-operative establishment known as the Société du Familistère, of Laeken, Belgium, whose enamel is of good colour and excellent quality, and various appliances in Belgian pottery ware. These last are not remarkable, the Belgian clay-workers, so far as regards building and sanitary appliances, making a poor show. Steam disinfecting apparatus and washing machines are also shown, though in these classes there is nothing worthy of special notice, nothing to come up to various familiar British patents. Messrs. W. H. Wright & Co., of Brussels, show an excellent selection of British sanitary house appliances.

Among the curiosities of the Exhibition must be mentioned Captain C. J. Tackel's elaborate plans for the storage of water from two immense water-sheds, thus procuring an abundant supply of pure water for Brussels, Antwerp, and other towns. The worthy Captain also exhibits diagrams and particulars of a method for the purification of canals, &c. He constructs filter beds estimated to last for a century; the purification being accomplished by reaction and precipitation by the help of sulphate of protoxyde of iron, sulphate of iron, and sulphate of lime. The inventor declares he could purify the pestilential canals of Marseilles. If he could indeed do this work of sanitation for Marseilles and Hamburg, he would place the whole of Europe under the greatest obligation. Another curiosity is to be found in the German section; a house built of zinc blocks, and zinc plate moulded on wood. The structure is light, cleanly, and said to possess peculiar sanitary advantages.

M. Müllender showed plans for the extension of Antwerp to the left bank of the Scheldt, to relieve the conjestion of the old town, providing cottages, public gardens, &c. The improvements would cost several millions.

As regards the internal fitting of houses, some advance is shown in the matter of ventilation, which is often combined with a system of heating. This seems to be a battle ground for the opposing factions of open grates and closed stoves. Some useful patterns of stoves for hot air, steam, and hot water are shown. But in spite of the long experience of the Germans, apart from their enamelled stoneware stoves, they do not show any decided superiority over British manufacturers. The Government and Municipal schools exhibit interesting regulations for the teaching of hygiene and sanitation, and some of the industrial and technical schools show drawings and models of various apparatus and appliances.

A branch of sanitation strongly represented is that of apparel, though we must confess that the plain uniforms for boys in the military schools, and those in other schools as well as those especially designed for gymnastic exercise, more nearly approach the ideal than those specifically labelled "sanitary." A comparative new comer for honours is the "Poil de Bretagne," a so-called natural wool, subjected to certain patented manipulation; it is, however, soft and comfortable, and no doubt adapted for the manufacture of underclothing, &c. But in the matter of clothing the only way to hygienic results is by simplication, a process of doing without rather than adding to. A good word, however, must be said for the ingenious tent-waterproof coat exhibited by Isaac Maulner and Sohn, of Vienna. These tents are made in two sections of light but strong waterproof canvas. The tent is large enough for two soldiers or travellers, and when taken to pieces each section forms an ample wrap with flap hood and sleeves. They are warm and comfortable and keep off the wet. The sleeves form windsails or ventilators for the tents. Very simple framework is used, taking up little room in a haversack or on the top of a knapsack. A capital idea susceptible of wide application.

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Scotland.

[FROM OUR OWN CORRESPONDENTS.]

The Proposed Scottish Local Government Board.—We are glad to see that the Scottish Grand Committee has resolved to give the Medical Officer of the proposed Board equal rank with the other members, a very necessary arrangement, as he will be able to take part in any discussions which may arise and give opinions which, from a member of the Board, will have more weight than from merely a subordinate official. It is to be hoped that the House of Commons will not overturn the decision of the Committee. Some speculation has already been excited in Scotland as to who will get the proposed post, and one or two names have been mentioned, of whom it would be unfair at present to speak.

The Small-pox Epidemic.—The number of cases of small-pox notified in Edinburgh during last week rose to 25, those in Leith to 20. Revaccination is being carried out very generally in both cities, medical professors and students alike vying with the general public in this direction. We heard of one firm of chemists alone selling over 2,000 tubes in the week.

Glasgow University General Council.—The Chancellor of the University, Lord Stair, has, on the requisition of a quorum of members, convened a special meeting of the Council, to be held on Tuesday, 26th inst. The principal business of the meeting will be the consideration of a number of draft ordinances recently issued by the Commission, in the case of which the three months allowed to the Council by the Universities Act for intimating objections or amendments will expire before the next half-yearly meeting of the Council. The ordinances to be discussed will include some of special interest to educationists, amongst the subjects dealt with being the encouragement of special study and research, higher degrees in arts and science, the qualifications of candidates for chairs, and the position of the General Council in regard to procedure at its meetings. The Business Committee have prepared a report on these subjects which will be issued to members shortly. The meeting being a special one, an attendance of sixty is needed to make a quorum.

The Emeute of Students at Glasgow University.—The daily riot in the Medical Jurisprudence Class-room in the University has assumed such proportions that Principal Caird has had to interfere on the score of law and order, the cause of the disturbance being the unavoidable absence of Professor Simpson through illness necessitating the employment of a substitute to deliver the necessary lectures, the latter seeming not to be acceptable to the students. On the 14th inst. the Principal made his appearance in the class-room, receiving quite an ovation from the turbulent medicals. The Principal showed his tact by prefacing his scolding with an acknowledgment of the kindness of his reception. The reprimand was milder than was generally expected, and in general terms appealed to the "manliness and gentlemanly instincts of the students." The refining influence of Queen Margaret's students would seem to be somewhat tardy in coming into operation.

We understand that Professor Macewen, at his recent clinical examination, had his students confined in a room for so many hours that he had compassion on them and apologised for their enforced confinement by supplying them with tea and buns!

Hospital Sunday for the Three Glasgow Infirmaries.—We understand that the three Glasgow Presbyteries, representing about 300 churches, Archbishop Eyre, as representing the Roman Catholic churches, as well as the clergymen of most of the other denominations in the city and neighbourhood, have decided to have a simultaneous church-door collection for the infirmaries on Sunday, 28th October next. A large and influential committee has been formed, with the Lord Provost at its head as convener, with the view of carrying the project to a successful issue.

The General Board of Lunacy have resolved to investigate some charges made against the Medical Superintendent of Inverness Asylum, and have provisionally fixed Friday, the 22nd inst., for the inquiry.

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Obituary.

DR. ROBERT JOLLY, OF BIRMINGHAM.

The death is announced of Dr. Robert Jolly, senior surgeon to the Birmingham General Hospital, and consulting surgeon to the Birmingham General Dispensary, the event occurring a few days since at Bournemouth, after a somewhat protracted illness. Deceased went to Birmingham from Edinburgh, where he took his degree of M.D. in 1862. He had been resident surgeon at the Edinburgh Royal Infirmary, and demonstrator of anatomy in the school of the Royal College of Surgeons. His first appointment in Birmingham was that of house surgeon at the Queen's Hospital. He subsequently became assistant surgeon at the General Hospital, an office which was shortly afterwards abolished, upon which he was, in 1870, admitted as full surgeon. In 1868 he was elected Fellow of the Royal College of Surgeons, Edinburgh, and shortly afterwards was appointed lecturer on anatomy at Queen's College, a post which he held for many yeaars. For years past, deceased had an extensive private practice, and for many years he held the office of police surgeon, in which his considerate treatment of the men caused him to become very popular among members of the force. Some months ago, Dr. Jolly was compelled to give up work by reason of the development of a severe form of kidney disease. He repaired to Bournemouth, and recently made so much improvement that he anticipated an early return to practice, and accepted election by his colleagues at the General Hospital as chairman for the year of the Medical Committee of the institution. His illness, however, took an unfavourable turn, and terminated fatally on the 9th inst.

MR. SAMUEL WM. NORTH, M.R.C.S., OF YORK.

By the death of Mr. North on Friday last, the city of York loses its Medical Officer of Health, and one of its most respected and popular citizens. Deceased was a man of large experience and diversified talents, and his opinion was frequently sought outside the pale of his profession. He was one of those who carried out literally the conviction, *mens sana in corpore sano*, and he became a member of the Medico-Psychological Society, and a Fellow of the Sanitary Institute. As Medical Officer of Health for the city in which he passed the greater part of his life, he was highly esteemed, and to his wise administration in this direction, the high position York now occupies for healthiness, much is undoubtedly due. Mr. North was also a vice-president of the Philosophical Society, a member of the Anthropological Institute of Great Britain and Ireland, and at the time of his death held the posts of Senior Surgeon to the York Dispensary, Surgeon to the York Union Workhouse, and Fever Hospital, and Medical Visitor to three lunatic asylums in Yorkshire. Mr. North obtained his M.R.C.S. diploma in 1852, and has contributed various papers to scientific and medical literature.

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Medical Sickness, Annuity, and Life Assurance Society.

The expiration of the first decade in the history of this society finds, it what it never ceased to be from the beginning, a flourishing and highly successful undertaking. Thanks to an economy of management largely effected through the disinterested counsels of its founders, and of Mr. Ernest Hart in particular, less than half the usual rate of disbursement under managerial charges has been incurred, and this fund consequently shows a very substantial reserve to its credit. During the last twelve months, close on £4,500 has been paid in sickness and accident claims. and year by year the membership roll increases. One has only to inspect the annual reports to be made aware that the society has been the means of enabling many a practitioner to provide against misfortunes which, for being unexpected, have proved none the less disabling. We note a curiously large proportion of claims for accidents of late, many of them of a very serious nature, and the claims paid under this head more than compensate for the comparatively small amount of sickness. This is a form of incapacity against which the most robust health and the stoutest frame can afford no adequate protection, yet it is one which the medical practitioner, whether in town or country, is bound to face in the daily exercise of his profession. We are very pleased to bear this testimony to the continued success of a truly beneficent institution, and we trust this success will be maintained and exceeded in the future.

The Management of Chemists' Shops.

Referring to the judgment recently delivered in the Scotch Appeal Court, Edinburgh, in regard to the question of unqualified assistants in chemists' shops kept by medical men, the *Pharmaceutical Journal* remarks that it is now made clear that whether a chemist's shop be kept by a person qualified under the Pharmacy Act, or by a medical man in virtue of his exemption from that requirement, the retailing, compounding, and dispensing of poisons cannot lawfully be carried out by any but duly qualified persons. The exemption of the medical man enables him to keep open shop, and personally to sell, compound, and dispense poisons in recognition of his competence to perform these duties, but in carrying on the business of a chemist and druggist, he otherwise stands in exactly the same position as a person qualified under the Pharmacy Act.

Prosecutions under the Dentists Act.

The British Dental Association has instituted a series of prosecutions against certain persons for infringing the Dentists Act, 1878, by either holding themselves out as dentists or as being specially qualified to practice dentistry when, as a matter of fact, they were not registered, and held no legal qualifications. At Manchester, before Mr. Headham, the Stipendiary, James Macdonald, was fined £10 for using the expression, "Telegraphic address, 'Dentist, Manchester,'" in his advertisements, and £5 for describing his premises as a free dentorium, with £5 costs.—L'Estrange was fined, at the same court, £5 and costs for describing his premises as a dental surgery.—At Lancaster, before the justices, R. Knowles, a chemist, of Morecambe Bay, was fined £1 and costs, "as a warning to others," for holding himself out as being specially qualified to practise dentistry.

Vital Statistics.

The deaths registered last week in the principal large towns of the United Kingdom corresponded to an annual rate of 16·9 per 1,000 of their aggregate population, which is estimated at 10,458,442 persons in the middle of this year, and were—Birkenhead 16, Birmingham 20, Blackburn 12, Bolton 16, Bradford 13, Brighton 13, Bristol 15, Burnley 17, Cardiff 13, Croydon 13, Derby 15, Dublin 21, Edinburgh 20, Gateshead 14, Glasgow 19, Halifax 19, Huddersfield 15, Hull 15, Leeds 16, Leicester 13, Liverpool 25, London 16, Manchester 17, Newcastle-on-Tyne 18, Norwich 13, Nottingham 14. Oldham 16, Plymouth 13, Portsmouth 9, Preston 20, Salford 20, Sheffield 17, Sunderland 18, Swansea 13, West Ham 15, Wolverhampton 14. The highest annual death-rates were—From measles, 1·6 in Nottingham, 2·0 in London, and 2·4 in West Ham; from whooping cough, 2·0 in Sheffield and 2·6 in Newcastle; and from diarrhœa, 1·1 in Swansea. The death-rates from scarlet fever and fever did not reach 1·0 per 1,000 in any of the towns.

Notices to Correspondents, Short Letters, &c.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

B. K.—We cannot offer any opinion with reference to the publication of the paper until it is submitted for inspection.

Mr. L. H. P.—No one who respects himself or his mother tongue would connive at the introduction of such a term as "Cowperitis" to designate an inflammatory condition of Cowper's glands. We regret that indifference or downright viciousness should have allowed this term to find a place in our literature, constituting as it does a philological misdemeanour of the first order.

EXHIBITIONS AT THE ROYAL MEDICAL BENEVOLENT COLLEGE.

An official notice will be found in our advertising columns of an examination for the admission of boys of the less fortunate members of the profession as "Council Exhibitioners." Candidates who are successful are boarded and educated at about half the fees charged for admission to ordinary pupils.

A Candidate.—The book is a very good one, but is not up to date in modern surgery.

M. C. V.—We have standing arrangements for work of the particular description to which you allude, and it could only be by chance that any occasion would arise for extraneous assistance.

Dr. M. P.—We prefer subscriptions to be paid in advance, but we do not insist upon it in every instance.

General Practitioner (London).—Your letter is unavoidably crowded out at press.

Meetings of Societies, Lectures, &c.

Wednesday, June 20th.

London Post-Graduate Course.—Hospital for Skin Diseases, Blackfriars.—At 1 p.m., Dr. Payne: Syphilodermia.

Metropolitan Hospital (Kingsland Road, N.E.).—At 5 p.m., Dr. Risien Russell: Cerebral Localisation. (Post-Graduate Lecture.)

Royal College of Surgeons, England.—At 5 p.m., Prof. T. Pickering Pick: Diseases of the Ends of Long Bones in Children.

Royal Meteorological Society (25 Great George Street, Westminster).—At 8 p.m., Mr. Robert H. Scott: Fogs Reported with Strong Winds during the Fifteen Years 1876-1890 in the British Isles.—Mr. Richard H. Curtis: Some Characteristic Features of Gales and Strong Winds.

Royal Microscopical Society (20 Hanover Sq., W.).—At 8 p.m., On the Unreality of certain Characters generally accepted for Specific Diagnosis in the Diatomaceæ.—Mr. F. Chapman: Foraminifera of the Gault of Folkestone.

Thursday, June 21st.

London Post-Graduate Course.—Hospital for Sick Children, Great Ormond Street.—At 3.30 p.m., Mr. Bernard Pitts: Treatment of certain Acquired Deformities in Children. National Hospital for Paralysed, Bloomsbury.—At 2 p.m., Dr. Taylor: Electrical Testing and Treatment. Central London Sick Asylum, Cleveland Street, W.—At 5.30 p.m., Mr. Stanley Boyd: Cases in the Wards.

Friday, June 22nd.

London Hospital Medical College.—At 4 p.m., Mr. Jonathan Hutchinson: On Bazin's Malady.

Royal College of Surgeons, England.—At 5 p.m., Prof. T. Pickering Pick: Diseases of the Ends of the Long Bones in Children.

Saturday, June 23rd.

London Post-Graduate Course.—Bethlem Hospital.—At 11 a.m., Dr. Hyslop: Insanity with Cardiac Disease, Phthisis, Gout, &c.

Monday, June 25th.

St. John's Hospital for Skin Diseases (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Acne and Rosacea.

Vacancies.

alrothery Union.—Medical Officer. Salary £90 per annum, and £10 per annum as Medical Officer of Health. Election 27th June.

Bootle Borough Hospital, Derby Road, Bootle.—House Surgeon. Salary £5 per annum, with board, lodging, washing, &c. Applications and testimonials to the Chairman by 19th June.

Cheltenham General Hospital.—Junior House Surgeon (unmarried). Salary £40 per annum, with board and apartments. Applications and testimonials to the Hon. Sec. and Treasurer by 23rd June.

County Asylum, Whittingham, Preston.—Junior Assistant Medical Officer. Salary commencing at £100 per annum, with apartments, board, and washing. Applications and testimonials to the Superintendent.

Darenth School for Imbeciles, near Dartford, Kent.—First Assistant Medical Officer. Salary £160 per annum, rising £20 annually to £200, with board, furnished apartments, attendance, and washing. Applications and testimonials to the Clerk to the Board by 23rd June.

District Infirmary, Ashton-under-Lyne.—House Surgeon. Salary £90 per annum, with board and lodging. Applications and testimonials to the Hon. Sec. by 19th June.

Dorset County Hospital, Dorchester.—House Surgeon (unmarried). Salary £70 per annum, with board and residence. Applications and testimonials to the Chairman of the Committee by 27th June.

Metropolitan Asylums Board.—Assistant Medical Officer at the Western Fever Hospital, Fulham. Salary £15 per month, with board, lodging, and washing. Applications before the 28th inst. (See advert.)

Newport and Monmouthshire Infirmary, Newport, Mon.—House Surgeon. Salary £100 per annum, with board and residence. Applications and testimonials to the Secretary by 23rd June.

Royal Albert Edward Infirmary, Wigan.—Junior House Surgeon. Salary £80 per annum, with apartments, rations, and washing. Applications and testimonials to the General Superintendent and Secretary by 25th July.

Sunderland Borough Lunatic Asylum.—Medical Superintendent. Salary £350 per annum, with furnished house, washing, &c. Applications and testimonials to the Clerk to the Visiting Committee by 30th June.

Appointments

Glassington, C. W., M.R.C.S., L.D.S.Edin., Dental Surgeon to Westminster Hospital.

Goodworth, R. P., L.R.C.P.Edin., M.R.C.S.Eng., Medical Officer of Health for the Winterton Urban Sanitary District of the Glandford Brigg Union.

Hamilton, W. M., M.D., M.Ch.Irel., D.P.H. R.C.P.S.I., Medical Officer for the Sanitary District of Barton-upon-Irwell.

Harrison, R. C., L.R.C.P.Lond., M.R.C.S.Eng., Honorary Medical Officer to the Ealing Cottage Hospital.

Hembrough, J. W., M.D.Durh., L.S.Sc., M.R.C.S., Medical Officer of Health to the County Council of Northumberland.

Mills, R. J., M.B., C.M.Aberd., M.R.C.S.Eng., Medical Officer to the Norwich School Board.

Miller, J., L.R.C.P.Lond., M.R.C.S., Medical Officer and Public Vaccinator for the Iver Sanitary District of the Eton Union.

Norton, J., M.D.Durh., M.R.C.S., D.P.H., Medical Officer of Health to the Vestry of St. Margaret's and St. John's, Westminster.

Powell, A. F. M., M.B., C.M.Ed., Medical Officer for the No. 1 District of the Parish of Sedgley of the Dudley Union.

Robertson, W. J., M.R.C.S.Eng., L.R.C.P.Lond., House Physician at Charing Cross Hospital.

Smith, J. S. K., L.R.C.P.Lond., M.R.C.S.Eng., Honorary Assistant Surgeon to the Stanley Hospital, Liverpool.

Symons, T. H., M.R.C.S.Eng., L.R.C.P.Lond., House Surgeon at Charing Cross Hospital.

Taylor, A. S., L.R.C.P., L.R.C.S.Edin., Medical Officer of Health to the Northern District of the Tynemouth Union Rural Sanitary Authority.

Thompson, C. S., M.B., C.M.Edin., Medical Officer for the Abbotsham Sanitary District of the Bideford Union.

Webb, W. H., M.D.Durh., L.R.C.P., M.R.C.S., Medical Officer of Health to the Kingsbridge Rural Sanitary Authority.

Births.

Bennetts.—June 15tth, at 26 Garden Street, Brompton, Chatham, the wife of J. J. Bennetts, M.B., of a son.

Bryden.—June 15th, at Milton, near Gravesend, the wife of Richard J. Bryden, M.R.C.S., of a daughter.

Fraser.—June 8th, at the Limes, Leigh, Tunbridge, the wife of Frank Fraser, M.D., of a son.

Kent.—June 13th, at 3 Minard Terrace, Partick Hill, Glasgow, the wife of R. T. Kent, M.A.Oxon., F.R.C.S., of a daughter.

Snow.—June 9th, at 6 Gloucester Place, Portman Square, the wife of Herbert Snow, M.D.Lond., of a son.

Marriages.

Collier—Young.—June 12th, at St. Bartholomew's, Dublin, Horace Stansfield Collier, F.R.C.S., to Margaret Constance, daughter of the late Robert Young, Esq., of Clontarf, Dublin.

Cutcliffe—Hayward.—June 13th, at St. Clement's, Liverpool, Montagu Cutcliffe, L.R.C.P., M.R.C.S., of North Tawton, Devon, youngest son of George Cutcliffe, J.P., C.C., of Witheridge, North Devon, to Marion, elder daughter of the late William Hayward, of St. David's, Southsea.

Devereux—Phillips.—June 14th, at St. Nicholas's Church, Kemerton, William Charles Devereux, M.A., M.B.Cantab., of Tewkesbury, son of the late Daniel Devereux, M.D., to Ethel Mary, second daughter of Thomas Phillips, of Kemerton.

Griffiths—Page.—June 13th, at St. Peter's Bromyard, William Arthur Griffiths, M.R.C.S.Eng., L.R.C.P.Lond., of Wonston, Micheldever, Hants, to Marian Annette, eldest daughter of the late George Henry Page, of Hay.

Sankey—Miéville.—June 12th, at All Souls' Church, South Hampstead, Julius Ivor Sankey, M.R.C.S. and L.R.C.P., of Brenchley, Kent, second son of the late George Sankey, M.R.C.S., L.S.A., of Maidstone, to Violet, youngest daughter of Frederic L. Miéville, of South Hampstead.

Deaths.

Chase.—June 11th, at Reading, Francis Edward Chase, M.D., aged 78.

Jolly.—June 9th, at Bournemouth, Robert Jolly, M.D., F.R.C.S.Ed., of Birmingham, and Groveley, Worcestershire.

North.—June 15th, at 61 Monkgate, York, Samuel W. North, M.R.C.S., L.S.A., Medical Officer of Health for York.

Roberts.—June 6th, at Tientsin, F. C. Roberts, M.B., C.M., youngest son of Alderman J. F. Roberts, Manchester.

Sankey.—June 8th, at Boreatton Park, Baschurch, Salop, Herbert Richard Octavius Sankey, M.B.Lond., M.R.C.S., aged 44.

NOTICE.—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CVIII. WEDNESDAY JUNE 27, 1894. No. 26.

Original Communications.

THE PRESENT POSITION OF THE LICHEN QUESTION. (a)

By MALCOLM MORRIS, F.R.C.S. Ed.,

Surgeon to the Skin Department, St. Mary's Hospital.

A NECESSARY preliminary to any profitable discussion must be a clear understanding as to the precise meaning attached by those taking part in it to the terms which they employ. In the present instance the question, "What is lichen?" meets us at the threshold, and must be answered before we can proceed further. The proper connotation of lichen has been a good deal debated by dermatologists in recent years without any definite conclusion having been reached. The discussion at the Congress of Dermatology held in Paris in 1889 revealed the widest diversity of opinion among recognised authorities, nor has the work that has been done since that date, interesting and valuable as much of it undoubtedly is, brought us appreciably nearer to a solution of the problem. Much keen observation and argumentative subtlety have been displayed in classifying the various conditions to which the term "lichen"—qualified by an infinity of limiting and explanatory adjectives—is, or may be, or should (in the the writer's opinion) be applied, and in defining minute shades of difference between one pimply eruption and another, and apportioning to each its exact territory and range of action. These things, however, though interesting and important in their own way, are, after all, only details, and the question, "What is lichen?" which lies at the root of the whole matter, still remains without an answer. Till that question has been settled no real progress is possible; if we can succeed in clearing up this one point the present meeting will not have been fruitless. My own share in the work must be confined to the humble but necessary part of the backwoodsman; I will try to clear the ground leaving the tillage of it to abler hands.

What, then, is lichen? Is it a *disease*, that is to say, a definite pathological state characterised by distinctive lesions variable in degree and type as the manifestations of disease in different persons must necessarily vary, but expressions of the same fundamental process? Or is it a local condition—a lesion, in short—that may be common to several diseases? That is the question to be decided.

In predermatological days lichen seems to have meant nothing more definite than a disorder of the skin in which slightly itching pimples were the most prominent feature. Willan defined it as "an extensive eruption of the papulæ, affecting adults, connected with internal disorder, usually terminating in scurf, recurrent, not contagious." Since his day the meaning of the term has been extended so as to include the most divers conditions which have nothing in common but the fact that at some time or another a papular eruption has been one of the clinical phenomena. As the first Napoleon said of the Italy of his day that it was not a nation but a geographical expression, so might it have been said of lichen not many years ago that it was not a disease but an anatomical expression. Or rather, it was a pathological Hinterland which, while nominally an independent territory, had its autonomy almost obliterated by the "spheres of influence" of other processes such as eczema, syphilis, pityriasis, &c. An unquestionable evidence of progress is afforded by the process of *decortication*, if I may be allowed the expression, whereby the conception of lichen has in recent years been cleared from the mass of extraneous material with which it had become encrusted. Thus the lichen circumscriptus and lichen circinatus of the older writers have been restored to their true nosological place. Among the seborrhœal eczemas, lichen urticatus is claimed by urticaria; lichen pilaris has been identified as pityriasis pilaris. Lichen strophulosis is a form of miliaria, and syphilitic lichen is part and parcel of the great irritative disease of which it is a product. Lichen simplex and lichen agrius are now believed by most dermatologists to be modifications of eczema. By this process of elimination the number of lichens is reduced to one, viz., the disease described by Erasmus Wilson as lichen planus, which I believe to be identical with the lichen ruber of Hebra. At the Paris Congress Kaposi[1] reduced the lichen group to two diseases—1. Lichen ruber, with two subdivisions (*a*) acuminatus, and (*b*) planus; 2. Lichen scrofulosum. Lichen ruber acuminatus, he contended to be by Hebra's own admission the same condition which has been named lichen ruber by the latter, and he showed drawings of it "dating from the time of Hebra," which he said illustrated very well "the small red conical papules, covered with a white top composed of epidermic scales, papules discrete or arranged in lines or rows, or scattered over wider areas, and giving the skin an appearance like *cutis anserina*, and to the touch a sensation like that of a file, patches of redness and widespread infiltration set in a frame of similar papules, scaly or deeply furrowed, thick and hard, the furrowed condition of the soles and palms, and the folds on the flexor aspects of finger joints, the arrangement in groups and circles of the papules on the dorsal surface of the phalanges of the fingers, the degeneration of the nails, the ectropion of the eyelids, the alopian of the hairy scalp, the atrophy of the hairs and eyebrows" associated with subjective symptoms such as itching, shivering, insomnia, &c.[2] Kaposi further stated that he considered lichen ruber acuminatus to be identical with the affection described under the name of pityriasis rubra pilaris by Devergie and Besnier. Nothing could more strikingly show the confusion in which the whole subject was involved than that after Kaposi's exposition of the gospel according to Hebra, Hebra's son (Hans von Hebra) should have risen to call his brother-in-law's exegesis in question, contending that the lichen ruber of Hebra was radically different from pityriasis rubra pilaris by the whole distance separating a grave constitutional condition from a skin affection which left the general health untouched. In this view he was supported by Jamieson,[3] and C. Boeck,[4] and Unna[5] said that if lichen ruber acuminatus were to be held as identical with pityriasis rubra pilaris, it could not be maintained that the former condition was the same

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(*a*) Paper read before the International Congress at Rome.

as the lichen ruber described by Hebra! Unna, therefore, disowning any connection with the "acuminatur" variety as given over by Kaposi himself to pityriasis rubra pilaris proposed to add the epithet "neuroticus" to complete Hebra's original designation on the ground that not only the skin but the nervous system is involved in the process (as in leprosy) and it is this which in advanced cases leads to the marasmus and other serious constitutional symptoms which are the distinguishing characteristics of the condition described by Hebra. It was pointed out by Schwimmer,[6] however, that "neuroticus" was a question—begging epithet in as much as the neurotic origin of the disease had yet to be proved. He added that Hebra himself had modified his views as to the invariably fatal character of his lichen ruber so that this could not rightly be put forward as an absolutely distinctive featnre. Schwimmer further expressed his agreement with Kaposi as to the identity of lichen ruber acuminatus with pityriasis rubra pilaris. Schiff,[7] while continuing to regard the gravity of the constitutional symptoms as an essential part of the conception of lichen ruber, suggested that cases of the acuminate variety would be found to resolve themselves according as the skin eruption was or was not accompanied by serious constitutional disturbance into lichen ruber (Hebra) and pityriasis rubra pilaris. Besnier, while accepting the identity of lichen ruber acuminatus described by American dermatologists such as Taylor and Robinson, more than hinted a doubt as to the right of Hebra's lichen ruber or Kaposi's lichen ruber acuminatus to a place in the nosology of skin disease. He took Wilson's lichen planus as the basis of his classification of the varieties of lichen which he gave as follows:—(*a*) Lichen with predominance of small papules—the type of the acuminate variety; (*b*) lichen with exclusively flat papules—the pure type of the disease described by Wilson; (*c*) lichen with flat and acuminate papules co-existing—mixed form very common; (*d*) lichen with large "giant" papules, Unna's lichen obtus, Kaposi's coral grain or moniliform lichen; hypertrophic lichen, &c. This is the list as constituted by Besnier, who further reserved the right of adding to their number when any new variety such as Unna's "neuroticus" had fully established its claim to recognition. De Amicis pleaded for the retention of the divison of lichen ruber planus and lichen ruber acuminatus with a further group of lichen corneus; he added that both forms might be present in the same individual. Leloir suggested that in view of the confusion in which the whole subject was involved the lichen group should be abolished till fuller knowledge of its nature, morbid anatomy and pathogenesis has been attained. Hallopean also denounced the grouping of a number of different diseases under the head of lichen; that name he argued should be restricted to the affection described by Wilson as lichen planus. That constituted a morbid entity, but the epithet "planus" applied only to a particular variety of the disease of which there were two forms, acute and chronic. The chronic form included the varieties described under the names of lichen planus, obtusus, acuminatus, tuberosus cornous, coral necklace, and sclerous, while the acute comprised a part of the cases published under the name of lichen ruber acuminatus.

This brief summary of the views expressed at the Paris Congress will suffice to show how far dermatologists were, four years ago, from being unanimous even as to what constitutes lichen. On the whole, however, there was a practical consensus of opinion among the representatives of the French school that there is only one *disease* to which the term "lichen" is justly applicable, and that is the lichen planus of Wilson which constitutes a type of which all other forms are varieties. Kaposi and the Vienna school on the other hand hold on by the lichen ruber of Hebra as the typical lichen, but with a fundamental difference of opinion as to the nature of the disease indicated by that name. Lichen planus Kaposi looks upon as a variety of lichen ruber, that is to say his lichen ruber acuminatus, "the acuminate being transformed into the flat form during the evolution of the infiltration and the scales under the influence of arsenic."[8]

Since the date of the Paris Congress comparatively little has appeared on the subject of lichen, and what has been published relates chiefly to the point in controversy between Kaposi and his critics, viz., the identity or non-identity of lichen ruber acuminatus and pityriasis rubra pilaris.

Hans von Hebra[9] classifies the forms of lichen as follows:—(1) Lichen ruber acuminatus (neuroticus, constitutionalis), first described by Hebra, running an acute course and spreading quickly over the whole body, and dangerous to life. (2) Lichen ruber miliaris (planus universalit, obtusus) called by Unna "universal lichen miliaris." The lesions are flat or blunt papules of the size of a pin's head, some of which spread at the edge and form shapes like pearl strings with a depressed and pigmented area in the centre. The affection may spread rapidly, but it is not attended with immediate danger. Two cases of "lichen planus miliaris" running an acute course have been recorded by Dubreuilh and Sabrazes.[10] These two forms comprise the affections described by the elder Hebra as "lichen ruber." (3) Lichen ruber planus localis (verrucosus, cornutus), the lichen planus of Wilson, very chronic, seldom affecting large areas; the patches are generally not larger than the palm of the hand, and gradually become covered with a warty, horny, firmly adherent layer of epidermis. That lichen ruber acuminatus and lichen planus are intimately related is shown by that they may coexist or alternate with each other. Neumann[11] contends that while lichen planus and lichen ruber acuminatus are closely allied, pityriasis rubra is an independent disease altogether distinct from the latter. The results of microscopic examination show that while in lichen, whether of the "planus" or "acuminate" variety, the seat of the disease is mainly the corium, in pityriasis rubra pilaris the changes are almost entirely confined to the epidermis. At the Third Congress of the German Dermatological Society held at Leipzig in 1891,[12] Galewsky maintained (1) that pityriasis rubra pilaris (Devergi-Besnier) is identical with the affection described under the name of lichen ruber by the American writers, Taylor and Robinson, and with a large number of cases described as mild forms of lichen ruber acuminatus (Kaposi); (2) that pityriasis rubra pilaris is an exfoliative hyperkeratosis, quite distinct from the lichen planus of Wilson; and (3) that lichen ruber acuminatus (Hebra-Kaposi) must still be regarded as a disease *sui generis*. In the discussion which followed Neisser expressed the opinion that pityriasis rubra pilaris (which he prefers to call Keratosis rubra pilaris) is not the same as lichen ruber acuminatus, the former being a comparatively trivial, the latter a very grave, affection. Kaposi reiterated his belief that the conditions are, in spite of minor differences, substantially identical, but he admitted that he had not made up his mind whether the process is a Keratosis or a lichen. Neumann took this as indicating that the difference between pure Keratosis and lichen was the absence of inflammation in the former and its presence in the latter process. The whole subject has recently been exhaustively reviewed by E. von Düring, of Constantinople.[13] He protests against the confusion which has been introduced into the subject by Kaposi's identification of lichen ruber acuminatus with pityriasis rubra pilaris, pointing out that if this contention be admitted it follows that Hebra's lichen ruber—said by Kaposi to be the same as his lichen ruber acuminatus—is identical with pityriasis rubra pilaris. Further, inasmuch as Hebra and Wilson agreed that their respective "ruber" and "planus" varieties of lichen were substantially the same disease it follows, on the geometrical principle that two things which are equal to a third are equal to each other, that pityriasis rubra pilaris is also identical with lichen planus—which is absurd, as Euclid says.

Düring defines lichen as a dermatosis which, when fully developed, is characterised by isolated or agglomerated papules, situated on the cutis, the process only secondarily involving the epidermis. The papules itch more or less, and when the affection has lasted a long time the skin becomes thickened and pigmented, and its natural folds are more or less exaggerated. The word "ruber" should be omitted from the name of the disease, as the epithet is inapplicable in many cases. "Planus" and "obtusus" are adjectives describing certain appearances in local or universal lichen. Düring proposes the following scheme of classification:—

Lichen.

A. Lichen Localis (almost always chronic).
  (a) *Lichen planus*—
    1. Lichen planus simplex (Wilson).
    2. " " annularis (Unna).
    3. " " corneus, verrucosus, hypertrophicus (Vidal).
    4. " " scleroticus, atrophicus (Hallopeau).
  (b) *Lichen obtusus* (Unna).
  (c) Lichen miliaris.
B. Lichen Universalis.
  (a) *Lichen planus*—
    1. Lichen planus simplex (Wilson).
    2. " " annularis.
  (b) Lichen multiformis.
  (c) Lichen obtusus.
  (d) Lichen moniliformis.
C. Lichen Neuroticus.

Brocq and Jacquet[14] say that a basis for the constitution of the lichen group is to be found in the presence of an initial lesion of papular character. According to them the lichen simplex of Vidal, which, as already said, is now generally regarded as eczema constitutes a distinct type of skin affection to which they apply the name of *Névrodermites*. They define this as a class of affections in which the primary symptom is exclusively nervous. First there appear spots of hyperæsthesia, and on these the inflammatory lesions develop in response to irritation and scratching. The disease is, therefore, essentially pruriginous, the eruption, that is the papules, the circumscribed patches and the pigmentation are the results of scratching. Vidal[15] himself also pleads for the readmission of chronic lichen simplex to the lichen group by the side of lichen planus and other forms. Then he is willing that the whole group should be absorbed into the class of *Névrodermites*. At the International Congress of Dermatology held at Vienna in 1892 Brocq[16] presented his full scheme of classification of pruriginous diseases which he arranges in three groups: (1) Neurodermiæ comprising pruritus and all conditions in which there is itching without visible lesion (that is, without reaction to scratching); (2) Neurodermitis pura with primary "lichenification." This class is subdivided into (a) Neurodermitis diffusa—Lichenificatio abortiva diffusa primaria; and (b) Neurodermitis circumscripta chronica—Lichenificatio primaria pura circumscripta chronica (Lichen simplex chronicus of Vidal); (3) Neurodermitis eczematosa lichenificatia; (4) Neurodermitis chronica polymorpha (type prurigo of Hebra); (5) Neurosis cutanea urticaria (type Lichen simplex acutus of Vidal); (6) Neurosis cutanea urticaria pura; (7) Neurosis Cutanea (type Dermatitis herpetiformis); (8) Lichen ruber. The element common to the numerous diseases included under these heads is the existence of a peculiar neurotic condition of the skin. *Lichenification* is, as I understand it, the response of the neurotic and irritable skin to mechanical irritation (as by scratching) in the form of papules.

From this survey of the literature of lichen which has appeared since the Paris Congress, it appears that we are as far as ever from an understanding as to the precise connotation of the term lichen. Where dermatologists of such eminence as many of those that have been named differ so widely I cannot hope to reduce the discord to harmony. *Non nostrum tantas componere lites.* My own view is still as I expressed it at the Paris Congress[17] that much of the discussion on the subject has turned on mere names. It seems to me that a pimply eruption is just as adequate a basis for a classification as scaliness or extravasations of blood; in other words, lichen has no more right to be erected into a group than pityriasis or purpura. After sorting out of the lichen group those elements that belong to definite diseases such as eczema, syphilis, &c., the only affection left is lichen planus. Having had the opportunity of studying some of Wilson's cases, and those of Hebra, under that great dermatologist's own guidance I was able to satisfy myself that they are substantially one and the same disease. Lichen ruber acuminatus on the other hand seems to me to be identical with pityriasis rubra pilaris, and if I had felt any doubt on the subject before, the unhesitating way in which a case of lichen ruber acuminatus shown by Schwimmer at Buda Pesth after the Vienna Congress last year was at once identified as pityriasis rubra pilaris by the French dermatologists present would have removed it.

The lichen group is thus reduced to a single disease. Lichen planus as described by Wilson may be taken as the typical form of which various modifications occur according to the extent and severity of the process, the implication or otherwise of the general health, the predominance of one or the other of the natural characters of the eruption, and accidental alterations in the appearance of the lesions. I entirely concur with Brocq in the view that in classifying diseases regard should be had not only to the external appearances but to their pathogenesis and mode of evolution. The tendency of modern pathology is to name diseases in accordance with the processes which are believed to underlie their manifestations, and—when these are known—the causes which set the processes in motion. In dermatology, as in other departments of medicine, the beginning of wisdom is to recognise the limitations of our knowledge. If we look the question propounded for discussion straight in the face, the reason of all the difficulty surrounding it becomes plainly visible. The plain truth is that at present we are too ignorant of the pathological conditions which express themselves on the skin in the form of lesions to which we give the name of lichen to be in a position to enumerate, much less to classify, them. It would be better, therefore, to eliminate the word "lichen" from our terminology as being often misleading, and at best meaningless.

So long, however, as papular eruptions, manifestations of definite diseases (syphilis, eczema, &c.) are excluded from our conception of lichen, and that term is employed in a well-defied sense, as a convenient symbol for certain clinical phenomena, there can be no objection to its use. It should be understood as indicating an eruption, of which the elementary unit is a papule which does not spread at the edge, and does not develope into a vesicle or a pustule.

It appears to me probable that the process which results in the production of the lesions which we designate by the term lichen planus is initiated by a variety of factors. So far as I am aware a microbic origin has not been suggested, but at the present day it would be rash to deny the possibility of such a pathogenesis. The serious disorder of the general health as compared with the absence of such a complication in others seems to indicate a fundamental difference either in origin or in evolution of lesions apparently similar. That lichen is sometimes of nervous origin I am firmly convinced; I have seen some striking instances in which the disease has immediately followed a severe mental shock, and others in which it was associated with very marked neurotic symptoms. The association of neurotic conditions with lichen has been strongly insisted on by Unna, and Köbne and confirmatory evidence has been supplied by Dubois-Havenith, and others. I am not prepared, however, to follow Brocq in his sweeping proposal that lichen should be swallowed up in "neurodermitis."

In conclusion, I venture to plead for fuller clinical and pathological investigation before further theories are formed or schemes of classification elaborated. It is not classification that is wanted at present so much as facts. Let cases be observed carefully with the single-minded endeavour to *see things as they are*, and not as they should be to fit in with or contradict some theory. Above all let them be studied all round, that is to say, not only in their manifestation on the skin, but in all their relations. At present our business, it seems to me, is to *learn* what lichen is by the comparative study of actual cases, not to *reason* about it on the basis of verbal descriptions.

I may sum up the gist of these remarks in the following propositions:—

1. Lichen is not a disease, but a type of lesion.
2. The term should be reserved for the clinical entity described by Erasmus Wilson under the name of lichen planus which is the same as Hebra's lichen ruber.
3. The affection described by Kaposi under the name of lichen ruber acuminatus is identical with that described by Devergie and Besnier as pityriasis rubra pilaris.
4. Other forms of lichen—obtusus, hypertrophicus, verrucosus, &c.—are variants of the typical form, the Hebra-Wilson lichen ruber planus.
5. The group of symptoms to which the name of lichen planus is applied is probably caused by a variety of factors, but at present we are almost entirely in the dark as to its pathogenesis.

1. Congr. Intern. de Dermatol. et de Syph. tenu à Paris en 1889' "Comptes Rendus," Paris, 1890, p, 16, *et seq.*
2. Kaposi, *loc. cit.*, p, 18.
3. Paris Congres, "Comptes Rendus," p. 23. 4. "Ibid," p. 28. 5. "Ibid," p. 29. 6. "Ibid," p. 31. 7. "Ibid, p. 33.
8. Paris Congress. "Comptes Rendus," p. 21.
9. "Monatsh. f. prakt. Dermatol." 1890, Bd. X, No. 3.
10. "Ann. de la Policlin de Bordeaux," 1892, p. 65
11. "Ergänzungshefte zum Archiv für Dermatol. und Syph.," 1892.
12. "Ergänzungshefte zum Archiv. für Dermatol. und Syph.," 1892.
13. "Montshafte f. prakt. Dermatologie Bd. XVI." June 1st, 1893, etc.
14. "Notes pour servir à l'histoire des névrodermites" ("Lichen simplex chronique de M. le Dr. Vidal.") "Annales de Dermatologie et de Syphiligraphie," 1891, pp. 97 and 193. See also Jacquet, "Semaine Médicale," December 30th, 1892.
15. "Ibid," p. 325.
16. "Monatsh. f. prakt. Dermatol.," December 1st, 1892. See also "Brocq's Traitement des Maladies de la Peau." Second edition.
17. "Comptes Rendus," p. 32.

Mr. N. C. Macnamara, Vice-President of the Royal College of Surgeons, England, and Mr. John Tweedy have been elected the representatives of the College to serve on the Civil Rights Defence Committee, formed to raise a fund to enable Mr. R. B. Anderson, F.R.C.S.Eng., to bring to decision, by appeal to the Judicial Committee of the Privy Council, judgments and orders of the Court involving civil rights of high and general interest to the profession.

An election of Professors and Lecturers will be held by the Council of the Royal College of Surgeons of England next month. Candidates must send in their applications by to-morrow, the 28th inst.

THE ETIOLOGY, PREVENTION, AND TREATMENT OF PUERPERAL SEPTICÆMIA. (a)

By THOMAS MORE MADDEN, M.D., F.R.C.S.Ed.,

Obstetric Physician and Gynæcologist, Mater Misericordiæ Hospital; Consulting Physician to the Children's Hospital, Dublin; Consultant and Ex-Master, National Lying-in Hospital; Hon. President, First International Congress of Obstetrics and Gynæcology, &c.

Although recent bacteriological investigations have apparently brought us within a measureable distance of accurate knowledge of the general causation and prophylaxis of puerperal fever, or septicæmia, as will probably result in a corresponding advance in its treatment; nevertheless, on all these points there still remains abundant need for all the light that can be thrown on the subject by clinical experience as well as by scientific research. From the former standpoint the writer may therefore submit the following observations, founded on a long and familiar acquaintance with puerperal fever in hospital and consultation practice in the hope of also eliciting the opinions of other members of the Academy of Medicine on several questions of no little importance.

Etiology.—Under the heading puerperal fever, or septicæmia, are here included all forms of infectious pyrexial disease directly consequent on parturition, whether peculiar to the puerperal condition or then assuming a specific character. These, however, modified in their prevailing type and predominant symptoms by the special circumstances of the patient, or by the source and intensity of the septicæmic poisoning in each instance, are all primarily ascribable to the invasion and development of pathogenic micro-organisms, in some cases identical with the streptococci of erysipelas or other infective diseases. In one or other of these pathological microbes must be recognised the starting-point of what was formerly termed autogenetic puerperal fever—*i.e.*, that connected with putrefactive changes in retained placental or membranous *débris*, clots, or discharges to which such germs have gained access, as well as of those very frequent cases in which parturient lacerations of the cervix uteri, vagina, or perinæum furnish the channels for septic infection. Moreover, in bacteriological causes we find the most rational explanation, both of the occasional epidemic diffusion and of the local prevalence of septicæmia, to the air-borne germs, of which lying-in women have so often and so fatally proved their special susceptibility. These germs may thus be conveyed by other channels than those just referred to into the system of the puerperal patient; as, for instance, from exposure to sewerage gas or foul air in unsanitary dwellings, or from an atmosphere specifically contaminated by puerperal exhalations, as in lying-in hospitals. The wards of the latter, therefore, should never be occupied in unbroken succession, nor without a sufficient interval and thorough disinfection between each new batch of obstetric cases, nor, moreover, without provision for fully 2,500 cubic feet of space for each patient.

The prophylaxis of puerperal septicæmia largely depends on the sanitation and maintenance of the constitutional condition of our obstetric clients, by judicious hygienic and dietetic measures, before delivery, supplemented, when not specially contra-indicated, by ferruginous tonics throughout the latter months of pregnancy. Secondly, the vital importance of asepsis in everything relating to the patient, her surroundings and her attendants during delivery, and the puerperium cannot be too strongly insisted on. At an early period during labour, and again before its termination if protracted, as well as after delivery, the vagina should be washed out by warm antiseptic irrigation, with either carbolic (1 in 40), boric acid (1 in 25), or lysol (1 in 100) solution. The (1 in 1,000) bichloride of mercury solution recommended by some authorities, although a potent germicide, is an unsafe uterine application after delivery, and is here mentioned only to be condemned for that purpose. But for the cleansing of the external genitalia during or after labour, a (1 in 2,000) solution of this salt may be employed by means of wood-wool pads, which should be destroyed immediately after use. I regard the routine practice apparently relied on by some obstetricians—of merely dipping the hands in an antiseptic solution before touching the lying-in women—as only valuable as an adjunct to absolute cleanliness, and without the latter, as too often employed, being utterly delusive as a safeguard against sepsis, and therefore far worse than useless. Such obstetric manual cleanliness as is essential before any vaginal examination or contact with the lying-in or puerperal patient can only be secured by diligent hand-scrubbing with clean hot water and soap, by means of the nail-brush, after which, and not before, the hand may and should be immersed in the antiseptic solution prior to touching the patient.

(a) Abstract of paper read before the Obstetric Section, Royal Academy of Medicine, Ireland, May 18th, 1894.

Thirdly, on the completion of labour, and, above all, more especially whenever that has been tedious, instrumental, difficult, or complicated, the uterine cavity as well as the vagina should be thoroughly flushed out with hot boric or carbolic solution, or peroxide of hydrogen. For this purpose the irrigator should invariably be employed, as the ordinary syphon syringe, when misused for uterine injection shortly after delivery, is extremely liable, as exemplified by cases referred to by the writer, to force the injected fluid, or even air, through the Fallopian tubes, giving rise to metro-peritonitis, or into the then patulous uterine sinuses, and may thus possibly occasion death from embolism.

Treatment.—Although the prevention rather than the treatment of puerperal septicæmia is the object to which the obstetrician may most profitably direct his attention, the latter subject cannot be here omitted from consideration, and must be chiefly guided by the special type of the disease, as well as by the predominant symptoms and condition of the patient in each instance. In the now more prevalent typhoidal form of puerperal fever, the disease is distinctly of a remittent character, as shown in several clinical charts exhibited. For its treatment free stimulation, suitable nutrition, and strict asepsis by local irrigation of the urethro-genital tract are essential; whilst in the way of medicine there are only three drugs which appear to the writer as possessing any approach to specific, remedial, or germicidal action in such cases—viz., quinine, sulphurous acid, and turpentine.

Turpentine.—In all cases of puerperal fever in which the use of rectified spirits of turpentine may be tolerated by the stomach and bowels, the writer believes that no other remedy is of such general utility as this, the efficacy of which (like so many other obstetric ideas the credit of which has been given to modern foreign authorities) was originally demonstrated in this city by a long-forgotten Irish practitioner, Dr. Brennan, upwards of eighty years ago. The remedial action of turpentine in appropriate cases of puerperal fever, I have had proved by my own experience, and ascribes to the probable germicidical patency of the drug no less than to the effect of a powerful stimulant. Besides, there are other agents available in accordance with the special symptoms and stage of the disease and condition of the patient in each case, which need not be referred to, as their employment must obviously be directed by the broad principles of general therapeutics. In the earlier stage of puerperal fever no remedy has afforded such advantage in reducing temperature and pulse-rate, unlocking pent-up lochial and mammary secretions, inducing sleep and tranquillising the patient, as phenazone in small and repeated doses. The effects thus produced are, however, too frequently but temporary, and in the latter stages of puerperal septicæmia, or where from the first the intensity of the puerperal septicæmic intoxication and consequent prostration are most marked, then, it is almost needless to add, antipyrin is distinctly contra-indicated.

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NOTE ON

THE FORMATION OF UREA IN THE LIVER AFTER DEATH.

By M. CHAS. RICHET,

Professor of Physiology in the Faculté de Médecine.

[FROM OUR OWN CORRESPONDENT.]

At the last meeting of the Académie des Sciences, Prof. Richet brought forward a communication on the above subject, of which the following *résumé* will doubtless be read with interest.

He said it is one of the fundamental principles of general physiology that the tissues continue for a certain time after circulation and sanguification have ceased, to exercise the same functions as during life. That is to say, that the death of the individual does not involve the immediate and simultaneous death of the anatomical parts of which he is composed.

A remarkable example of this chemical action following the death of the individual is the production of sugar in the liver. Claude Bernard in a memorable experiment proved that the formation of sugar at the expense of hepatic glycogen continues during several hours in a liver removed from the body, and washed immediately after death by a current of water which carries away all the blood contained in the vessels. M. Richet has studied in the same way the production of urea in the liver. The greater number of physiologists admit, in fact, that the liver is one of the principal organs in which urea is produced, and pathology confirms this opinion by numerous proofs.

If, then, it is true that the liver forms urea during life, it ought to continue to form it for some hours after death while the vitality of the hepatic cells has not been destroyed, and M. Richet has performed a number of experiments which establish this fact.

There is formed in the liver withdrawn from the body and deprived of blood, a relatively considerable quantity of urea, since in four hours, it amounts to more than ·7 gram per kilogram. This gives in twenty-four hours more than 4 grams of urea.

The significance of these experiments has been singularly exposed by the researches of MM. Gautier and Landi, who have shown that muscle continues after separation from the body to live and form leucomains and alkaloids at the expense of the nitrogenous matters which it contains. In the same way, M. Richet's experiments prove that the liver left to itself and removed from the body continues to produce urea. There thus exists a remarkable analogy between the formation of sugar and the formation of urea in the liver. The two phenomena are produced by aid of a soluble diastase.

There occurs besides in a hepatic liquid (fresh liver pounded up and filtered) other interesting phenomena such as production of red colouring matter and *substances reductibles*, but M. Richet only wishes at present to establish one of the most important phenomena of the life of the liver, namely, that the formation of urea is a phenomenon analogous to the phenomena of diastasis.

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Selected Prescriptions and Therapeutic Notes.

158.—A Useful Lubricant for Urethral Instruments :—

℞ Glycerini, ʒvij ;
Hydrarg. perchlor., gr. ¼ ;
Saponis mollis, ℥ij ;
Aq. destil, ʒvj.

M. This preparation is antiseptic, and causes no irritation to the urethral canal.—Guyon.

159.—For Pruritus Ani :—

A plug of cotton wool which has been previously soaked in a two per cent. solution of hypochlorite of lime to be introduced into the anus. The plug is left *in situ* until slight smarting is caused. Then it is withdrawn and the anal region is washed with the same solution, and afterwards carefully dried.—*La Semaine Medicale.*

160.—For Amenorrhœa :—

℞ Hydrarg. perchloridi, gr. ¾ ;
Sodii arseniatis, gr. j ;
Ferri sulphatis exsiccatæ, gr. xxx ;
Potassi carbonatis, gr. xv ;
Extract : nucis vom., gr. v.

M. (Divide into thirty pills.) One pill to be taken before each meal.—*The Practitioner.*

161.—For Phthisis :—

℞ Creasoti, ♏ vij ;
Iodoformi, gr. vj ;
Acidi carbolici (cryst), gr. viij ;
Ol. theobromæ, q.s.

M. (Divide into thirty pills.) One pill every three hours.

162.—For Whooping Cough :—

℞ Pot. bromidi, gr. xxx ;
Chlor. hydratis, gr. xv ;
Syr. cocainæ, ʒiiij ;
Syr. codeiæ, ʒiij ;
Infus. aurantii, ad. ℥iv.

M. One tablespoonful every three hours.—Señor Don Santiago Ocana.

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Transactions of Societies.

THE OPHTHALMOLOGICAL SOCIETY OF GREAT BRITAIN.

Meeting held Thursday, June 14th.

Dr. Argyll Robertson, President, in the chair.

TWO CASES OF CONGENITALLY DISLOCATED LENSES.

Mr. J. Grosvenor MacKinlay referred to two cases of children of the same family both of whom exhibited symmetrical dislocation of both lenses upwards and inwards. The older of the two was a lad of 19, and was the oldest of a family of nine children, all living and in good health. The other patient was a girl, æt. 15, who was the fourth child. The tension of all the eyes was normal, but both children presented well-marked myopic crescents. He mentioned incidentally that the mother related having been subjected to frights previously to the birth in each instance, and in respect of the girl labour was precipitated by a fright at seven months.

OPTIC NEURITIS IN RELATION TO CEREBRAL TUMOUR AND TREPHINING.

Dr. James Taylor read a paper bearing on the subsidence of optic neuritis after operation undertaken with a view to the removal of cerebral tumours even when such tumour was not removed. Observations had been recorded by Brum and Erb, and he emphasised the fact that this took place not only in cases in which the tumour was removed from the brain, but also in cases in which, though the skull was opened, the tumour was not removed or interfered with. He related three cases of optic neuritis associated with intra-cranial tumour in which the tumour was removed and in which the operation was followed by subsidence of the optic neuritis. A second group of three cases were patients who exhibited symptoms of intra-cranial tumour. All were trephined, and in all of them, although the tumour was visible at the operation, it was not removed or even incised. Yet the neuritis in one absolutely disappeared, although when the patient subsequently died, a tumour was found to be present. In the second case the swelling had diminished by one millimetre, although the tumour obviously continued to grow and the patient has since died after passing from under observation. In the third case the symptoms pointed to a cerebellar growth, probably tubercular, but no tumour could be found at the operation, yet the swelling of the discs which was present disappeared, although slight impairment of vision remained in one eye. The third group of cases, also consisting of three, comprised one patient from whom a cerebral tumour was removed, and the neuritis which was present in only one eye disappeared. He subsequently died, and a cyst was found occupying the seat of the tumour which had been removed. There was no recurrence of the neuritis when he was last seen, three weeks before his death. The second case of this group was that of a boy who was trephined on account of right-sided fits. Optic neuritis was present. A cyst was tapped and a drainage tube kept in intermittently during two years. The tumour went on growing, and the boy died, when sarcomatous masses were found *post mortem* throughout the brain. The neuritis subsided after the first trephining and drainage, and never recurred during the subsequent two years. The last case was that of a man at present in hospital from whose brain a sarcomatous growth was removed. His optic neuritis disappeared, and had never recurred, although at a subsequent operation, undertaken on account of symptoms of recurrence, it was found impossible to remove it. He urged in conclusion that there was evidence that a large cerebral tumour might be present without producing optic neuritis, and that optic neuritis might be present without cerebral tumour, a fact which had long before been pointed out by Hughlings Jackson and Gowers. These observations make it evident that, in certain cases of intra-cranial tumour, the pressure inside the skull was the effective agent in producing what is known as optic neuritis.

Dr. Hughlings Jackson said the cases tended to prove that in some instances, at any rate, intra-cranial pressure was an important factor in the production of optic neuritis. The size of the tumour was apparently not a predominant factor in determining the production of optic neuritis, and large tumours might certainly exist without this phenomenon being present. He referred to a case of his own in which this was so, and to another in which there was optic neuritis and no tumour, also to a case of the same kind published by Dr. Percy Smith in which the symptoms pointed to general paralysis though it proved to be cerebral tumour. Dr. Savage, on the other hand, had reported a case in which symptoms of intra-cranial tumour proved to be due to general paralysis of the insane. He alluded to three cases of unilateral optic neuritis in which the cerebral tumour was on the opposite side to the lesion, cases, he observed, which were difficult to explain on any hypothesis. He referred to the valuable assistance in unravelling these questions which had been afforded by the experimental researches of Messrs. Horsley and Spencer on the effects of artificially raised intra-cranial pressure. In reference to the fact that patients with optic neuritis sometimes died suddenly with symptoms of respiratory failure he pointed out the analogy between this failure on the part of the respiratory centre and the sudden functional impotence which was often observed in respect of the optic nerve in these cases. He suggested that the respiratory failure might be due, as suggested by Buzzard, to an affection of the vagus similar to that observed in the optic nerve.

Mr. Victor Horsley said the facts pointed to the pathological connection of cerebral tumour with optic neuritis being one due to several complex factors, one of which was doubtless intra-cranial pressure. He admitted that trephining, by removing the intra-cranial pressure, led to subsidence of the neuritis but this, he added, did not explain what were the several factors involved, nor did it explain the association of optic neuritis with cerebral tumour. He insisted on the fact that no reduction of pressure could have a beneficial effect when much optic atrophy was present, and even if treatment by trephining were approved of in cases of optic neuritis in the hope of checking its further progress, this was not justifiable if much atrophy were present. He further pointed out that the subsidence of the neuritis after removal of part of a growth was not followed by recurrence, even though the tumour continued to grow, a fact which he thought disposed of the conclusions formulated by Dr. Edmunds on the pathology of optic neuritis in this association. He asked what results had been obtained with De Wecker's operation. He had heard that they were not what had been and if this were so, he should hesitate to recommend it as an alternative measure in cases of optic neuritis in which for any reason trephining was not thought advisable.

Mr. **Ballance** dissented from the view put forward by the author that intra-cranial pressure was the essential factor in the production of optic neuritis, and he urged that it was not fair to throw aside the results arrived at by Edmunds and Lawford on the strength of the author's cases, seeing that no microscopical examination had been made of the meninges, though these observers had shown that without such an examination it was impossible to know whether or not slight basal meningitis was present.

Dr. **Beevor** said he had seen one of the patients referred to by the author, and although it was now eleven months since the operation there had been no return of the neuritis.

Dr. **Hill Griffith** urged that the pressure theory was the most reasonable hypothesis to explain the production of optic neuritis and it alone explained the sudden recovery of sight of certain patients without operation.

Dr. **Taylor**, in reply, said his remarks were limited to optic neuritis associated with cerebral tumour. Though he was unable to affirm on the strength of microscopical examination that there was not slight basal meningitis in his cases, he was not disposed to think that this was a factor in the production of the optic neuritis.

SOME POINTS IN THE HISTOLOGY OF TRACHOMA.

Mr. R. C. **Ridley** pointed out the great difficulty which was necessarily experienced in carrying out researches such as these, not only in obtaining specimens of trachoma, but also in obtaining specimens of healthy conjunctiva for comparison. The latter difficulty had been overcome by making sections of portions of healthy conjunctiva removed immediately after death from individuals who had died by some independent malady. The sections showed the epithelium of the globe and lids to be stratified, that of the fornices consisting of two or three rows of columnar cells, as well as goblet cells, together with a variable amount of lymphoid tissue in the sub-conjunctival layer. This lymphoid tissue was found under all mucous membranes, and was called "sentinel" tissue by physiologists. It had the function of preventing deleterious organisms or poisonous chemical products from gaining access to the blood, *e.g.*, particles of coal, steel, or stone in the lungs, and peptones from the intestine were thereby re-converted into proteids. Hypertrophy of this lymphoid tissue occurred where increased work was thrown upon it. An increased amount of lymphoid tissue was not *per se* a disease, but evidence of the reaction of the organism to the attacks of some outside injurious body or agent. In trachoma rapid proliferation of the cells formed rounded elevations, covered only by a delicate epithelial layer, whose approximation formed grooves, and sometimes cavities. Some authors had described a fibrous investment to the follicles, but none such was present, as a rule, in the specimens which they had examined. The follicles were principally formed by proliferation of original lymphoid tissue, the infiltration consisting of wandering leucocytes. The follicles belonged to the class of infective granulomata, differing from the ordinary forms of granulomata in containing healthy blood-vessels, and no giant cells. He referred to the great diversity of opinion which obtained as the etiology of trachoma. In the obstinate cases there was most probably a specific cause. Many kinds of micro-organisms had been described, but inoculations had not given satisfactory results. Moreover, in normal conjunctiva many kinds of bacteria were found, so that it was difficult to obtain trustworthy evidence about any particular variety. The changes in trachoma began in the fornices (1) by proliferation of the cells ; (2) by deepening of the folds, forming in some cases cysts ; (3) an increase in the goblet cells ; (4) by the appearance of ovoid bodies. Later on the epithelium is shed except in the crypts. That in the crypts and at the periphery reproduced the new epithelium. He alluded to Muttermilch's view that this epithelium was healthy, this point being made the basis of his argument against the existence of micro-organisms in trachoma. In reality this enclosed epithelium appeared to be the most affected. The globular bodies described by Reid and Muttermilch as "goblet" cells were probably not so for the following reasons :—(1) They were too numerous ; (2) they were found where goblet cells are not ordinarily present ; (3) many of them were not in contact with the surface ; (4) their long axis was not always perpendicular to the surface ; (5) they stained differently. These globular bodies strongly resembled the oval bodies of molluscum contagiosum, which are supposed to be parasitic protozoa. L. Pfeiffer had also observed these bodies, but had not given any opinion about them. Whether in reality they were organisms of that kind he could not say. There were several points against the bacterial origin of trachoma (1) the divergent opinions held by competent observers ; (2) bacterial diseases were usually more inoculable. Those due to protozoa varied widely, *e.g.*, molluscum contagiosum and small-pox ; (3) its power of resisting ordinary germicides ; (4) the absence of giant cells.

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ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Obstetrics.

Meeting held Friday, May 18th.

The President, Dr. **Andrew Horne**, in the Chair.

EXHIBITS.

An Anencephaloid Fœtus.—Dr. W. J. **Thompson**, who exhibited this case, read the following notes he made of her case :—Mother, æt. 43 ; married ten years ; had given birth to three children ; two living, both strong and healthy ; last child born three years ago ; had large spina bifida, and died after two days. The exhibit was a typical specimen of anencephaloid monstrosity : the face perfectly developed—mouth, tongue, and eyes, the nose broad and flattened like that of the negro race. The vertical portion of the frontal bone, the two parietal bones, the squamous portion of the temporal, and all the occipital bone (except the base) are wanting. The cervical vertebræ are normal ; there is no spina bifida or talipes, usual in such cases. The following dissection, first, of the anterior portion of the body, shows a right rectus sternalis muscle well developed. This muscle is seldom found in the dissecting-room, but in malformations it is quite common, five out of every six such cases having it. It was not until the researches of Bichat in creating the science of histology, and so reducing the complex structures of the body to their elementary tissues, that the present theory of anomalies and monstrosities was founded—viz., "that of arrest and retardation of development or of excessive formative energy."

A Myomatous Uterus.—Dr. W. J. **Smyly** showed a myomatous uterus which he had removed from a primipara, æt. 40, in the Rotunda Hospital. Upon abdominal examination the uterus was found infested with myomatous nodules, the fœtus presenting in the second position, with the head freely movable above the pelvic brim. *Per vaginam*, a tumour as large as a fœtal head was found occupying Douglas's pouch, and encroaching upon the conjugate diameter to such an extent as to render the passage of the child impossible. The tumour was firmly fixed, and the presenting part could not be reached by the examining finger. Abdominal section was performed on Friday, May 4th, and the uterus drawn out and opened. The fœtus extracted began to cry almost immediately, and is still alive and well. The removal of the tumour was difficult, owing to firm adhesions and to its extensive extra-peritoneal development necessitating careful enucleation. An elastic ligature was placed around the cervix, below the tumour, and the latter, with the uterus, removed. The stump, too short to be treated extraperitoneally, was extirpated *per vaginam*, the broad ligament having been secured by clamps. A large mass of tissue was, however, found outside the clamp on the left side, and another clamp having been placed outside of this, is was removed, and upon examination was found to be a second uterus, with a normal non-pregnant cervix, which easily admitted a uterine sound. The patient developed a thrombosis in the short saphenous vein of her left leg, but was progressing favourably.

Dr. **Alfred Smith** stated that the patient originally came to him complaining of great pain and cessation of menstruation. The signs of pregnancy were so badly marked that it was only when abdominal section had been performed with a view to removing the uterus, and the uterus grasped and *ballottement* obtained, that the diagnosis of pregnancy was established. The wound in the abdominal wall was immediately stitched up, and the case allowed to go on to full term. Some severe pain a few hours after seemed to threaten a miscarriage, but the pain was allayed by morphia, and the patient got quite well.

Dr. **Purefoy** related the history of a somewhat similar case which had come under his care. A lady came to him last autumn, complaining of a hard lump in her abdomen and of cessation of menstruation for the past six weeks. She was forty years of age, and had been married ten years. He examined the woman and concluded that she had a large fibroid of the uterus, and he told her not to be alarmed at the cessation of menstruation, as that was rather a favourable thing, and that she should go home and not be anxious about herself. Dr. Smyly also saw the case, and considered it to be one in which operation should be refrained from. Some three weeks ago he heard from the husband, on writing to inquire after her, that she and her baby were doing quite well. He had no suspicion at the time he examined her that she was pregnant.

Dr. **Smyly** also showed a uterus and double pyosalpinx removed *per vaginam*. The patient was in a very debilitated condition from prolonged hectic fever, which necessitated the operation. He adopted this particular method in consequence of the brilliant results obtained by M. Segond and others, and having had the advantage of seeing the operation performed by Dr. Landau, in Berlin, he was favourably impressed by the result. The operation was not more difficult than an abdominal one would have been, but the left ureter was unfortunately drawn down and included in the clamp. The patient died of peritonitis on the fifth day.

Dr. **Thomas More Madden** read a paper on "The Etiology, Prevention, and Treatment of Puerperal Septicæmia," which will be found in another column. In the discussion that followed

Dr. **E. Hastings Tweedy** said that he was glad to hear Dr. Madden gave preference to aseptic instead of antiseptic treatment. Students were apt to imagine that merely dipping their hands in a solution of corrosive sublimate rendered the conduction of labour, as far as infecting the woman was concerned, devoid of danger. They did not realise, as a rule, that they must have their instruments laid on aseptic material, and that the basins they used must be rendered aseptic. He also said that the experience of large maternities was against the view that septicæmic infection was conveyed by the air.

Dr. **A. Smith** pointed out the great difficulty met with in private practice, especially in England, in getting a nurse who understood and practised the aseptic or antiseptic management of a case and of obtaining aseptic surroundings.

Dr. **Doyle** drew attention to the necessity of men engaged in midwifery practice refraining from attending infectious cases at the same time.

Dr. **Smyly** emphasised the advantage of aseptic treatment over the antiseptic treatment. He said that Professor Leopold was one of the first to insist on the danger of vaginal examinations, even when made with antiseptic precautions, and of the antiseptic vaginal douche as a prophylactic measure. He thought that prophylactic douchings should be avoided. He had read in the *Lancet*, some three weeks ago, a leading article stating that all that was at present known of value in the management of childbirth, as regards the avoidance of septicæmia, could be found in any book of ten years ago. He did not agree with this, but considered the adoption of the aseptic in preference to the antiseptic treatment to be one of the greatest advancements in obstetrics.

Dr. **More Madden** briefly replied.

The Section then adjourned.

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France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, June 23rd.

On Anæsthetics.

At the meeting of the Académie de Médecine last week, M. Duplay read a report on a case of death by bromide of ethyl in the course of an operation. Hitherto it had been thought that this agent was innocuous, but some recent accidents (two deaths) should render surgeons more circumspect and more prudent in its mode of administration and engage them to take some of the precautions regarded as indispensable when chloroform is the anæsthetic.

M. Laborde drew the attention of his colleagues to a new anæsthetic mixture consisting of nine parts of chloroform and one part of ether. It would seem that this combination acts more promptly and with less danger than when either of these agents are employed separately. Further, the active properties of chloroform are attenuated.

The Heart in Typhoid Fever.

M. Galliard referring to two fatal cases of myocarditis witnessed in the course of typhoid fever, and in which the first bruit of the heart had disappeared several days before death, said that he had treated recently a similar case, but which recovered after a prolonged convalescence. It was that of a young girl, æt. 17, suffering from typhoid fever, and during the illness the first bruit could no longer be heard at the base. The face and extremities were cyanosed, but symptoms of cardiac collapse and syncope were absent. The patient was treated by cold baths.

M. Chaffard remarked that he had treated a case resembling in many points that of his colleague. The heart had lost all its rhythm but both bruits were distinctly present. The treatment was very active—a cold bath every three hours, ice to the heart in the intervals, subcutaneous injections of sparteine (one grain to each injection) and alcohol and champagne.

M. Hayem said that the disappearance of the first bruit of the heart was very rare and in any case he had not seen a case of it. On the other hand, irregularity of the cardiac rhythm in typhoid fever was very frequently followed by death. In such cases he was not a partisan of cold baths ; or at least he employed them very moderately, and injected cafeine.

M. Nélaton read a paper on the treatment of

Fractures by Suture of the Bones

at the Surgical Society. In two cases of fracture of the clavicle the displacement was very great, and extravasation of blood was considerable. The seat of the lesion was laid open, and when the clots were removed, both fragments were sutured. The patients made excellent recoveries and without any apparent deformity. Fractures of the humerus and the femur were similarly treated with success. This method gave also an excellent result in a case of fracture of the tibia in which redution was rendered impossible by the interposition of one of the muscles.

TWO INTERESTING LAW CASES.

An action for damages has just been tried in one of the Paris courts which perhaps is unique of its kind. A gentleman suffering from anæmia of a very hopeless type was advised by his medical attendants to submit to the operation of transfusion, and having consented, his gardener volunteered to supply the blood. Consequently transfusion was performed, and to the great benefit of the patient, who recovered completely after a short time. However, some time afterwards the gardener fell ill, and attributed his condition to the sacrifice he made for his employer. He accordingly brought an action against him for damages claiming the large sum of 60,000 francs or nearly two thousand five hundred pounds. The court ordered an independent medical examination of the case, but in the meantime the man died, that is to say, two years and three months after the operation. The autopsy proved that the gardener had succumbed to a carcinoma of the stomach, and the doctors gave their opinion that the malady was not affected by the transfusion. However, the widow continued the suit, and last week the Court dismissed the case with costs against the plaintiff.

The second case was that of a woman who died last year at Sarran (Aveyron) in advanced pregnancy. The priest who assisted her in her last moments, persuaded one of the persons present to practise on the corpse the Cæsarean operation in order to save the child, or at least to baptise it. The operation was performed, but with a negative result as regards the child as it was taken out dead, but the authorities heard of the matter, and the operator was prosecuted for, not being a qualified surgeon, performing an illegal operation. The man was fined the maximum penalty—15 francs!

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 22nd.

THE CHOLERA.

THE cholera has already made its appearance in two places on the frontier, first at Myslowitz, on the Upper Silesian-Russian border, where it was introduced by a female tramp. She passed the night at a house where she was taken ill and infected six other people. Of the seven who caught the disease, six have died. As measures were at once taken to arrest the spread of the disease, and as no other cases have occurred, it is hoped the little epidemic is stamped out. A more dangerous gate of entrance to the disease is afforded by the river Weichsel with its river traffic from the bordering Russian Government District of Warsaw. At Schillno, the place where the Weischsel enters Russian territory, a Polish boatman took the disease, and then others promptly contracted it from him before the proper notification was forwarded to the authorities. Other cases have occurred at Plehnendorf. Military surgeons who have gone through the prescribed courses of bacteriological instruction have been appointed to guard against the spread of the contagion.

The disease has also thrown a larger amount of work than usual upon the Imperial Health Office, and to enable it to keep abreast of the work, two new members have been appointed. Both have previously acted as assistants in the same office. The two new members are Dr. Paul Kübler, and Staff-Surgeon Dr. Edger Wutzdorff.

On the 30th ult. the discussion on Landau's paper on

THE TREATMENT OF PELVIC ABSCESSES

took place. Hr. Veil did not think it mattered much whether suppurations in the pelvis, uterus, tubes, or ovaries were attacked from above or below. The more recent the disease the more suppuration was found. If one could wait in such cases they healed, and a tube that was still permeable might yet become healthy. When the suppurative process had not occluded the tube, extirpation of it was unnecessary. Occasionally serious disease followed the operation, but it rarely proved fatal. These cases were the best proof of the possibility of recovery, for it was not infection at the operation, but an exacerbation of the catarrhal disease in the tubes that caused the illness. In ten of his cases, therefore, he did not think the operation called for. In three of the cases there was abscess in the neighbourhood of the tube, and such diseases recovered without mutilation if protection from renewed infection was afforded sufficiently long. The cases also that burst into the bladder were also curable in other ways. The most serious case was one of puerperal pyæmia. If an autopsy were made in such a case four to six weeks after the commencement of the disease, the whole pelvis was found filled with abscesses. But women suffering in such a way generally pulled through, and we were only justified in performing mutilating operations when recovery could be brought about in no other way. He did not think any gynæcologist would follow Landau. He held the operation was only indicated in the rare cases of pyosalpinx bursting into neighbouring organs, or into the bowel. The operation from outside had the advantage that the manipulation could be overlooked. It was possible that only one tube or one ovary might be found diseased, and for these cases it was more suitable that the locality should be rendered visible.

Hr. Körte urgently recommended Landau's method.

Hr. Mackenrodh said that in judging of the new operation it was important to determine whether the abscesses were intra-peritoneal or in the parametrium. The latter all recovered with the curette and iodoform gauze tampons. The intra-peritoneal abscesses rarely healed. What did total extirpation do in such complicated cases? The abdominal cavity must be opened, the uterus removed, the pus flowed into the abdominal cavity, finally the adnexa were dragged out and the woman left the place without any genitals at all. In 600 laparotomies performed by himself, the speaker had only met with seven complicated cases. His cases of pyosalpinx were thirty-one in number. Not one of these patients died, they all retained their uterus, and with the exception of two they all retained one ovary and still menstruated. It was always a very doubtful thing to rob a woman during her sexual life of her organs of menstruation, for women so operated on were generally worse in the course of a year or two than they were before. We were only justified in total extirpation when the adnexa were converted into closed sacs. In extra-peritoneal abscesses he had first of all opened, curetted, and drained, and the communication with the tube sac had closed. In no case were virulent germs found in the tumours, and this explained the reactionless course of recovery. Statistics far greater than his own were also in favour of laparotomy. In separation of adhesions, the intestines must be wounded in many cases, and laparotomy would then have to be performed to save the patient, and when a patient did recover under such circumstances, it was due simply to the skill of the operator. The operation should only be performed in carefully-selected cases.

Hr. Dührssen defended Landau's operation.

Hr. Bröse believed that symptoms would often remain in spite of removals of pyosalpinx, and cleaning out the uterus, as they depended on chronic peritonitis, which frequently could not be cured. There was no basis for fixing the principle that the uterus should be removed. To remove the uterus from prophylactic motives because it might again be infected with gonorrhœa appeared superfluous.

Hr. Gottschalk pointed out that Landau did not by any means go so far as the French gynæcologists, who would remove every pyosalpinx through the vagina. He himself passed the finger by the uterus, forcing a way, and making one cavity out of the different abscesses.

Hr. Landau, in reply, said he only practised the radical operation when the symptoms called for it. When lapatoromy offered a favourable chance it was performed. In cases that could not be reached from the abdomen, or treated by incision from the vagina, and which would otherwise be fit only for a hospital for incurables he performed his radical operation. Injury to intestine was no reproach to the vaginal method, for this often happened in laparotomy, and was sometimes unavoidable. The question could only be decided by experience. It was something Pharisaical to call extirpation of the uterus and adnexa barbaric and mutilating when the terms were not applied to removals of the adnexa without the uterus.

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Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 22nd.

Cystic Fibro-Adenoma.

Class showed a case to the Medical Society of a woman, æt. 44, who had always been healthy, had borne four children, but had come to him a short time since concerning a swelling that had commenced about two years ago. On her first appearance the tumour was about the size of the uterus hanging between the extremities, a greyish colour with a fluctuating body in it about the size of a hazel nut. By passing a sound about 12 cm. into the cavum uteri it was evident that no inversio uteri existed. A double ligature was applied to the pedicle and a tumour of 1,600 grammes was removed. The lower part had an epithelial epidermic covering which indicated a long exposure from the vagina which had long been treated for prolapsus uteri. The tumour was suspended from the right side of the cervix.

Prof. Weichselbaum had examined the tumour before removal and was of opinion that it was cystic in origin with mucous contents which later had become involved in a stroma which it contained. From an examination of the literature of cases very few are recorded of such a size with such contents. One similar to this is described by Schatz as Fibroma Cysticum Diffusum et Kolyposum.

Kessler describes another as Myxadenoma Cysticum.

Ectasia of the Chyl Vessels.

Prof. Weichselbaum related the case of a man who had come from Hofrath's Iraschés wards with carcinoma ventricali, numerous metastasis in the lymph glands as well as the ductus thoracicus. The abdomen had been twice tapped for ascites, which gave on both occasions a yellow-white milky fluid in large quantities (Ascites Chylosus). The post-mortem revealed a white network of vessels over the mesenteric glands and the serous covering of the stomach. The upper part of the ductus thoracicus was surrounded by the carcinoma, the lumen almost closed, more particularly at the cysterna chyli. The vessels which supplied the cysterna were thick, containing the same white-yellowish fluid surrounded by bands, this condition extended to the duodenum and jejunum, which may readily account for the ascites chylosus.

Two other cases of ascites chylosus are recorded in literature produced by carcinoma in the neighbourhood of the ductus thoracicus whose primary centre was carcinoma of the stomach.

Prof. Weinlechner recorded the case of a young woman who had been under his care with several lymph ectasia on the left leg and vulva. The epidermis was white and elevated and the discharging fluid flowed in large quantities, of a yellowish-white colour. The final destiny of the girl he was unable to record. In laparotomy he often met with highly injected chyl ducts. On one occasion he was under the necessity of tying the vessels.

Trepanation.

At the Geselschaft this week, Prof. von Hacker gave the history of an operation he performed on a young woman, æt. 19, who had been several times previously operated on for otitis media suppurativa in the special departments for aural treatment without any successful results. The symptoms present, according to Hacker, were severe headache, more particularly the left side of the head, vertigo, and sudden attacks of unconsciousness, elevation of temperature, shivering, hyperæsthesia of the trigeminal branches, cramp and convulsive movements in the right facial and accessorius nerves which passed over to both upper and lower extremeties. These phenomena led him to the conclusion that an abscess had formed or was forming in the brain. Trepanning the cranium was undertaken on the 24th of January to relieve the patient, and an opening made into the middle cavity of the cranium. The dura mater was found vaulted, no pulsation, and having a greenish-grey appearance. On puncturing this a large quantity of cerebral spinal fluid was emitted, but no pus. A small quantity, apparently from the sinuses of the posterior and anterior cavities, but no trace of any abscess having existed. It is noteworthy to mention that the condition of the patient immediately began to improve after the operation, while all the cerebral symptoms disappeared. The results appear to have justified the operation, as the opening of the tense dura mater relieved the pent-up fluid, as there is little doubt meningitis would have been the consequence. The discharge from the ear still proceeds.

Prof. Politzer remarked that this patient had been under his care for several years past. When she came first under his observation she suffered from chronic inflammation of the middle ear, and in spite of all energetic treatment became worse, with purulent discharge, which gave indubitable assurance that caries of the small bones was the cause of resistance, for which he operated four years ago and extracted the malleus. On this occasion it was observed that a large area of the tympanum was destroyed and the aural function useless. After the operation the pustular discharge did not cease, but appeared to burrow further in producing caries in the mastoid process, and six months later he opened the antrum by trepanning. Still the pus did not cease.

Three years later she returned with a new appearance of aggravated headache with confusion in the head, for which he proposed the radical operation by Küster's method. After removing the posterior muscles of the ear the mastoid process was again opened and the posterior and upper wall of the meatus auditorius was chiselled out; all the remaining wall of the tympanum and the interior granulating surface of the middle ear was cleared out with the hope of checking further invasion. Notwithstanding this heroic endeavour, the discharge still existed. Eleven months later she returned to the clinic with severe headache and greater discharge from the ear, seemingly issuing from the middle ear, which on examination was found to be filled with a mass of cholesteatoma that was speedily removed, when the meningeal symptoms disappeared.

He considered this a blemish in both Stake's and Küster's method, as the invasion of the epidermis from the external meatus of the ear easily gained access and favoured the formation of cholesteatoma. The only explanation he had to offer in this stubborn case was the impracticable access to the rapidly-advancing morbid condition. The bone being full of air spaces, it is clear that all disinfecting agents could not reach beyond the infecting centres and arrest the process of septic change, which frequently makes its way along the pyramids stretching up beyond the labyrinth capsule, where it is impossible to reach by means of instruments.

This case is both interesting and useful to show that such an operation can be of great service in the treatment of middle ear cases, where cerebral symptoms often supervene with persistent otorrhœa and danger to life through complications arising, as meningitis, sinusphlebitis, and pyæmia.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

Excision of Knee—Peculiar Condition.—Mr. Rose operated on a man, æt. 20, who had been a soldier, and who had suffered, according to his own account, from syphilis, for which he had been in hospital three weeks. The knee was all right to within about seven months ago and the general health good; he had noticed a difficulty in bending the knee, and had experienced great pain of a racking character which was much worse at night. Hot fomentations had been tried but the knee got bigger and the pain was not relieved; after this Scott's dressing had been applied. About three months before the present operation the joint had been aspirated and eight ounces of greenish coloured liquid with a little blood taken away; this, however, did not seem to diminish the swelling and the pain at night continued; blisters were subsequently applied and the joint again aspirated, about two ounces of liquid being removed on this occasion; after this for five weeks a three per cent. solution of carbolic acid was injected into the knee every morning and the joint became easier. The patient had always been able to move the joint more or less without much pain. At the time of his coming to King's College Hospital the knee had become very large, the patient had lost weight considerably, there was only a little starting pain at night, the swelling extended up the thigh, the leg was emaciated and the patella dislocated outwards; there was no tenderness. After cutting in to the swelling to explore it Mr. Rose excised the joint in the usual way remarking that he had never seen a similar condition; there was no pus, no ulceration of the cartilages; the synovial membrane was converted into a firm, semi-translucent leathery tissue with here and there spots of hæmorrhage. The section of the bone appeared healthy though soft. He said that he was determined to give the patient a chance by excising instead of amputating on the supposition that the disease might be syphilitic. It was certainly not malignant and he did not think it was tuberculous. The whole synovial membrane was really replaced by the above mentioned tissue.

GREAT NORTHERN HOSPITAL.

Intestinal Obstruction—Left Inguinal Implication. Stricture of Ascending Colon Resected from a Right Lumbar Incision.—Mr. Herbert Allingham operated on a man, æt. 66, who had been admitted with intestinal obstruction of some weeks duration. The abdomen was greatly distended and the patient vomited constantly. Nothing could be felt by rectal examination Mr. Allingham opened the abdomen in the left inguinal region and found the sigmoid flexure empty, he then enlarged the incision and introduced his hand into the abdomen. The cæcum being felt distended search was continued up the ascending colon and just opposite the right loin a stricture was felt. Mr. Allingham accordingly sewed up the left inguinal incision, turned the patient on to his left side and incised the right loin, opened the peritoneal cavity and pulled the ascending colon with its malignant structure from the wound. The gut was secured above and below the stricture and the latter was thoroughly cut away. The distal end of the bowel was carefully stitched up with Lembert's sutures, cleaned and dropped back into the belly. Into the proximal end of the divided gut a Paull's tube was fixed and the gut secured to the loin. Through the Paull's tube the bowels acted freely. Mr. Allingham said at the time of operating if the patient recovered from what he had done, later on he would attach the cæcum to the sigmoid flexure, and still later on sew up the opening in the right lumbar region. The patient at the time of the operation was too bad to stand both the resection of the stricture, and the suturing of the ends of the gut together.

It is interesting to note that the patient has done well.

THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET.

Hydronephrosis—Nephrectomy.—Mr. Owen operated on a girl, æt. 11½, who had been ill on and off for nearly two years, and had lately been treated by her doctor outside the hospital for typhoid fever. She had occasional attacks of vomiting, and a few weeks ago a swelling had been noticed in the left side of the abdomen. The tumour bulged forwards from the left renal region towards the middle line, and even to the right of it, and extended downwards into the pelvis. Though it gave rise to a dull percussion note between the last rib and the iliac crest, it did not bulge there. There was resonance above, below, and to the left of the tumour, but none in front of it. A two-inch incision was made in the middle line below the umbilicus, and on the peritoneum being incised the empty descending colon was at once recognised upon the front of and adherent to the tumour, sure evidence of the post-peritoneal origin of the cyst. About two pints of a sherry-coloured fluid having been drawn off by a trocar, an attempt was made to enucleate the tumour, but as this could not be safely effected through the small opening, the incision was enlarged downwards. The vessels and the ureter were tied with silk, the cyst was removed, and the wound was closed with a continuous silk suture. Mr. Owen then demonstrated the cyst; it was growing from the inner and anterior aspect of the kidney. What was left of the renal tissue was a thin, lobulated mass, which was estimated at being about eight inches long. Examination showed that the ureter was not in the least dilated. Mr. Owen remarked that the lobulation of the kidney was suggestive of its early developmental condition, and he was inclined to think that the nephrotic dilatation was of long standing. He was satisfied that removal of the entire gland-tumour was the simplest and most satisfactory treatment.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 27, 1894.

DEAD LETTER LAWS.

The maxim which tells us that a chain is no stronger than its weakest link is specially applicable to the round of sanitary administration. On the whole, the state of the law as regards public health matters is fairly well up to the level of recent knowledge. At the same time one cannot doubt, so swift is the onward march of the sanitarian, that the state of affairs which may be to-day accepted as tolerable would a generation later be looked upon as unspeakably bad. But any set of laws, however good and wise, without a proper machinery of administration, is certain to drift sooner or later into the helpless condition popularly known as a dead letter. First of all it is necessary to have an earnest and enlightened local authority, ready to administer the law without respect of persons, and to steer a middle course between false economy on the one hand and rash expenditure on the other. Then comes that important and specially educated official, the medical officer of health, on whose zeal and discretion the well being of a district so largely depends. By the inherent conditions of his post, however, he is bound by the decisions of his master, the vestry. It is obvious that a progressive medical officer and a backward board cannot pull together for any length of time. Then the medical officer may find himself seriously hampered by having a staff of inspectors, either too scant in point of numbers, or individually inefficient and untrustworthy. Under the present system it is notorious that a greater or less amount of bribery takes place among the small fry of officialdom. Nor can a medical officer hope for a proper control over inspectors whom he can neither select nor dismiss at his own discretion. Indeed, in one of the London districts the public is constantly entertained by the spectacle of a sanitary inspector giving evidence against his superior officer. The weak spots of administration which have been so far noted could for the most part be set right with a little legislative readjustment. So, too, could the obviously out of date condition of appointment still surviving in many London and provincial districts, namely, that which allows the medical officer of health to engage in private practice. If any such official were to attempt to fulfil his multifarious duties with anything like thoroughness he would soon find himself in despair at the impossibility of the task. Indeed, it has long been an accepted article of the social progressist creed that the "half-time" man is an anomaly, and in sanitary life especially he is altogether out of balance with the vast and increasing importance of his department to the welfare of the community. The way in which good laws may be shelved and rendered worthless could not be better demonstrated than in the case of the London bakehouses. Plenty of means, apart from special trade legislation, exist in the provisions of the Factory and Workshops Act for the purging of such insanitary premises. The evils of the underground bakeries are conspicuous; in the majority of them, for instance, proper ventilation is structurally impossible. The places are inspected often enough, but there is no common standard of wholesomeness fixed and recognised by the authorities. As a rule the vestries are unwilling to prosecute, or in the event of a fine being imposed, they decline to repeat the prosecution. The consequence is that a baker may often carry on his trade in a place proved to be destructive to his workmen by paying a simple fine of forty shillings. It is only natural that Medical Officers of Health should be reluctant to urge on prosecutions which are likely to prove thus futile. Under these circumstances the Local Government Board lately issued a circular to all local authorities in London pointing out that they possessed under existing legislation ample powers for dealing with insanitary bakehouses. How far that memorandum will be acted upon remains to be seen, but as it stands, the whole affair forms a pretty object lesson in "dead letter" law. If the Local Government Board were possessed of more vitality and public spirit its services in enforcing the administration of existing legislation would be invaluable. In the opinion of many thoughtful observers the creation of a central independent body, *sans peur et sans reproche*, is essential to secure efficiency and economy in the administration of public affairs. The London County Council is rapidly extending its powers, and although it has done undoubtedly good work, its future career will need to be sedulously kept up to a pure standard by the zealous watchfulness of the democracy to which its creation is due.

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THE COMING ELECTION AT THE COLLEGE OF SURGEONS, ENGLAND.

ALTHOUGH the candidature of Mr. A. T. Norton has been lost to the Association of Fellows, and has deprived the forthcoming election at the College of Surgeons, England, of much of its interest, it is nevertheless only fair to say that the inadvertent mistake into which he fell of sending in his application too late was one which might have occurred to any candidate. In this connection we might reasonably ask why is it that the latest date on which the application form must be returned to the College is not printed on the form itself? For what earthly reason does the date only occur on a detached communication from the secretary, which is so apt to be mislaid and cast aside after having once been read. We would strongly urge the Council to have the necessary dates with respect to the application form printed on the form itself, so that no error may arise in the future. But now that the Association of Fellows has lost its candidate, how does it stand in regard to the other aspirants for seats on the Council? In our issue last week we hinted that it would probably decide to favour the return of Mr. Harrison, Mr. Marsh, and Mr. Davies-Colley; and just after we went to press the annual meeting of the Association was held, at which a resolution was unanimously passed pledging the Association to do its utmost to secure the election of these candidates. The reason for this step was explained at the meeting. Mr. Harrison and Mr. Marsh are old Councillors; both are popular; and while the former was materially assisted into the Council at his first election by the members of the Association, the latter has so far done nothing to openly oppose the reform movement in the Council. The Association have, therefore, and we think wisely, determined to accord them its support. But with respect to Mr. Davies-Colley, how does the matter stand? Mr. Colley's name has been associated with an opposition clique which had hoped to scatter the influence of the Association to the four winds of heaven, and it might seem upon these grounds somewhat inconsistent on the part of the Association to pledge itself to do its best to secure his return. In truth, however, although Mr. Colley has nominally identified himself with the clique which prides itself in having no policy, Mr. Colley himself has in a communication to the Association distinctly avowed himself in favour of obtaining a new charter—the last crucial point upon which the energies of the Association will be concentrated. Clearly, therefore, Mr. Colley is appealing for the suffrages of the Fellows with the definite object in view of assisting his constituents to secure that for which many of them have for long been striving. Under these circumstances, the Association has had no difficulty in recommending his candidature, and with the interest of the large medical school to which he is attached, in combination with the help of the Association, his return should be almost a matter of certainty. The only other candidate concerning whom any remarks need be made is Mr. James Hardie. Mr. Hardie occupies a unique position; he may be said to be a unique candidate. Apparently his claims to the distinction for which he is aspiring are based upon the fact that fortuitous circumstances have made him the senior surgical representative at a provincial school whose representation on the Council has just terminated with the resignation of Mr. Lund. But there is one amusing element in his candidature which it is impossible for us to overlook. Certain of his friends have issued a circular to all the Fellows, urging his claims upon the constituency, and among other things which they are good enough to say of him we find the following: "We have laid no stress upon any of the questions which are generally considered as 'college politics,' *feeling that most of these are of no vital importance* . . . . We prefer to place our trust in a man of known breadth and fairness of view, unfettered by pledges to support any special line of action until he has attained from actual service upon the council the experience necessary to form a just estimate of the best policy of the Royal College of Surgeons." The italics are ours. We wonder what Mr. Hardie's friends would say if a political candidate were to come to them with this programme and to seek their suffrages for a seat in the House of Commons! Practically, it is equivalent to saying, "I know nothing of the working of the post to which I am seeking to be elected; I am entirely ignorant of its duties; if you elect me I shall be perfectly useless until I find out by experience what those duties are; I admit that my ignorance is perfectly inexcusable inasmuch as I could easily have made myself acquainted with all those important questions about which so much discussion has been taking place. Clearly, therefore, I must be absolutely unqualified for the honour which I am asking you to help me to attain," nevertheless I want you to elect me! In a few words, this is the aspect from which Mr. Hardie's candidature, as advocated by his friends, should be viewed, and we cannot believe that any Fellow who has the interests of the College at heart, could overlook the absurdity of the position in which Mr. Hardie has been placed.

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ELECTION OF EXAMINERS AT THE ROYAL COLLEGE OF SURGEONS, IRELAND.

THE Council of the College has given notice of its intention to elect second examiners to examine in the subjects with which the College has to do in the Conjoint Examinations with the Apothecaries' Hall. For many years past it has been the rule, for all Examinations of the College, to appoint two examiners in each subject, each of whom conducts the examination alternately, the unemployed examiner being supposed to watch the examination, form his own judgment as to the answering, and record, by mark, his independent verdict. This, we say, is the theory of the system;

but, as a matter of fact, the assessorship function of the unemployed examiner has always been a matter of form. There have been, no doubt, many examiners who have acted up to the theory; but it is notorious that, in the great majority of instances, the unemployed examiner or accessor, simply rested himself until his turn came again—took little notice of the examination of his colleague, and contented himself with recording the same mark as his colleague. We apprehend that the same observation applies all the world over, and the assessorship system in England and Scotland is not a wit more valuable as a test of the candidate's knowledge than anywhere else. But the effect of the assessorship theory, and of the system based upon it, has been to burden the Colleges with the cost of two examiners when one could do the work—in other words, to double the cost of examination. Now it happens that the Irish College of Surgeons has recently found it necessary to curtail expenditure, and it has reduced the examiners' fees by one-half. This was a heavy loss to the examiners under the Conjoint Board of the Colleges of Physicians and Surgeons, but as the number of candidates under this conjunction is large, the loss was accepted by the examiners with some grumbling. For the examiners under the Apothecaries' Conjunction and the College of Surgeons, the matter was different, because the number of candidates was very small, and the examiners got practically nothing for their work. It was, therefore, agreed by the College of Surgeons that no second examiners should be appointed, but that the not very important function of assessor should be discharged by the examiners of the same court in other subjects. For instance, the Examiner in Surgery assessed the examinations of the Examiner in Anatomy, the Examiner in Physiology assessed those of the Examiner in Pathology, and so on. The working effect was that the assessorship was most effectually performed by skilled and experienced examiners, and the fees paid to them for their work were not reduced. This was one of the "mare's nests" discovered by the Visitors from the Medical Council, and made the occasion for a virtuously-indignant diatribe against the Conjoint Examinations of the Irish "College and Hall." They were horror-stricken at the iniquity of allowing a surgeon to assess an anatomist, or a physician to assess an obstetrician, and the Irish College has yielded to their demands, as, indeed, it would have yielded to any demand, however ridiculous, at the present time. The second examiners will be elected on the 2nd of July. It would, we suppose, be asking too much to beg the Medical Council and its Visitors to come down from their stilts for a moment to consider whether assessor-examiners, as at present worked, are of any use whatever. Practical questions like these have no place in the programme of the Medical Council, and so we must perpetuate this and many other anomalies to please our rulers.

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We are glad to note that Mr. Henry Morris has been appointed to the vacancy in the Court of Examiners of the Royal College of Surgeons, England, created by the resignation of Mr. Treves.

Notes on Current Topics.

Her Royal Highness the Duchess of York.

The safe delivery, on Saturday last, of Her Royal Highness the Duchess of York, of a son, at White Lodge, Richmond Park, is an event which has naturally not failed to send an emotion of pleasure and loyalty through the realm, and, beyond the realm, to every portion of Her Majesty's Empire. In common with other loyal subjects of the Queen we offer our loyal and respectful congratulations. That another Royal Prince should have been born in the direct line of succession is a matter which will especially appeal to the nation as a subject for universal rejoicing. So far as the medical incidents of the accouchement are concerned, we understand that Dr. John Williams was summoned on Saturday morning at three o'clock, and at ten o'clock on the evening of the same day the birth of the Royal Prince took place. As the public Press has reported, the progress of Her Royal Highness to convalescence has been perfectly satisfactory, and the health of the infant Prince continues good.

Kleptomania.

In the latest text-book of medicine published in America under the editorship of William Pepper, kleptomania is classed under the heading of periodical insanities, while Dr. Clouston ascribes it to want of inhibition, weakness of inhibitional power, stating that he has never seen a case which did not present other symptoms than the mere thieving propensity. A Justice of the Peace for Cumberland and member of several public bodies in the district of Silloth, was tried last week at Dumfries for theft at a sale, and the plea of "insane impulse" put forward on his behalf. Dr. Charles M'Culloch, the medical attendant of the accused, gave evidence to the effect that he was dyspeptic, and had during the last few years become despondent, fidgetty and irritable in his manner. Since the charge had been preferred against him he had shown witness two boxes filled with things appropriated from other sales comprising old pistols, billiard balls, and other articles of little value. Dr. M'Culloch thought that in view of these facts the accused might be looked on as a sufferer from a form of moral "insanity" appearing as kleptomania. Dr. Littlejohn, of Edinburgh, who had examined the accused, was then called on to give his opinion. He stated that during forty years' experience he had known of twenty-two cases of kleptomania in the police-courts, and that in this case the accused did not seem to grasp the gravity of his position at all, and was childish in his manner. Kleptomania was due to a peculiar degradation of the brain, and was usually a prelude to something worse. The Sheriff, however, found that, as there was only one text in the law, to wit, whether the person knew the nature of what he was doing, knew that it was a wrong thing to do, and despite knowing that he did it, the accused was guilty, being of opinion that he knew the nature of his act by the pains taken to conceal it. He accordingly fined him £10. The case will probably be appealed. The idea because a person steals a thing cleverly and with pains he cannot be insane may be legally true, but is certainly not medically so, for some of the most pronounced lunatics steal with great ability. The case shows the necessity for more defined legislation with regard to that section of moral insanity different grades of which produce most of our criminals.

A Comparison and a Difference.

The newspapers last week were absolutely teeming with the reports of the Royal function which took place at St. George's Hospital in connection with the presentation of the testimonial to Dr. Dickinson. To-morrow (Thursday) a friendly gathering will take place at St. Bartholomew's to do honour to its late deservedly popular and distinguished senior physician, Dr. James Andrew. But under what different circumstances will this latter function be held in comparison with the wholesale pageantry under which Dr. Dickinson has retired from St. George's! Both Dr. Andrew and Dr. Dickinson did great service for the respective schools with which they were connected; both equally deserved some worthy recognition of their long years of work at the hands of their *alma mater;* both will be followed into their retirement with many memories of gratitude and respect on behalf of those who were their pupils. But while the friends of Dr. Dickinson were "fussy," and were successful in raising "a mound out of a mole hill," those of Dr. Andrew displayed a dignity and a respect for professional decorum which, it must be confessed, was only to have been anticipated from the authorities and staff of St. Bartholomew's Hospital, the traditions of which are so incomparable in this respect. The worth of a man is not to be estimated by the mere material value of the testimonial which his friends choose to give him. So far as Dr. Andrew is concerned, his appointment at St. Bartholomew's proved to be invaluable to the school. As a teacher he was unsurpassed, and no student who was fortunate enough to be chosen for work in his wards could fail to be impressed with his personality, his capacity for imparting knowledge, his friendliness in helping forward those who displayed an eagerness to learn. But if, without the flourish of trumpets, the presence of Royalty, or the "fuss" of a great public function, Dr. Andrew is allowed to enter upon his retirement, after the unostentatious presentation of his portrait to the Treasurer and Governors of the hospital, he may still derive consolation from the fact that this method of honouring his services could not have been more in accord with the decorum and dignity which the profession rightly demands should be observed on these occasions.

The Brentwood School Scandal.

The facts disclosed at the trial of Nurse Gillespie for cruelty to the infants under her care at the Hackney Union School at Brentwood are of a sufficiently startling nature. It appears that this woman, for at least eight years past, has pursued a course of systematic barbarity towards the helpless children under her charge. She made it a point of regular discipline to march the children about the room for an hour or more at a time, carrying baskets of clothes on their heads and clad only in their shirts. She dipped their heads in water and flogged them with broom-handles, frying-pans, or with any other object conveniently at hand. She would not allow the wretched children any water, so that they were compelled to lap up the rain puddles, or to use the water from the pans of the closets. She scourged the bare backs of her victims with bunches of stinging nettles, which were regularly gathered for her by a pauper assistant nurse. All this and much more was proved in evidence, and fully warranted the observation of Mr. Justice Day, that the case was a gross and frightful one. He also said that the existence of such a nursing inferno in a Government institution, with a large staff of officials and a skilled medical officer, subject to the supervision of a visiting committee, Poor-law inspectors, and a body of guardians, almost surpassed belief. His sentence of the full penalty of five years' penal servitude does not err on the side of severity, especially as the death of one of the children was proved to be largely due to the convict's abominable cruelty. This occurrence, together with the scandals which have been brought to light in many pauper schools of late, such as the wholesale poisoning at Forest Gate, and the outbreaks of ophthalmia on every side, are sufficient in themselves to raise serious doubts as to the efficiency of the Local Government Board. The whole Poor-law system demands a searching and independent inquiry, with much reform of a drastic nature.

Medical Certificates for Quack Medicines.

The editor of *Truth* is once again wielding his club, this time upon the newspapers that admit objectionable advertisements. He has instanced several journals by name, and a lame attempt at defence has been made by one of them, to wit, the *Weekly Times and Echo.* The editor of that paper states that he will insert no advertisements of a medical nature, or for adopted children, homes for children, &c., "without a written guarantee of the advertiser's respectability by some qualified medical man." On pushing his inquiries, the editor of *Truth* found that one particular nostrum advertised in the columns of his contemporary was certified by a medical practitioner in Southwark to be innocuous. The latter gentleman stated that a bottle of stuff was brought to him, which he did not analyse, but he satisfied himself as to its composition by the simple process of smelling and tasting it. He was of opinion that it could do no harm, and might possibly do good in some cases, whereupon he granted a certificate. There can be no doubt that this "medical gentleman," from Southwark has made a grievous error in certifying to the merits of a compound sold at an exorbitant price, as we are asked to believe, for the vilest purposes. We can only hope that his signature was obtained by misrepresentation. Certainly, the fact cannot be too widely known amongst medical men that they may be tricked into giving testimonials to persons engaged in a most abandoned and abominable trade. Moreover, if it be found that any practitioner knowingly countenanced the advertisement of such a nostrum his conduct should lay him open to severe punishment at the hands of the General Medical Council. The best traditions of the profession have had many a rude shock, but it may be doubted if any doctor could possibly sink to a lower level than when he poses as the associate of vendors of medicines that are intended for the use of the vicious and the criminal.

London County Council and the Asylums.

The London County Council has taken an important step with regard to the care of lunatics. It has adopted the suggestion of the Joint Committee of the Asylums, Industrial, and Public Health and Housing Committees referring to the control of asylums. The recommendation ran: "That it is advisable that the London County Council should have the control of all asylums both for lunatics and imbeciles in the County of London." If carried into effect this will mean the abolition of the Asylums Board, for the Council has already determined to take over the care of the infectious hospitals. The appetite for fresh duties on the part of the Council is simply omnivorous. In the course of the debate on the above resolution, Alderman Fleming Williams said the Health and Housing Committee thought they should undertake the inspection of lodging-houses, and be empowered to make regulations for the control of bakehouses, in order that they might be kept in a clean and sanitary condition. They also thought that if the Workshops Act was not to become a dead letter, the power of enforcing it must be entrusted to a central and independent authority. There appears to be a good solid groundwork of reason in the latter contention.

The Irish Poor-law Medical Superannuation Bill.

We have been obliged to delay reporting progress, or rather want of progress of this Bill, because we were not in a position to form a judgment of the chances of the Bill this session. Most of our readers are aware that, on the 5th of June, a deputation from the co-operating associations assembled in London to try to forward the Bill. The deputation consisted of Drs. Jacob and Oulton, for the Irish Medical Association; Drs. Donnelly and Knox Denham, for the Poor-law Medical Parliamentary Association, and Messrs. Manning (Rathdrum) and Atkinson, for the Poor-law Officers' Association. The object which this deputation had in view was, if possible, to achieve a general agreement of political parties to allow the Bill to proceed through second reading and into committee, or possibly to a Select Committee, where details might be threshed out. It was quite manifest that nothing save a universal agreement could effect this object, because it is not possible this session for any opposed measure to make any progress whatever, but the deputation had assurances from leaders and members of all parties which led them to hope that, possibly but not probably, such an understanding might be come to. We regret to say that this hope proved altogether illusory. We think it better, in the interests of Poor-law officers, not to say more than that certain parties, while presenting the most sympathetic aspect, and giving the most honied assurances, absolutely declined to give the Bill any quarter whatever. They would not enter upon any question of the details, although they kept the deputation in London for several days in the hope that the passing of the measure might be secured by concessions of detail; but when the second reading of the Bill was moved by Mr. Russell, it was at once stopped by Mr. Vesey Knox and others. The Bill may, we regret to say, be taken as dead for this year, and, as to its future, we see no reason to hope that any course can be pursued which will get it through the House until some day it is introduced as an opposed measure and put through its stages by votes of the House like any other measure. When that day comes, if ever, the whole influence of the co-operating associations will be wanted because—as far as we have any reason to know—no whittling down of the details would produce any effect in eliminating the persistent opposition by certain parties. We are confident that the large majority of Irish members of all politics are in its favour, but the opposing minority is quite enough to stop it.

Experiments on Soldiers' Diet.

The Army Medical Staff in Berlin are at present engaged in some novel experiments with a view to ascertaining what food is most beneficial for the soldier, and on what diet the best marching performances can be obtained. For the purposes of the experiments, a number of students from the Military Medical Academy volunteered their services, and during the past fortnight have accompanied a regiment of Guards in all its marching and field practices, dressed in the uniform of lance-corporals, and with the full field kit, doing full privates' drill and duty, and sharing in every fatigue. Under the supervision of a medical staff officer, these willing students are only allowed the prescribed rations, and are prohibited from procuring any other food whatever. Immediately after drill or practice they are marched to a service hospital for the purpose of having their physical condition officially inquired into and duly noted, and before as well as after each turn-out, their weight and pulse are ascertained. Some of the students are actually reported to have submitted to the application of the stomach pump in order to render the investigations more complete and trustworthy! Of course, enthusiasm in such a matter is to be commended, especially when the results are likely to prove of special importance. We wonder, if the facts having proved to be serviceable, will be regarded as State secrets, in the same manner as is the manufacture of certain munitions of war. Obviously the knowledge of a special diet under which soldiers were able to do their work satisfactorily and well would be of undoubted value, and most of all, perhaps, if it led to some diminution in the "*impedimenta*" in the commissariat and transport departments of armies in the field.

The Memorial to Surgeon-Major Parke.

Mr. Percy Wood, the sculptor to whom was given the commission to execute a statue of Surgeon-Major Parke, has already completed the model in clay, and a large number of those interested in the memorial paid a visit to Mr. Wood's studio last week for the purpose of seeing the statue. Surgeon-Major Parke is represented in African garb. His handsome head is thrown back, and the shirt is wide open at the throat. He rests his right arm on the barrel of his Winchester repeating rifle, and his left hand is laid on the right wrist. Under his left foot is the skull of an antelope, which gave the impression of being somewhat too fragile for the support of a big man's leg. The pose of the statue is easy and original, if not excellent, and the likeness could not be better. Mr. Wood is to be congratulated upon his work. In a short time the statue will be cast in bronze in Belgium, and in October will be erected on a site, still to be determined, in Dublin.

Princess Alix at Harrogate.

Sir Edward Sieveking is to be congratulated upon having drawn the attention of the profession to the merits of our English watering-places by the appointment of a committee of our leading medical society. One of its early fruits would seem to be that a member of our Royal Family has just gone through the "Cure" at Harrogate under the care of Dr. Oliver with very beneficial results, and we are glad to hear that her Grand Ducal Highness has much enjoyed her visit and her excursions in the delightful country around. This is probably the only instance in which a member of our Royal House has gone through a course of waters and baths at one of our British watering-places during the present reign, and it is to be hoped that this circumstance, as well as the work of the Royal Medical and Chirurgical Society will enable many for whom expatriation and long journeys are unsuitable, to derive benefit from the natural resources of our own islands.

A Popular Book.

Doubtless there were many who had misgivings about the success of a large work like "Quain's Dictionary of Medicine" when the undertaking was first projected; but, as we now know, such misgivings, however natural at the time, were quite uncalled for. The great work immediately after its appearance became popular, and its success has been phenomenal. No less than 33,000 copies have been issued since its publication in 1882, a fact which must naturally be a source of great gratification, both to the distinguished editor and the publishers. Under these circumstances no one can be surprised at the preparation of a second edition having been undertaken. At first, we believe, the idea was merely to reprint most of the articles, only making emendations and additions to the latter in cases where this was absolutely necessary. But it was soon found that this plan, although in some respects having much to commend it, was impracticable, owing to the advance of medical science. It was, therefore, determined to reset the whole work, thus allowing the contributors the opportunity of doing justice to their articles, and of incorporating in the latter the change of opinion in medical and surgical science which the past few years had brought about. The value of this policy is amply portrayed in the second edition of the "Dictionary" which appeared last week. The two handsome volumes of which it is now composed will enhance still further the reputation and fame of the work in which Sir Richard Quain has collected and edited the opinions of the foremost physicians and surgeons of the day on the subjects with which respectively their names and work are intimately connected.

Important Milk Decision.

The Bournemouth magistrates have lately given a decision which will affect not only the milk trade, but the authorities whose duty it is to administer the Adulteration Acts. One of the largest purveyors of milk in the town was proved by the analyst's certificate to have sold milk adulterated with 10 per cent of water. The defence was that the defendant could show he sold the milk in exactly the same state as he received it, under guarantee of purity, from a local farmer. Witnesses were called to prove this contention, and the Bench dismissed the case. The next problem for the Health authorities will be to find out how to get at the farmer. Surely some degree of responsibility must rest with the retailer in such cases. The plain man who wants practical justice rather than legal hair-splitting, might ask to have all parties to adulteration punished whether they are concerned as wholesale dealers, middlemen, or retailers.

The Spread of Small-pox by Tramps.

Last week it was our duty to record the extraordinary way in which a tramp, notified to have small-pox, was sent from pillar to post in Rawtenstall, and finally found refuge in a neighbouring town. This week, the epidemic which we ventured to predict, is showing itself in the first-mentioned place. Four cases of the disease have broken out, and among them are the owner, his deputy, and a woman living at the lodging-house where the tramp slept a fortnight ago. The deadlock between the Rawtenstall Corporation and the Haslingden Board of Guardians which led to this scandal still continues. The guardians offered to compromise on condition that the corporation would isolate future pauper cases; but this the town council refused to do. It is time this unseemly wrangle should be settled, otherwise the interests and safety of the public will demand the prompt interference of the Local Government Board.

Meat Poisoning at Bingley.

The advent of summer weather has been signalised by a wholesale ptomaine poisoning which has taken place at Crossplatts, near Bingley. From the published accounts it appears that some potted meat was bought at a local shop by six families, and eaten for dinner. The food was partaken of by nineteen persons, who in a few hours were one and all attacked by symptoms of violent poisoning. A number of the sufferers had to be carried home from their work. Notwithstanding the severity of the gasto-enteric symptoms none of the cases have so far proved fatal. Last summer was distinguished by the number and severity of meat poisoning cases. It is time that the question was taken in hand firmly. One is glad to recall that last year a butcher who knowingly sold the meat in one fatal case was convicted of manslaughter.

Insurance Touts.

We may issue a word of warning to medical men, especially those not long in practice, with regard to the methods in vogue in some of the transatlantic insurance offices. Cases have come to our knowledge in which young medical men have been induced to insure their lives, or to propose doing so, by the promise of all the company's cases afterwards, and in which on inquiry several practitioners in the same town have been thus approached. The insurance having been effected, the insurer, sanguine of a modest increase to his income, too often finds that the company has already a referee to whom the examinations are pledged; or that, if he does get a stray case, his premiums far exceed any pecuniary benefit obtainable.

Railway Microbes.

The Russian Government recently instructed the Board of Public Health to take a census of the microbes contained in the sweepings of railway carriages. The results are really somewhat startling, for while the dust from first class carriages yielded 16,000, and the second class dust, 34,000 germs to the square inch, that from the third class *wagons* (properly so-called) gave 70,000 bacteria to the square inch. There is every reason to believe that a similar examination carried out in respect of the dust in the carriages of the London underground railways would prove even more prolific, and the time is, let us hope, not far distant when the railway companies generally will be constrained to provide far greater cleanliness and salubrity than they at present think necessary.

Odium Medicum.

A medical pamphlet offered to the public at the modest price of sixpence, is being noticed by some of the lay newspapers. It is from the pen of Dr. P. Gowan, late private physician to the King of Siam, and is entitled "The Painless and Successful Treatment of Cancer without Operation, with an illustrative case." It is said to advocate the non-surgical treatment of the disease. In the preface Dr. Gowan explains that he is undertaking the publication himself "at the risk of incurring the *odium medicum*" as the paper had been previously rejected by a newspaper. From this statement it is evident that the writer has in a deliberate manner run counter to the traditions of the profession as to the desirability of issuing to the general public monographs on surgical and medical subjects.

At the annual meeting of the Chelsea Hospital for Women Dr. Fancourt Barnes said that there was no doubt that the hospital was to a certain extent under a cloud, but in his opinion it was not a very dark or extensive cloud, and would soon roll away.

Mr. Gladstone is still making favourable progress, and time is gradually effecting improvement in the eye which was recently operated on for cataract. In the course of a week or more he will proceed to Scotland for change of air.

The Guy's Hospital Clubs Union now numbers 1,233 members, of whom more than 140 are old Guy's men, who long since left the hospital. "Guy's" always has been noted for the *esprit de corps* among its students, past and present.

Of the two boys who were indicted at the Exeter Assizes for manslaughter in connection with the accident causing the death of Dr. A. H. Twining, one was discharged, and the other was bound over to come up for judgment if called upon. Mr. Justice Wright stated that he deplored the fact that there was no suitable punishment which he could inflict in such a case.

The cost of being ill in London is greatly enhanced if resort be had to laying down straw in the street outside the patient's house, in order to deaden the sound of the passing traffic. A householder has just admitted that his bill for the straw amounted to £14, and he ascertained that this was quite an ordinary charge.

The Salters' Company invite applications for their recently instituted Fellowships in Chemistry and in Experimental Pharmacology. Each is of the annual value of £100, and tenable in St. Thomas's Hospital Medical School. On reference to the advertisement in another column it will be seen that applications should be made forthwith.

Special Articles.

THE ANTWERP EXHIBITION.

(*Concluding Report.*)

[From our Special Reporter.]

III.—Food and Dietetics.

Perhaps one of the most striking features at the Antwerp Exhibition is the abundance of concentrated foods, and the numerous attempts to perform at least part of the complicated processes of digestion outside the human mouth and stomach. Denaeyer's Peptonoids and Extract of Meat Company, of London, exhibit carefully prepared peptones and peptonoids for persons with weak digestive organs. Liebig's Extract of Meat Co. make a display of their *Extractum Carnis*, preserved meats, &c. There are several new comers in this direction: W. F. Schmoele and Co., of Antwerp, manufacture the "Cibils" extract of meat, which, though strong, is palatable. Then there is the Australian Meat Company, with their "Ramornie" extract of meat, strong and good, and a novelty, inasmuch as hitherto the majority of meat extracts are produced in South America. The Compagnie des Produits Kemmerich, of Antwerp and South America, have an imposing pavilion in the gardens, where they have brought together a wonderful collection of products, which embrace extracts of meats, meat peptones, concentrated bouillon, granulated and meat flour, prepared ox blood, besides preserved meats of all kinds. As far as our somewhat hasty examination and tests go, the Kemmerich preparations seem excellent. Brand and Co., of London, are well to the fore with their pleasant and easily assimilable essences of beef, veal and mutton, concentrated beef tea, meat lozenges, and other preparations for invalids and travellers. In the Military Section the *Service des Subsistances* of the Antwerp Division of the Army show samples of soups, meats, vegetables, and fats preserved in tins for campaign service; also biscuits. The tins contains 300 grammes each, and are opened by means of a key, for tearing off a soldered band, which does not come into contact with the inside of the tin or its contents. Quite a dozen exhibits are made by Belgian, French, German, Dutch, and Scandinavian firms of meat, fish, and vegetables in tins and glass bottles. For the most part these products are remarkable for their beauty of form and colour, and their delicacy of flavour, altogether a much higher order of specialities than the American goods of this description. Spinach sorrel, cardoons, cress, &c., are put up in bottles, and are "recommended by medical university professors" as blood purifiers and anti-scorbutics on travel, and for hot climates. Dr. R. Hundhausen, of Hamm, Westphalia, is among the exhibitors of foods for diabetics. His "Aleuronat" is a special preparation of wheat gluten, the albuminous flour making excellent flavoured bread with a slight admixture of ordinary flour, also "Aleuronat" biscuits. The flour itself contains from 80 to 96 per cent. of vegetable albumen, and the bread and biscuits from 55 to 66 per cent. of "Aleuronat." Another preparation for diabetic patients is "Fahlberg" saccharine. "Farine Renaux," which is prepared at Duffel, is largely used in Belgian orphanages, children's hospitals, &c., for the feeding of infants. Dr. F. Van Battle, of the children's ward at the Malines Hospital, says that it is an excellent preparation, sufficiently rich in mineral substances, especially the necessary phosphates, and keeps well without chemical changes. In the Ecole Professionelle Ménagère cases of samples of foods are shown, also utensils for preparing and cooking foods, &c., special care being taken to illustrate methods of sterilising and cooking milk for infants. Ollendorff-Wilden, of Bonn, Germany, send a handy apparatus for cooking and sterilising milk. The milk is put in bottles with automatic gutta-percha stoppers, and these are placed in a frame in a tinned receptacle, surrounded by boiling water. The stoppers act automatically, allowing steam to escape. Chocolates and cocoas form quite a feature of the Exhibition, the Belgian and German preparations for dietetic purposes being of the highest class, though for sweets and confectionery the French are easily first. "Pates alimentaires," such as maccaronis, vermicellis, and other preparations of maize form another important group, and are largely used in orphanages, hospitals, other institutions, and the army. When well prepared they certainly possess considerable dietetic value, being nourishing, easily digestible, and readily cooked. Malt liquors take up the largest share of the space devoted to beverages. In the Belgian Section nine provincial brewers' associations make collective displays. The grains, malts, and ferments used seemed to be of excellent quality, and the hops, in great variety, are fine, aromatic, but with a peculiar flavour, which is not always pleasant to persons accustomed to British hops and some of the German varieties. The beers themselves are clear, sparkling, and have a low percentage of alcohol, and are altogether light, but generally with a decided bitter flavour. The moderate percentage of alcohol, the special preparation of the malts (there being but little solids in these beers), and the aromatic principles of the hops, combine to give these Belgian beers a high hygienic value in certain cases. They do not overload the stomach or greatly affect the brain, and while slightly stimulating, are tonic, and, owing to the small proportion of solids, do not encourage rheumatic affections. Most of the German beers belong to the same class. Antwerp is also one of the principal centres of the distilling industries, and there are numerous exhibits of alcohols, gins, &c. Though doubtless Belgium and Germany are the homes of potato and beetroot spirits, these are not represented at the Exhibition. There are fourteen Belgian distillers who send exhibits of alcohol, gin, &c., derived from high-class grains only. These products are generally well matured and free from objectionable admixtures and the toxic principles found in new raw spirits. In the British section, "Canadian Club Whisky" (Messrs. Hiram Walker & Son) is an interesting exhibit. This spirit is distilled from the best Canadian grain, and according to analysis contains of pure alcohol (proof spirit) 84·0, acidity due to volatile acids only ·042, dry extractive residue ·151, ash ·004. It has a pleasant flavour, and is soft to the palate. Its age and genuineness is guaranteed by the seal of the Canadian Excise authorities: an agreeable and safe spirit. Natural and artificial mineral waters are not neglected, and there are also a large variety of wines, but we have no space to devote to their enumeration. Medicinal and fancy drinks are numerous. On the Continent a vast amount of fancy spirits, and also of non-alcoholic syrups and fruit drinks are consumed. Tonics are in much demand. Among these we find the vermouth derived from the bitter wormwood, the pernicious absinthe, orange bitters, an "Amer Cresson," by Delleur, of Liege, a preparation from watercress, claimed to be tonic and anti-scorbutic.

We observed in the elegant case containing the exhibit of Wm. R. Warner and Co., arranged by their London agents, F. Newbery and Sons, that Ingluvin is there shown in the compressed form. The convenience of this improved method of administration will be at once evident to the practitioner. The exhibit also comprised a thoroughly representative assortment of the well-known products of the firm, such as sugar and gelatine coated pills, parvules, compressed medicines, elegantly-labelled pil-vases, *et hoc genus omne*. This firm seems to be all but ubiquitous, the award of a silver medal at the International Medical Congress at Rome having just been announced.

Scotland.

[From our own Correspondents.]

Glasgow University Court.—There was a large amount of business to be got through at the last meeting of the

Court; much was of a purely formal character, but many items needed careful consideration. The resignation of Dr. Phillips of his Examinership in Midwifery was intimated, and Dr. Samuel Sloan, Glasgow, was appointed examiner for the remainder of Dr. Phillips' term of office. Professor Simpson being incapacitated by illness from acting as examiner in the final professional examination in Medical Jurisprudence, the Court approved of an arrangement made by the Senate that Dr. T. K. Dalziel should take his place. A letter from Lord Kelvin was submitted, offering for the acceptance of the University the apparatus belonging to him which has been in use in the Natural Philosophy department. The secretary was instructed to express the cordial thanks of the Court to Lord Kelvin for his gift, which they accept, and, in further reply to his letter, to authorise him to make purchases of further apparatus, as he suggests, against the first grant of £100 from the Bellahouston trustees for this purpose. A letter from Professor McKendrick was submitted regarding the application of the Bellahouston grant of £400. for the purchase of physiological apparatus, together with an estimate which he had received, and authority was given to Professor McKendrick to carry out the proposals contained in his letter. The secretary submitted a letter from the honorary secretary of Queen Margaret College Students' Representative Council, drawing attention on behalf of the students of that College to the lack of practical instruction in botany for women students. The letter was remitted to the Queen Margaret Committee with power to consult with Professor Bower. The Court agreed to recognise the six months' course of physics in Melbourne University, and also the lectures of the following on the subjects specified, all qualifying for purposes of graduation in medicine in this University: A. W. M'Alpine, Edinburgh—Botany; William Russell, M.D. Edinburgh—Pathology and Practical Pathology; Francis M. Caird, M.B., C.M., and Henry A. Thomson, M.B., C.M. Edinburgh—Surgery; Augustus A. Matheson, M.D. Edinburgh—Midwifery; Alexander James, M.D. Edinburgh—Practice of Medicine; George T. Beatson, M.D. Glasgow—Surgery (systematic and operative). A memorial from the Professor of Materia Medica was submitted regarding the expediency of attaching the Professor of Materia Medica and Therapeutics to a hospital: the secretary was instructed to reply that the Court regret that they do not see their way to take any immediate action in the manner Professor Charteris indicates. It was reported to the Court by the secretary that he had received intimation that Ordinance No. 52 had been laid before both Houses of Parliament, and that a number of ordinances had received the approval of Her Majesty.

The Sanitary Deadlock at Leith.—An extraordinary state of affairs is alleged to exist in Leith by Dr. Allan Grey, Medical Officer of Health. He charges the sanitary inspector with incapacity, mismanagement, and want of method, with neglecting complaints received in regard to nuisances, failing to supervise the cleaning of the byres and lodging-houses, and with delaying to disinfect vehicles used for the conveyance of infectious cases and the houses from which the patients were removed. The inspector is to be allowed three days to answer the charges. It would not have been astonishing if Leith had been visited with a worse plague than that of small-pox.

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Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

DUAL NOTIFICATION AND THE DEATH-RATE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Under the above heading a so-called discussion has been going on in the *British Medical Journal* for some weeks past between a member of the editorial staff and myself. He has occupied *six* whole columns, and I, having occupied *two*, am informed that a further letter of little over a column in length, which I sent by way of reply, cannot be inserted for want of space! You have already been so generous that it is with no little compunction I crave a little further indulgence in order to set forth the facts which the *British Medical Journal* has burked.

I began by showing that my immediate friends (amongst whom I am proud to include yourself) and I were not the only ones to throw stones at the Notification Act; and I quoted from a letter which appeared in the *Lancet*, of June 9th, by Dr. J. Grey Glover, our direct representative on the General Medical Council, in which he says: "It is not to be wondered at that there is still much criticism of the notification system and even some doubts as to the utility of it. The enormous epidemics of notifiable disease through which we are passing are proof enough that it is not so efficient for prevention of disease as we should expect it to be." Earlier in the year, on February 3rd, the *Lancet*, in a leading article on the Metropolitan Asylums Board, said, "To demand increased hospital accommodation for infectious disease is surely to deny the efficacy of the Notification Act. Of what avail is notification if the number of infectious diseases is to go on increasing; if it is not on the contrary to be an ever-quantity? . . . . Certainly, so far, we do not seem to have experienced any such diminution of numbers. The infectious diseases have come upon us lately like a flood. . . . . These proposals and forecasts (relating to hospitals) are disappointing in the light of the Notification Act, and compel us to think that either the Act is very inadequate and evasible, or that it is not going to accomplish the result of curtailing the proportions of epidemics, as had been expected." Last year, in London alone, 56,425 cases were notified, and although the accommodation was severely strained less than a third of them was removed to hospital. During the first four months of the present year Mr. Wynter Blyth tells us that in his parish of St. Marylebone the cases of scarlet fever and diphtheria are more numerous still, the former by 48 per cent., the latter by 39 per cent.

The returns for 1892 and 1893 show that it is not in the large towns alone but in the country at large that the death-rates from notifiable diseases have increased, and this at a time when four-fifths of the population had become subject to the system embodied in the Act. But the large towns afford an excellent field for investigation, and in the tables which you kindly published on the 23rd May, I have shown how during twelve years, 1882-93, the twenty-eight large towns of England fared with and without notification. During the last four years, twenty-six of the towns were under the system which requires the medical man to notify independently, and of these, no fewer than sixteen increased their mean death-rates from notifiable diseases, on a comparison with one or other of the two preceding periods of equal length. Thus, in 1890-93, as compared with 1886-69, London increased its death-rate from notifiable diseases from 0 71 to 0·86; Wolverhampton, from 0·44 to 0·45; Birmingham, from 0·44 to 0·56; Hull, from 0·46 to 0·48; Cardiff, from 0·62 to 0·80; Bradford, from 0 57 to 0·71; Sunderland, from 0·56 to 0·90; Leicester, from 0·41 to 0·57; Halifax, from 0·52 to 0·69. Besides these nine, there were seven others (five of which were under the boasted system during nearly the whole twelve years, four of them quite) and these had a higher death-rate from notifiable diseases at the end than at the beginning, that is to say, in 1890-93 than in 1882-85. Thus, Plymouth increased from 0·48 to 0·65; Norwich, from 0·52 to 0·58; Salford, from 1·01 to 1·29; Manchester, from 0·83 to 0·98; Oldham, from 0·59 to 0·62; Bolton, from 0·49 to 0·70; and Huddersfield, from 0 35 to 0·42.

The *British Medical Journal*, without any sufficient reason, declined to consider the middle period of four years, and contrasted the third with the first alone. The towns comprised in my Group I (including London and ten provincial towns) were under no system of notification during the first and second periods, and since London did not appear to advantage from a notification point of view in the third period, its population, exceeding four millions, was consigned to limbo. But much was made of the ten provincial towns and their declining death-rate from notifiable diseases, little or no need being paid to the fact that by far the greater diminution occurred between the first and second periods, when these towns had no system of notification. Moreover, the attempt was made to show that Group III., comprising towns which were wholly under the system in question during the last eight years, had fared better than any. But I have taken the trouble to sift the matter a little further, and from the fourteen towns of Group III. (which in the first period was of mixed quality) have separated nine which from the commencement were under the so-called dual system. In my tables, they are numbered from 19 to 27 inclusive, viz, Manchester, Oldham, Leicester, Bolton, Blackburn, Derby, Preston, Huddersfield, and Birkenhead. In 1881, their combined population was 1,098,313, and their mean, annual death-rates from notifiable diseases in the three periods of four years each, were approximately, 0·765, 0·922, 0·704, showing no very great advance after all. The mean death-rate from notifiable diseases of Group III. in 1890-93 was higher than that of Group I. in 1886-89, when the latter was under nosystem, yet the density of the latter was to that of the former about as 40 to 27. I do not think I need say more.

I am, Sir, yours, &c.,

D. BIDDLE.

Kingston-on-Thames,
June 23rd, 1894.

A QUERY—IS THIS A CASE OF COVERING OR NOT?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the early portion of last year a metropolitan coroner, after receiving the evidence of an unqualified practitioner, forwarded to the proper authorities his notes of the case, into which he had been making inquiries The evidence established the fact that the witness had been for nearly *twenty years* carrying on in every way a medical and surgical practice as though he had a perfect right to do so. It was proved that he was known to the public as "Dr. ——," and that his name, in conjunction with that of some duly qualified practitioner, had been displayed on the front of the house in which he resided. There were a succession of these gentlemen, none of whom remained in the practice for any lengthened period. The coroner's action resulted in the Registrar-General instituting proceedings against a qualified man for falsely certifying in a case of death. The defendant who resided several miles away from where this practice was conducted, experienced the humiliation of being heavily fined at one of the police-courts, which apparently convinced him he had better disconnect himself from the unqualified practitioner, and thus the latter was left without support. It might be supposed that now the crisis had come and the man would be obliged to leave the scene of his labours, and this was probably the belief of the respectable practitioners in the neighbourhood. But he did not go.. And why? A qualified man, who had recently commenced practice a few yards from where the unqualified practitioner had carried on his business negotiated with him, and ultimately *took him into his own house to live with him*, thus enabling him to flourish to this day to the fullest extent, and apparently without any fear of unpleasant consequences arising thereby. I regret that as I grow older I am losing my confidence in so-called medical ethics; but I sincerely trust there are still some honourable practitioners who severely condemn any member of our profession, be he English, Scotch, Welsh, or Irish, who sanctions by his support anything resembling illegal practice. From a purely business point of view medical men naturally murmur against the injustice of having their bread snatched from their mouths by an unqualified person.

Now, Sir, have they not a legitimate cause of complaint against a qualified man who would act in the manner described? In conclusion, I would ask, Would or would not the General Medical Council consider the action of the qualified practitioner in this case reprehensible from a professional point of view.

I am, Sir, yours, &c.,

GENERAL PRACTITIONER.

London, June 17th, 1894.

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SIR GEORGE HUMPHRY.

THE profession generally will learn with great regret of the serious illness of Sir George Humphry, of Cambridge. The telegrams at the end of last week respecting the state of his health were such as to cause the gravest fears among his large circle of professional and other friends. Happily, however, the latest reports are more reassuring, and we trust that his progress towards recovery will be maintained.

THE CONJOINT EXAMINATIONS OF THE IRISH COLLEGE OF SURGEONS AND APOTHECARIES' HALL.

THE President and Council of the College of Surgeons last week resolved to give notice to the Apothecaries' Hall of Ireland of the determination of its conjunction with that body for examination purposes. It is not necessary for us at present to make any observation on the matter save to express our opinion that the Apothecaries' Hall has been very unjustly dealt with. Our sympathy with the "Hall" is, however, scarcely needed, considering that it has other resources besides conjunction with the College of Surgeons, and may yet find itself much more prosperous as a qualifying body under the altered circumstances than it has ever been or would ever be likely to be in association with the College. The decision of the College of Surgeons cannot legally take effect sooner than a year from this date, and it would be difficult to forecast what that year may bring forth. Considering that the effort of the Irish College of Physicians to extinguish its rival, though successful in the Council of the College of Surgeons, was defeated in the General Medical Council by 23 votes to 6, it appears most probable that the Hall will, on the cessation of the conjoint examinations, acquire and maintain an independent existence as does the English Apothecaries' Hall. In any case, the decision of the Council of the College is pregnant with the most far-reaching results to medical education and qualifying in Ireland, and may be the turning-point for a revolution which threatens the very existence of both the Colleges.

THE CHELSEA HOSPITAL INQUIRY.

WE understand that the inquiry into the so-called Chelsea Hospital scandal has now terminated, and the Committee is engaged in preparing its report, which will soon be ready for publication. The inquiry has been of a most searching nature, all the staff having been closely cross-examined by the representatives of the Royal Colleges of Physicians and Surgeons in regard to those cases about which so much public comment had been raised. In one sense the inquiry was not a public one, that is to say, the general public were not admitted to the meetings of the Committee, but all those who could claim to have an interest in the proceedings were permitted to be present. We shall look forward with interest to the report, and will deal with it fully at the proper time.

RECRUDESCENCE OF SMALL-POX IN DUBLIN.

WE regret to learn that the epidemic of small-pox in Dublin, reported by us the week before last, and which had passed away, has been followed by a further outbreak of the disease. The cases, which number ten up to the present, are provided for in the Hardwicke Hospital, under the assiduous care of Drs. Nugent and O'Carroll, and we understand that arrangements have been made, in case of an increase in the number of cases, for their reception in Cork Street Hospital. It is satisfactory to learn that, although some of the cases were of a serious type, they are all making favourable progress toward recovery. One of the patients, we regret to say, is Dr. Coleman, Physician to Jervis Street Hospital, who contracted the disease in the performance of his professional duties. We learn with much satisfaction that he is making all the advance towards recovery which could be expected.

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Literature.

SIR DOUGLAS GALTON ON HOSPITALS. (a)

THE author's avowed object in writing this book has been to place on record those principles which ought invariably to be followed in every good hospital. It is a work dealing with general principles, and without reference to special requirements. The questions are regarded from many points of view, and the author, in addition to his own mature experience, has consulted freely the various authorities in the several branches of this subject. In his preface he makes a statement which has much truth in it, and is not so well recognised as it ought to be, viz., that while hospital construction has developed much and departed freely of late years, from original types it is not always characterised by hygienic perfection of structure or a reasonable approach to it. Indeed, in some recent palatial buildings, simplicity and hygiene have been sacrificed to style and outward effect. It would appear as if in such cases the elevation and frontage were first designed and the wards and various hospital requirements blocked out to fit this elevation, instead of blocking out the hospital requirements first, and the elevation to correspond afterwards. The craze for a good outward appearance and style is one of the most lamentable idiosyncrasies of public boards, because it implies a desire for show rather than for usefulness. The first chapter of this work gives an interesting historical summary of the rise and development of the hospital idea. A curious and remarkable fact emphasised in this chapter is that our present system of hospital construction mainly owes its rise, in this country at least, to the experience derived from the wars of the last and present century, where large numbers of sick and wounded were collected together in extemporised hospitals. Sir Douglas quotes Dr. Brocklesby and other military surgeons who have shown that hospital huts and tents, in which the patients were exposed to unfavourable conditions from cold and wet, produced more numerous and rapid recoveries from wounds during these wars, and from the diseases incidental to camps, than the permanent hospital buildings then in use. Two important principles were here established, viz., the importance of fresh air and cleanliness. In the second chapter Sir Douglas defines a hospital: he defines broadly, and has regard not only to the primary purpose, the reception and cure of the sick, but also in the interest of the general community to technical school advantages, and purposes of scientific research. He further enlarges his definition by classification, and by laying down principles to start with in considering the form of the building. The work, then, as its title indicates, is conceived with a view to health, points of construction are incidental, the questions to be considered are site, movements and purification of air, warming, and lighting. These matters are treated of at considerable length, through several chapters, and then the author proceeds to illustrate the application of these principles in some of the best hospitals in this and other countries. Many other matters of importance are dealt with here, but enough has been said to show the author's purpose and how he has carried it out. The book is well got up, profusely illustrated, and, needless to say, is thoroughly well informed, and excellent reading. Sir Douglas Galton has here again proved himself a master of sanitation and hospital construction.

NATURE'S HYGIENE. (a)

THE appearance of a fourth edition of Mr. Kingzett's useful manual of Hygiene within a period of fourteen years is a sufficient testimony to the value of the teachings it contains; and no pains have been spared by its author to bring the latest issue of the work well on a level with the rapidly-increasing knowledge which modern scientific research has accumulated. Naturally a prominent position is allotted to the results of bacteriological research as bearing on the perfection of preventive methods, and the chapters wherein Mr. Kingzett sets forth the nature and causes of infectious diseases contain an admirably lucid and comprehensive *résumé* of a subject which is not easily dealt with save by skilled and able hands. The author's special investigations on the action of antiseptic agents are recorded with particular reference to the powers of the well-known Sanitas preparations; and in this connection the book under review contains an amount of interesting and most valuable information of use to all who are concerned in health processes. A new chapter on "Alimentation and Foods" is a distinctly good feature in the volume, and is calculated to add considerably to its importance by making it more complete than the former editions were as a manual of practical hygiene. The sections dealing with ventilation, water, sewage and its removal and treatment, are clear and well written; and the introductory chapter on chemical laws leaves nothing to be desired. In the handsome shape in which the publishers have produced the book it worthily ranks among the most important of the many recent treatises on sanitary science.

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Medical News and Pass Lists.

The Dental Hospital of London.

AN exhibition of pictures on behalf of the building fund of the Dental Hospital of London is now open at Prince's Hall, Piccadilly. It is held under Royal and distinguished patronage, and embraces a fine collection of paintings by well-known artists. The East Room is filled by a number of examples of Chappel's work, some of which are superb. Of the rest of the paintings it need only be remarked generally that they include many well-known paintings of first importance. The exhibition will be open from June 25th to July 2nd and one of its special features is an afternoon concert, at which many distinguished musicians and vocalists will appear. We can cordially recommend all lovers of art to pay a visit to this collection, especially as its object is to aid the extension of so deserving a charity as the London Dental Hospital. The honorary secretary is Mr. Knowsley Sibley.

West London Hospital.

A HIGHLY successful ball was held a few evenings since at Queen's Hall, Portland Place, on behalf of the West London Hospital. The visitors numbered 587, and the brilliancy of the scene was diversified by a party of the hospital nurses and by the scarlet uniforms of the band of the Scots Guards. Altogether, the affair proved one of the best dances of the season, and the Honorary Secretary, Mr. Percy Dunn, F.R.C.S., may be congratulated on its complete success.

London and Counties Medical Protection Society Dinner.

ON Tuesday, the 19th inst., the London and Counties Medical Protection Society gave their annual dinner at Frascati's Restaurant, the President, Mr. Jonathan Hutchinson, in the chair. After the usual loyal and patriotic toasts had been duly honoured, the chairman congratulated the society on its success during the past year.

(a) "Healthy Hospitals." By Sir Douglas Galton, K.C.B. Oxford: Published at the Clarendon Press.

(a) "Nature's Hygiene." By C. T. Kingzett, F.I.C., F.C.S. London: Bailliere, Tindall, and Cox. Fourth Edition, 1891.

He alluded to an alteration in the laws, by which members were liable to an emergency call of ten shillings in order to meet any unexpected strain on their resources. The finances of the body were sound, although the prosecution of the Indian oculists had somewhat taxed their elasticity. During the evening many guests, including several ladies, Professor Romano, of the Guildhall School of Music, entertained the company with a good musical programme. The usual speeches and toasts were given, and the affair proved thoroughly enjoyable. Dr. Woods, the energetic secretary, may be congratulated on the result, which fitly winds up a successful year. The number of members now on the list exceeds 1,000.

Ramsey, Isle of Man.

That health resorts are subject to the same vicissitudes as individuals is frequently made manifest. Recently, interested parties have spread evil reports concerning the healthiness at Ramsey and the medical profession resident thereat have come forward to the help of the Town Commissioners to verify the fact that it was never in a more healthy condition, and that no case of infectious disease has occurred during the past eight months. It appears that formerly a large portion of the sewage of the south side of the town was drained into the harbour. Now, however, by the extension of the sewage system designed by Mr. Mansergh, C.E., nearly the whole of that sewage is intercepted, and prevented from going into the harbour. The sewerage extension works have been in progress since February, 1893, and will be completed in a few days, when the sewerage system of Ramsey will be second to none in the United Kingdom.

Henley Regatta.

The approach of Henley Regatta, which will take place from the 4th to the 6th July, reminds one of the coming end of the London season, and we have been asked to mention that those members of the profession who purpose going up the Thames, will find select and comfortable accommodation in the "Clubland Enclosure." This site has a good river frontage, and is provided with an ample marquee and smaller tents, with a band, and every facility for eatering.

The Mortality of Foreign Cities.

The annual death-rate per 1,000 in the principal foreign cities, according to the weekly returns communicated to the Registrar-General, is as follows:—Calcutta 31, Bombay 32, Madras 29, Paris 21, Brussels 16, Amsterdam 16, Rotterdam 15, The Hague 14, Copenhagen 17, Stockholm 16, Christiania 16, St. Petersburg 25, Moscow 30, Berlin 17, Hamburg 17, Dresden 17, Breslau 25, Munich 24, Vienna 22, Prague 37, Buda-Pesth 25, Trieste 28, Rome 18, Turin 19, Venice 22, Cairo 55, Alexandria 40, New York 19, Brooklyn 17, Philadelphia 16, New Orleans 32.

University College, Liverpool.

Our Liverpool correspondent informs us that Mr. George Holt, of that town, has given five thousand pounds to University College, Liverpool, which is to be invested to maintain the pathological and bacteriological laboratories of the University. The Council of the University College, Liverpool, have made two important professional appointments—Professor Paterson, M.D., Edinburgh, and Professor R. W. Boyce, M.D., London—the former to the chair of Anatomy, founded by Lord Derby, and the latter to that of Pathology, endowed by Mr. George Holt. Professor Paterson has for some years occupied a similar chair at Dundee University College. Professor Boyce has for several years been Assistant Professor of Pathology at University College, London.

University of Oxford.

At a Convocation holden on June 21st, the following degrees were conferred:—Doctors in Medicine: Ernest H. Cartwright, Exeter; Lewis E. Parkhurst, Jesus; Herbert P. Hawkins, Pembroke. Bachelors in Medicine: Lewis A. R. Wallace, University; Raymond H. P. Crawford, and Henry A. Munro, New; Henry R. B. Hickman, and Harry Romer, Christ Church; Edward A. Saunders, St. John's; Francis J. Sadler, Wadham; Bertram G. M. Baskett, Queen's.

University of Cambridge.

At a congregation of Cambridge University holding on June 15th, the following degrees were conferred:—

Doctors of Medicine.—Daniel West Samways, St. John's, and Charles Robert Arnold Sutton, Clare.

Bachelors of Medicine and Surgery.—Francis Edward Albert Colby, King's; William Godfrey Peck and Henry Maurice Tickell, Trinity; Henry Bealey Hewitt and Charles Carew Webb, Clare; Francis Newcombe Day, Wilfred John Harris, and Charles Edward Sparks, Gonville and Caius.

Royal College of Surgeons of England.

The following candidates having passed the necessary examinations, and, having conformed to the by-laws and regulations, have been admitted Fellows of the College:—

Hamerton, George A., M.D. Brux., L.R.C.P. Lond.; Clarke, Ernest, M.D. Lond.; Cadman, Arthur, W., L.K.Q.C.P.I.; Howse, Percy W. M., L.R.C.P. Lond.; Green, Charles D., M.D. Lond.; Griffith, John, L.R.C.P. Lond.; Westmacott, Frederic H., L.R.C.P. Lond.; Littler, Robert M., L.R.C.P. Lond.; Mahood, Allan E., M.B., R.U.I.; Hall, John M., M.D., R.U.I.; Hogarth, Robert G., L.R.C.P. Lond.; Ouston, Thomas G., L.R.C.P. Lond.; Purvis, William P., M.B. Lond., L.R.C.P. Lond.; Rutter, Hubert L., M.D. Durh., L.R.C.P. Lond.; Armstead, Hugh W., M.B. Lond., L.R.C.P. Lond.; Sichel, Gerald T. S., L.R.C.P. Lond.; Henry, Edwin, L.R.C.P. Lond.; Jones, George D. E., L.R.C.P. Lond.; Lister, Thomas D., L.R.C.P. Lond.; Christie, William L., M.D. New Zealand; Belben, Frank, M.B. Cantab., L.R.C.P. Lond; Boyd, Thomas H., M.B. Melb.; Buchanan, James S., M.B. Glasg., L.R.C.P. Lond.; Wilkinson, George, M.B. Cantab.; L.R.C.P. Lond.; Grimsdale, Harold B., M.B. Cantab., L.R.C.P. Lond.; Keith, Arthur, M.D. Aberd.; Leathes, John B., M.B. Oxon., L.R.C.P. Lond.; Rigby, George O., M.B. Melb.; Barrington, Fourness, M.B. Edin.

Seven other candidates passed the examination, but not having yet complied with the by-laws, will receive their diplomas at future meetings of the Council, and 23 candidates were referred.

The following having previously passed the necessary examinations and having now attained the legal age of 25 years, were also admitted Fellows:—

Adams, Edmund W., L.R.C.P. Lond; Rutter, Francis B., M.B Durh., L.R.C.P. Lond; Weir, Arthur F., L.R.C.P. Lond.

The following gentleman, having previously passed the necessary examinations was admitted a Member:—

Delve, Alfred, L.S.A., University College Hospital.

The following passed the necessary examinations, and were admitted Licentiates in Dental Surgery:—

Allworth, Alfred Leigh, M.R.C.S. Eng.; Barrett Charles, Britten, Arthur, Constant, Frederick C., Davison, Thomas S., Dodson, Arthur R., Farmer, Francis M., Flintan, Francis E., Halliday, Harold D., Harding, Henry P., Henry, Percy F., Holden, Allen, Hills, William R., Huckle, Arthur H. H., Humphreys, Harold F., Jones, George W., Lees, James A., McFarlane, John S., Mackley, Ernest H. A., Miller, Quintin H., Moore, George P., M.B. Dub.; Musgrave, Gilbert M., Nicholls, Reginald E., Nichol, James M., M.R.C.S. Eng.; Pare, John W., M.D. Ed., Park, William H., Peake, George A., M.R.C.S. Eng., Pilcher William H., Prideaux, Henry S., Reeve, Harry G. C., Rispin, William, Robinson, George E., Sibson, Arthur S., Snape Joseph, Soper, Frank A., Taylor, Edwin H. P., Thornton, R., Trewby, Henry W., Tyrrell, Albert J., Van der Paut, Horace W., Willis, George, N. Young, Ernest E.

Twenty-four candidates were referred back to their professional studies.

Society of Apothecaries of London.

The following gentlemen were appointed Examiners on Tuesday, June 19th, for the year 1894-95:—J. C. Thorowgood, M.D.Lond., F.R.C.P.Lond.; F. Warner, M.D.Lond., F.R.C.P.Lond.; A. H. N. Lewers, M.D.Lond., M.R.C.P. Lond.; H. R. Crocker, M.D Lond., F.R.C.P.Lond.; Sir H. R. Beevor, Bart., M.D.Lond., M.R.C.P.Lond.; A. P. Luff, M.D.Lond.. M.R.C.P.Lond.; T. V. Dickinson, M.D. Lond, L.R.C.P.Lond.; C. Y. Biss, M.D.Cantab., F.R.C.P.Lond.; A. J. Richardson, M.D.Cantab., M.R.C.P. Lond.; C. B. Lockwood, F.R.C.S.Eng.; F. G. Parsons, F.R.C.S.Eng.; P. T. B. Beale, F.R.C.S.Eng.; E. Cautley, M.D.Cantab., M.R.C.P.Lond. H. F. Morley, D.Sc.Lond.; F. J. M. Page, B.Sc.Lond.; James Galloway, M.D.Aberd., M.R.C.P.Lond.; Harrington Sainsbury, M.D.Lond., F.R.C.P.Lond.; Andrew Clark, F.R.C.S.Eng.; W. A. Lane, F.R.C.S.Eng.; W. A. Frost, F.R.C.S.Eng.; A. T. Norton, F.R.C.S.Eng.; B. Pitts, F.R.C.S.Eng.; B. Pollard, F.R.C.S.Eng.

At a meeting of the Court of Examiners last week, the following candidates passed the final examinations for the L.S.A. Diploma, viz.—Messrs. Blenkinsop, Clarke, Gill, Lowenthal, Marrett, Palmer, Rerrie, Richards, and Williams.

Notices to Correspondents, Short Letters, &c.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Benedict.—There is such a society, but its benefits are restricted to practitioners resident within twenty miles of Charing Cross. This particular society is, moreover, on a charitable basis. For most practitioners a policy of assurance affords the only means of providing against the contingencies named. Such policies, however, possess, after a few years, a tangible cash value (surrender value) which does not apply to the other.

M. PASTEUR ON RABIES.

M. Pasteur addressed the following reply to a lady who recently wrote to him for information respecting the symptoms of rabies:—

M. Pasteur has had pleasure in receiving your letter of the 31st of May. The bite of a dog is only dangerous when the dog has got rabies. If there is any doubt in respect to this, the manner in which it may be found out is the following. Put the dog that has bitten where it can do no further harm. Have it examined by a vet, and if it has the rabies its characteristic symptoms will not be long of being observed, and the animal will certainly die in eight days. If at the end of that time no symptom of rabies has been observed the bite cannot cause hydrophobia, and there is no reason that the animal should be destroyed

Dr. Arthur J. Wallace (Liverpool).—Your "Note on the History of a case of Chronic Inversion of the Uterus" is marked for early insertion.

Mr. J. M. S.—Your bookseller has not misled you; we have inquired of the publisher, and find the number you require to complete your set is quite out of print.

Dr. H. P. G.—The case is hypothetical. If you will supply us with full data we shall be happy to give an opinion thereon.

SHORTHAND IN MEDICINE.

We have been asked by Dr. Gowers to state that, in order to promote the use of shorthand by medical students and practitioners, by enabling them to increase their knowledge at the same time of the art and of their profession, a small sheet of clinical teaching in lithographed phonetic shorthand has been printed. It can be obtained, price 6d., post free, from Messrs. Sir I. Pitman and Sons, 1 Amen Corner, and is also sold by Mr. H. K. Lewis, of Gower Street.

Meetings of Societies, Lectures, &c.

Wednesday, June 27th.

London Post-Graduate Course.—Hospital for Skin Diseases, Blackfriars.—At 1 p.m., Dr. Payne: Affections produced by Animal Parasites.

Metropolitan Hospital (Kingsland Road, N.E.).—At 5 p.m., Mr. Wallis: Some Diseases of the Testis and Scrotum.

West London Hospital (Hammersmith).—At 5 p.m., Mr. Paget: Surgical Cases.

Royal Meteorological Society (25 Great George Street, Westminster).—At 8 p.m.

Royal Microscopical Society (20 Hanover Sq., W.).—At 8.30 p.m.

Thursday, June 28th.

London Post-Graduate Course.—Hospital for Sick Children, Great Ormond Street).—At 3.30 p.m., Mr. Owen: Cases in the Wards. National Hospital for the Paralysed.—At 2 p.m., Mr. Victor Horsley: Surgery of the Nervous System.

Saturday, June 30th.

London Post-Graduate Course.—Bethlem Hospital.—At 11 a.m., Dr. Percy Smith: Lunacy Law.

Monday, July 2nd.

St. John's Hospital for Skin Diseases (Leicester Square, W.C.).—At 6 p.m., Dr. Morgan Dockrell: Psoriasis and Seborrhoeic Dermatitis.

Friday, July 6th.

Ophthalmological Society of the United Kingdom.—At 8 p.m. Mr. Spencer Watson: A New Operation for Trichiasis and Distichiasis.—Mr. Arthur H. Benson: A case of Asteroid Hyalitis.—Dr. A. Bronner: Notes on a case of Sympathetic Ophthalmia after Concussion of Eyeball, with no Visible External Wound.—Mr. Walter Jessop: Complete Closure of Lids after Diphtheritic Ophthalmia.—Mr. Lawford: A Short Note on the Use of Liquor Chlori in Ocular Therapeutics.

Vacancies.

Brighton, Hove, and Preston Dispensary.—House Surgeon (unmarried). Salary £140 per annum, with furnished apartments, attendance, &c. Applications and testimonials to the Assistant Secretary by July 10th.

Chelsea.—Assistant Medical Officer. Salary £120 per annum, with furnished apartments, washing, &c. Applications and testimonials to the Clerk to the Guardians.

Croydon General Hospital.—House Surgeon. Salary £100 per annum, increasing £10 per annum up to £120, with board and residence. Applications and testimonials to the Secretary by 6th July.

Gorey Union.—Medical Officer. Salary £120 per annum, with fees, and £20 per annum as Medical Officer of Health. Election June 30th. (See advert.)

London Hospital Medical College.—Senior Demonstrator of Physiology. Salary £150 per annum, and a proportion of fees. Also the Lectureship on Biology. Salary £100 per annum and class fees. Applications and testimonials to the Warden by 7th July.

Metropolitan Asylums Board.—Assistant Medical Officer at the Western Fever Hospital, Fulham. Salary £15 per month, with board, lodging, and washing. Applications before the 28th inst. (See advert.)

North Staffordshire Infirmary and Eye Hospital, Hartshill, Stoke-upon-Trent.—House Physician. Salary £100 per annum, increasing £10 per annum, with furnished apartments, board, and washing. Applications and testimonials to the Secretary by 23rd July.

Royal College of Surgeons of England.—Professors and Lecturers. Applications and testimonials to the Secretary by 28th June. (See advert.)

Sunderland Borough Lunatic Asylum.—Medical Superintendent. Salary £350 per annum, with furnished house, washing, &c. Applications and testimonials to the Clerk to the Visiting Committee by 30th June.

West Norfolk Hospital, King's Lynn.—House Surgeon. Salary £90 per annum, rising £10 annually to £100, with board, residence, and washing. Applications and testimonials to the Secretary by 7th July.

Appointments

Atkinson, G. C., M.R.C.S., Medical Officer for the Long Clawson Sanitary District of the Melton Mowbray Union.

Coates, R., M.R.C.S.Eng., L.R.C.P.Lond., Second House Surgeon to the Huddersfield Infirmary.

Crosland, G. W. K., M.R.C.S.Eng., L.R.C.P.Lond., Senior House Surgeon to the Huddersfield Infirmary.

Dalziel, T. K., M.B., C.M.Ed., F.F.P.S.Glasg., Honorary Surgeon to the Glasgow Royal Hospital for Sick Children.

Everett, E. W., L.R.C.P.Lond., M.R.C.S., Medical Officer for the combined Norwich Sanitary District.

Hamilton, C., M.B., C.M.Edin., Junior House Surgeon to the Blackburn and East Lancashire Infirmary.

Kelly, E. H., M.D., M.Ch.Irel., Parochial Medical Officer, Lanark.

Matthews, S. P., L.R.C.P.Lond., M.R.C.S., Medical Officer for the Southwark Sanitary District of the Fareham Union.

Maude, C. E., M.B., C.M.Edin., Senior House Surgeon to the Blackburn and East Lancashire Infirmary.

McAllum, S. G., M.B., M.S.Edin., Medical Officer for the Ford Sanitary District of the Glendale Union

Percival, T., M.R.C.S., Medical Officer for the Knottingley Sanitary District of the Pontefract Union.

Potter, J. C., M.B., M.S.Edin., L.F.P.S.Glasg., Medical Officer for the No. 7 Sanitary District of the Tendring Union.

Sheen, A. W., M.D., B.S.Lond., F.R.C.S.Eng., Senior Medical Officer to the Glamorgan and Monmouth Infirmary, Cardiff.

Births.

Hall.—June 20th, at the residence of her father, Mr. John Bellamy J.P., the wife of William Hamilton Hall, L.R.C.P.Lond., M.R.C.S. Eng., of a son.

Hoffmeister.—June 18th, at The Parade, Cowes, the wife of Dr. John B Hoffmeister, of a son.

Jones.—June 20th, at 8 Coolinge Villas, Folkestone, the wife of Arthur Wentworth Jones, M.A., M.R.C.S., L.R.C.P., of a daughter.

Ord.—June 18th, at 2 Queen Street, Mayfair, the wife of William Wallis Ord, M.D., of a daughter.

Pooley.—June 19th, at Dalton-in-Furness, the wife of E. Burdett Pooley, L.R.C.S.I., L.R.C.P.E., of a son.

Sandwith.—June 19th, at Cairo, the wife of Dr. F. M. Sandwith, of a son.

Marriages.

Hodgson—Woodford.—June 20th, at Holy Trinity Church, Milton-next-Gravesend, Harold Hodgson, M.B., B.S.Lond., of Blisworth, Northamptonshire, to Jessie, younger daughter of the late Henry Pack Woodford, Esq., of Gravesend.

Long—Clarke.—June 19th, at Duntisborne Rous, Gloucestershire, David Sanderson Long, M.D., B.C., B.A.Cantab, to Isabel Dashwood, youngest daughter of the late Mr. Frederick Ricketts Clarke, of Taunton.

Parsons—Hendrie.—June 20th, at Christ Church, Crouch End, N., John Herbert Parsons, M.B., B.Sc.Lond., of Finchley, N., to Jane Roberta, youngest daughter of John Hendrie, J.P., of Glasgow.

Rolleston—Ogilvy.—June 18th, at Christ Church, Lancaster Gate, W., Humphry Davy Rolleston, M.D., F.R.C.P., Fellow of St. John's College, Cambridge, eldest son of the late Professor Rolleston, M.D., F.R.S., of Oxford, to Lisette Eila, daughter of F. M. Ogilvy, Esq., of 62 Queen's Gardens, Hyde Park, W.

Deaths.

Clouting.—June 13th, at Bramber Road, Steyning, John Revett Clouting, M.R.C.S.Eng., L.S.A., aged 49.

Nesbitt.—May 13th, at his residence, Salisbury, South Australia, William Peel Nesbitt, M.B.Edin., aged 41.

Taylor.—June 16th, at Clapham Road, S.W., David Taylor, M.R.C.S., L.S.A., aged 36.

Underhill.—June 20th, at Moseley, Birmingham, W. Lees Underhill, F.R.C.S., L.S.A., J.P., of Tipton, Staffs, aged 84.

Wills.—June 13th, at Crewkerne, Somerset, George Frederick Wills, M.R.C.S.E., L.R.C.P., aged 71.

Worth.—June 21st, at Anderton, Plymouth, after a short illness, Edwin James Worth, M.R.C.S., aged 59.

NOTICE—Announcements of Births, Marriages, and Deaths in the families of Subscribers to this Journal are inserted free, and must reach the publishers not later than the Monday preceding publication.

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